

Ask Butler (UK) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Ask Butler is a domiciliary care service that was providing personal care to 15 people in their own homes at the time of the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

- People received kind and compassionate care.
- Care staff received good support from the management to carry out their role effectively.
- Staff had access to a wide range of training relevant to the needs of the people using the service.
- Senior managers were present and had a good knowledge of all the people using the service.
- Staff felt supported by their managers and could get advice and guidance when they needed it.
- There were systems in place to check the quality and effectiveness of the care being provided.
- The service had developed emergency contingency plans for when things go wrong.
- People were satisfied that the service was doing everything they could to meet the needs of their family member.
- Relatives of people receiving care felt staff and management were caring.
- The service actively supported people.
- The service communicated well with other lead agencies and partners.
- There was good communication between the service and other healthcare professionals so.
- People's healthcare needs would be met.
- Care plans were not very clear about people's capacity to consent.
- Care plans also did not have details about personal preferences of how people wanted their care.
- We went back to the service to ensure that the registered manager had implemented the necessary changes and we are satisfied that the care plans have improved to a satisfactory standard.

Rating at last inspection:

Good (The date the last report was published was 3 September 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Ask Butler (UK) Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Ask Butler (UK) Limited is a domiciliary care agency which provides personal care to people living in their own homes. At the time of the inspection the agency was providing care to 15 people. The service specialises in providing personal care for people receiving palliative care or end of life care in their own homes.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

What we did:

Before inspection: We used information the provider sent us in the Provider Information Return. (PIR) This is information we ask providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about

notifiable events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

- We spoke to the registered manager, the office manager and four care workers.
- We reviewed four people's care records.
- We checked the policies and procedures.
- We looked at records relating to the management of the service, recruitment, and training records of four care workers.

After the inspection: We spoke to a range of professionals who worked in partnership with the service to plan, arrange and commission care for people who need palliative or end of life care. Due to the frailty of the people receiving care we spoke to three relatives of people using the service to understand their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training in this area. Staff received regular safeguarding training and showed a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety.
- The registered manager was aware of their responsibility to report concerns to the relevant organisations including the local authority and CQC.

Assessing risk, safety monitoring and management

- People told us they felt their care was safe and the staff had the skills and experience to carry out their role. There were systems and training in place that ensured staff worked safely.
- The office manager identified, assessed, and regularly reviewed risks to people using the service. They also risk assessed the home environment to identify risks to staff and people receiving care.
- Equipment being used was serviced regularly to ensure it was safe to use. One person told us, "I am happy they do things properly, I don't have to worry as they do things safely."
- When we inspected there were parts of the care plan that needed more detail about risks to individuals around their personal care. We went back to check this and the service has reviewed all the care plans so that they contain much more detail around these risks and guidelines for care staff to ensure they maintain safety at all times.

Staffing and recruitment

- Recruitment practices continued to be of satisfactory quality. People were employed based on skills, experience and values.
- There was a system in place to ensure that all pre-employment checks were completed before people started work. Checks included references from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- At the time of our inspection only one person was having their medicines administered to them by the care workers. We checked their records to confirm that their medicines were being managed safely.
- All staff had received training on medicines administration.

Preventing and controlling infection

- The service had an up to date infection control policy.
- Staff received personal protective equipment including gloves, aprons and shoe covers to prevent the spread of infection.

- All staff received training in infection control and could show an understanding of how to put this into practice.

Learning lessons when things go wrong

- Due to very low levels of accidents or incidents recorded we did not find enough evidence to show that lessons are learnt when things go wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment of people's needs were carried out and clear outcomes identified. Care and support was reviewed regularly in consultation with people and their relatives.

- We noted that some care plans did not give very much detail about personal choices and preferences to do with personal care. We asked the registered manager to review the care plans and ensure they had more detail in these areas to ensure they captured personal choices better. We went back and checked they had done this and we are satisfied that they have made the necessary improvements in this area.

Staff support: induction, training, skills, and experience

- Staff were experienced and knowledgeable and had ongoing training and development in all areas. They received training to ensure they were competent to care for people safely including; safeguarding adults and children, medicines, health and safety, emergency first aid, manual handling, dementia awareness, pressure sores, advanced dementia care and end of life care.

- There was a comprehensive induction plan for all new staff and regular supervision and appraisal. We also saw evidence of regular spot checks and practical supervision conducted by managers in people's homes. Staff we spoke to said they felt supported by their managers.

- We noted that the supervision did not represent best practice in evidencing what support and guidance was given to staff. The service has reviewed the supervision template so that it now captures training and development and overall wellbeing of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- During the time of our inspection, family members provided all support around eating and drinking. However, we did see evidence that the office manager had contacted the GP to request a specific food supplement for someone who was at risk of malnutrition. Staff we spoke with showed a clear understanding of the importance of nutrition and hydration for people with complex health needs.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with social workers, brokerage, district nurses and Clinical Commissioning Groups (CCG). This meant that changes in care packages could be discussed and agreed as soon as people's needs changed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to health professionals as required. The service worked alongside district nurses and palliative care nurses. Staff told us that they their role involved ensuring nurses had up to date information on people's ongoing health and wellbeing.
- We saw evidence that the manager had contacted a range of healthcare professionals including; district nurses, palliative care nurses and GPs when needed. One family member wrote, "The carers were brilliant and made my mum's life very easy. They were always there when required, even when they weren't scheduled to be around, for emergency situations."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection not all care plans were clear about whether people could consent to the care and support they received. It was clear that people who could consent were consulted and signed their care plans to show this. However, care plans were not clear when people were unable to sign or lacked capacity to consent to the care they received. We asked the registered manager to review all the care plans to ensure they are line with current Mental Capacity guidance. We went back to check this had been done. We are satisfied that the service had made the necessary improvements in this area and care plans were clear about people's capacity to consent to their care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said they experienced a compassionate and caring service. People spoke highly of the caring approach the staff took with them and their loved one. One person wrote, "The staff have always been friendly and sympathetic and did their best to help and give comfort not just to the client but also to the family. I was very pleased with the services Ask Butler provided to my husband."

- We saw evidence that the registered manager had advocated on behalf of someone who's housing needs were not being met. This involved liaising with the local authority and occupational therapists so someone would be re-housed and suitable adaptations would be made to their new home.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly involved in the planning and reviewing of their care. Care staff told us how they regularly consulted people and their relatives on day-to-day aspects of their care.
- Care plans were reviewed regularly with people using the service, their representatives, and managers within the service. One person said, "I am happy with my care plan in place, also with my care workers who are very kind and helpful."

Respecting and promoting people's privacy, dignity, and independence

- People were treated as individuals and with dignity and respect. Care plans were written using respectful language and focused on the personal attributes of the person. There was a written record of people's history, likes and dislikes and personal interests and hobbies. Care staff spoke about people in a dignified way and could show how they promoted independence and choice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were happy that the care delivered was personalised and met their needs. Care plans we checked had details of people's history, background and likes and dislikes.
- Care staff knew the people well and had built up a rapport with them and their relatives. They explained how they gave everyone choice and control when delivering their care. One person said, "I am extremely satisfied with the care."

- Care staff were recruited to represent the cultural diversity of the local area and speak a range of languages so they could communicate with people whose first language is not English. One person told us, "The carers speak our language with my mum which is really important."

- The service ensured people had the correct equipment they needed where necessary. This included liaising with the district nurse or occupational therapists to ensure people received the appropriate support to get the right equipment or furniture.

- The service was flexible and changed things to suit people as their needs changed. The registered manager told us that they would increase visits in emergency situations whilst they waited for confirmation from the commissioning team or social workers. One relative explained that they had recently adjusted the visit times as the person needed a longer visit at lunchtime to ensure the person could be assisted out of bed without having to rush.

Improving care quality in response to complaints or concerns

- Staff felt able to raise and discuss concerns with their line manager and felt confident they would be taken seriously and their concerns acted upon. The service was working on introducing an electronic care records system which would enable care to be recorded as soon as it happened and be shared with other professionals where necessary.

- Family members felt confident that their concerns would be listened to and the management would resolve their issues. One person told us, "I know if I have a problem with anything they will sort it out."

End of life care and support

- The service specialised in delivering personal care for people receiving palliative or end of life care. The service could start care packages quickly so that people could be discharged from hospital and have end of life care at home.

- Staff showed that they adapted their care and support to fit with the cultural/religious preferences of

people. This included observing specific rituals for end of life and giving emotional and practical support to relatives. The provider had received lots of feedback from families after their loved one had passed away, thanking them for the kind and compassionate care in the last days of their loved one's life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives and professionals, we spoke to were confident in the planning, management and the delivery of care and support. The registered manager and the other senior members of staff had skills and experience of delivering care and support for people with complex healthcare needs. The registered manager showed a clear understanding of their responsibility under duty of candour and made appropriate referrals to the local authority and CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their role and were clear about when they would need to seek guidance and support from their manager. Staff were fully supported to carry out their role in sometimes difficult circumstances. Managers regularly observed staff carrying out their role and gave them feedback, support, and advice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service regularly looked-for feedback from people using the service and their close relatives. Feedback about the service was consistently positive. We saw evidence that the provider considered the equality characteristics of people using the service. For example, care staff could speak a range of languages that are spoken within the local community.

- We also saw evidence of the office managers advocating on behalf of someone receiving end of life care who wanted to have a civil partnership/marriage in their own home. One person wrote, "The registered manager and the office manager have been supportive and I do not believe that their approach is replicated by other agencies."

Continuous learning and improving care

- The registered manager had planned a comprehensive training package for staff at all levels to attend together. This training was delivered by an experienced nurse and enabled group discussion and learning in the key areas of the service.

- There were also plans to introduce an electronic care notes system which would enable carers to record information about each visit and save it on a central system. This information could then be utilised by other agencies involved in individuals care, so that all relevant professionals could access the most up to date

information when.

- The registered manager also told us about plans for recruiting two new office staff who will be responsible for monitoring day-to-day care and assisting in the quality assurance monitoring.

Working in partnership with others

● The service worked in partnership with other agencies and organisations to ensure people's needs were met in good time. The registered manager told us about the range of partners they worked with and consulted, to achieve the outcomes for people receiving care. For example, the registered manager told us that he will often inform families that they may get additional night time support to help with the care of their family member from the local hospice.

● We spoke with a range of other professionals who gave positive feedback about the organisation and the care provided. One professional said, "I have found Ask Butler to be very communicative, always professional and always going the extra mile to accommodate client in their needs."