

Butterflies Care & Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Butterflies Care and Support Ltd is a care agency. The service supports people receiving personal care in their own home. At the time of the inspection, eight people were receiving support with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Care records did not provide full guidance to staff and there was no documentation about medicines care provided to people. Staff had not received training or competency checks to ensure that they were skilled to care for people. The lack of guidance and staff training put people at risk of receiving unsafe care.

The safeguarding policy was not up to date and two out of the three staff checked had not received safeguarding training. One person had repeated bruising, but no investigation had occurred to consider the causes of this and ensure that this was not abuse. Incidents had not been recorded and investigated to ensure that they did not re-occur. People told us that they felt safe using the service.

People felt there were enough staff to support them and that staff arrived in a timely way. Staff followed guidelines to ensure they wore protective clothing (like gloves) and protected people from infection. Staff were safely recruited.

People were supported to have adequate food and fluid. Staff referred people to other professionals, however GP medical prescriptions were not always recorded. This put people at risk of not receiving medicines in line with professional advice.

People were not always supported to have maximum choice and control of their lives. Documentation did not guide staff in the least restrictive way possible and in people's best interests. The policies and systems in the service did not support this practice.

People reported that staff were caring. They advised that they felt able to feedback to the service and request changes in the way their care was provided. However, formal reviews of their care were not completed and documented. This put people at risk of not receiving care in line with their preferences.

The registered manager was aware of people's communication needs and used communication aids if needed. People's ability to make decisions was not always assessed, and relatives signed consent on their behalf. This puts people at risk of not being supported to communicate their decisions.

The service did not support people with planned end of life care. There was a risk that people who had a sudden death, did not have their preferences followed. This is because people's preferences had not been

discussed.

The governance of the service had not made required improvements to the service. This has resulted in the service being rated 'requires improvement' for a second time. Action had not been taken to ensure staff were well trained. Care plans still required improvement. The registered manager and provider did not understand their regulatory responsibilities.

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

Rating at last inspection

The last rating for this service was requires improvement (published 5 January 2019.)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to regulation 12 (safe care and treatment) , regulation 17 (Good governance) and regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well led

Details are in our well led findings below.

Inadequate ●

Butterflies Care & Support Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. At the time of the inspection, eight people received support with personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 five days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We had not received any information about this service since our last inspection. Our inspection was therefore planned on what information was gathered at the previous inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with two staff members, the provider and the registered manager.

We reviewed a range of records. This included five people's care records and three staff recruitment files. We considered a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not managed safely. Records were not kept on which medicines were prescribed or which medicines had been given to people. This put people at risk of not receiving medicines as prescribed. It also meant that the registered manager could not assure themselves that people were receiving the correct medicine.
- We identified that a staff member had not received medicine training, but was administering medicines. The registered manager had not assessed their competency to support people with their medicines. This put people at risk of not receiving safe medicine support.
- Care records did not always provide enough guidance on how to support people. One person regularly had red skin, which the registered manager described was from pressure as a result of sitting down. There was limited staff guidance on how to monitor the person's skin, or how to prevent this potential pressure damage worsening. Not all staff had received training in pressure care. This put the person at high risk of skin damage and not being responded to appropriately.
- We identified incidents had occurred, but these had not been thoroughly documented. For example, one person had red skin from sitting down. This had worsened and developed to a scab. We identified that this person's care plan had insufficient guidance for staff to support pressure care. However, a lack of incident recording and investigation had not highlighted and resolved this missing guidance.
- We identified that one person experienced confusion and had complex care needs. They were at risk of self-neglect, not taking their medicine as prescribed and cooking unsafely. However, there were no records in place to guide staff. This lack of staff guidance put the person at risk of not receiving safe care.

The provider had failed to operate the proper and safe management of medicines and assess and mitigate risks to people. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Two staff had not received safeguarding training, however staff had basic knowledge of what to do if they were concerned that someone was being abused. They advised this had been learnt at previous employment.
- Staff had identified that a person had repeated bruising, however there was no record of investigation into the cause of these bruises. This meant staff had not assured themselves that these bruises were not due to abuse.
- People told us that they felt safe using the service. A person said, "I feel quite safe. They are very trusting. I leave money on the side and I know they wouldn't touch it."

Learning lessons when things go wrong

- Staff were expected to record what care was provided at each care visit. The registered manager would review some of these records when they supported people. However, they did not formally record their findings. This lack of formal recording and comparison, means that themes may not be identified and compared.
- Medicines that were given, were not recorded. This meant that any staff mistakes (like overdosing, or missed administration) could not be identified.

Staffing and recruitment

- There were enough staff to support people. People told us that they were supported by a small staff team, who they knew well. People told us that staff were on time.
- Staff were safely recruited. For example, the service received references before the staff began working. This ensured the staff were of good character to support people safely.

Preventing and controlling infection

- People told us that they were supported by staff who followed good infection control guidelines, like wearing gloves.
- Staff told us that they had enough personal protective equipment provided to them.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not well trained. At the last inspection, we identified that staff had not completed ongoing training to ensure they remained skilled. This was an ongoing concern at this inspection.
- We identified that out of three care staff, two had never received mental capacity training. The staff member who had been trained had received it with a previous employer (seven years ago) and had poor knowledge when we spoke with them. This lack of training meant people's human rights may not be respected.
- We identified that out of three staff, two had not received safeguarding training. This meant that we were not assured that staff would respond appropriately to signs of abuse.
- The registered manager advised that whilst staff had received an initial induction to the service; they had not completed spot checks, or assessed the employee's current skills and knowledge. Therefore, as well as not providing training to staff, the provider had not assured themselves that staff had the current skills to support people effectively.

The lack of staff training is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that if people required medical support (like a GP), then staff supported them to access this professional. For example, one person became unwell, staff contacted the GP for advice and supported the person to receive health tests.
- Medical prescriptions were not clearly documented. This meant people may not receive prescribed medicine as required. For example, one person was prescribed eye drops. However, there was no detail on what these eye drops were for. There was no detail on how or when staff should apply these drops. This can put the person at not receiving consistent or effective care.

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

- People's care plans did not always provide sufficient guidance on how to respond to people's care needs. This lack of guidance and staff training, meant that care may not be delivered in line with current standards.
- One person did not have a care plan in place. This meant we could not be assured that care was being delivered in line with current standards and in an effective way. Three people were at risk of falls, but there was no guidance in place for staff to follow if the person did fall.

- There was no formal processes of reviewing records at the service. This meant the provider and registered manager could not assure themselves that people were being supported to a high standard.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- It was not consistently clear if people had capacity to make decisions. In two care plans we found consent to treatment had been signed by a relative. It was not clear from the records if people had capacity to consent to their care. This meant the provider had not taken all steps to ensure this person's care was provided in line with the Mental Capacity Act. This is an ongoing concern from the previous inspection and meant people may not always be supported to make their own choices.
- It was not clear if people were able to make decisions to receive support from Butterflies Care and Support Ltd. We identified that two people experienced confusion. There had been no mental capacity assessment to assess if these people could agree to having care support. There was no best interest decision to see if providing support was in these people's best interest.
- A staff member explained that one person could become distressed when financial bills come through the post. They therefore passed these letters to the person's relative. There had been no assessment of the person's ability to manage their own money, or assessment of whether the relative would be the best person to read this person's financial information. This puts the person at risk of not being able to make their own financial decisions, or their decisions being managed by someone not of their choosing.

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

- Staff supported people to eat a diet of their choosing. Records guided staff on people's dietary preferences. People told us that staff supported them to eat food of their preference.
- Staff supported people to drink enough. People told us that staff supported them to access drinks, and left people with available drinks when leaving their house. A relative said "They write notes for [person] to drink plenty. [Person] does rely on it and does drink more."

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.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant people may not always feel well-supported, cared for or treated with dignity and respect.

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

- We identified two occasions where relatives had signed consent for care and treatment, without consideration of the person's ability to consent to this. This puts the person at risk of not being involved in making decisions about their care.
- People who did not experience confusion, reported being involved in making daily decisions about their care.
- People reported that they felt able to call the registered manager and feedback into care planning. However, they advised this was not a formal process, whereby care decisions were routinely reviewed and documented. There was limited documentation to show people had fed-back into their care planning. This is a risk, as people may not have been given the opportunity to make decisions about their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All people and relatives, described the staff as caring. One person said "I am always pleased to see [staff member]. They always ask how I am. We have a laugh."
- People felt that staff knew their individual needs well. The registered manager said, "We have a small team, which means we can tailor our support to individuals."
- People's diverse needs had been considered in assessment processes. For example, people with memory difficulties had been given whiteboards, which staff wrote prompts on. The registered manager felt this had been successful in improving people's quality of care. People who identified as religious were offered support with accessing their religious place of worship.

Respecting and promoting people's privacy, dignity and independence

- Care records guided staff to support people with dignity. For example, a care plan advised staff "[Person] can feel cold while getting dressed. Please only change one clothing item at a time.' Another care plan described how staff can gently wake the person if they fall asleep.
- People explained that staff did not rush care tasks. A relative said, "[Person] doesn't recognise them but they talk to [person] and take their time to meet their needs."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We identified that some people did not have full care plan guidance in place. This put people at risk of staff not responding in the way the person needs. For example, one person experienced confusion and was at risk of self-neglect. There was no guidance in place for staff to follow. This put the person at risk of not receiving support that followed their preferences.
- Despite a lack of formal guidance, the people we spoke with felt staff followed their preferences. For example, one person explained that they struggled to open bottles and jars. They advised that staff are happy to support this before they leave the care call. This meant the person could cook independently.
- People told us that staff took their time to support people's needs. They told us that staff were flexible to support them at a time of their preference.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the requirements to give people accessible information. They told us that people's individual communication needs were considered when they used the service. Records showed us that this assessment meant people were communicated with in a way they understood.

Improving care quality in response to complaints or concerns

- People told us that they had not made a complaint about the service. They felt confident that a complaint would be responded to appropriately.
- The registered manager advised us that they had not received a complaint. Therefore, there were no complaint records to review. They advised us that complaints would be recorded and responded to as required in their policy.

End of life care and support

- The registered manager explained that due to the small size of the service, they had not supported people with planned end of life care. This is because end of life support would require a larger team of staff than they had.

- We were told that if people received an end of life prognosis, then staff would support them to access a more suitable provider. The registered manager explained that they had supported people to look round care homes.
- However, the service may still support people who may have a sudden death. The service had not provided people with an opportunity to discuss their preferences and choices in relation to end of life care. This put people at risk of not receiving end of life care in line with their preferences in the event of a sudden death.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People's care plans did not have full guidance on their care needs in place for staff to follow. This put them at risk of their needs not being met (This has been reported in detail in the 'safe' section of this report). We were advised that while the management team would read records during care calls, there was no formal process in place to review and document the content of care records. This meant that this concern had not been addressed. It also meant themes had not been identified. For example, three people did not have guidance for staff to follow if they fell. This missing guidance could have been identified by a formal auditing system. While the lack of guidance had not impacted on people, there was a risk that staff would not be guided on how to respond if a person fell.
- The provider and registered manager did not understand the regulatory requirements of running a care service. We identified that medicines records were not kept, the registered manager and provider did not recognise that this was a requirement but agreed to resolve this. We also identified that one person did not have any care records in place to guide staff, the registered manager and provider told us that they did not realise these records needed to be in place but would now complete these. Not recognising these requirements were required to help ensure the quality and safety of people's care, had put people at risk of receiving unsafe care.
- Staff were still not well trained. At the last inspection we identified that ongoing staff training had not been planned. This inspection found staff had still not completed required training. No competency checks had been completed, so we were not assured that staff had the required knowledge to complete their roles effectively.
- The registered manager and provider had limited knowledge on the training content provided and how often training needed to be re-completed. This lack of understanding meant they could not be assured that staff were suitably skilled.
- At the last inspection, we found that the provider had not kept policies up to date. At this inspection, we identified that the safeguarding policy was not up to date. We also found that the medicines policy was not followed as staff had not recorded what medicines were given to people. The failure to instil adequate policies and follow them puts people at risk of receiving unsafe care.
- The Mental Capacity Act was still not followed at the service. At the last inspection, we identified that relatives were signing consent for people to receive care and treatment. However, the person's own ability to decide and consent had not been assessed. This was an ongoing concern from our last inspection and had not been resolved. We also identified that mental capacity assessments were not in place as required,

and staff had not received training in the Mental Capacity Act (2005). This poor governance of mental capacity and consent at the service, meant people's human rights may not be respected.

- The previous inspection identified that there were some improvements required at the service. We found ongoing concerns with staff skills, care records, mental capacity and governance at the service. The provider has not responded to bring the service to the expected standard of 'good.' The provider has not demonstrated they have been capable to secure improvements to the quality and safety of people's care.

The lack of oversight and governance at the service and failure to create required improvements, is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- Records identified that the service had worked in partnership with other health professionals. People felt confident that staff would refer them to suitable professionals if needed.
- However, these professional recommendations were not always recorded. This meant that people may not receive care in line with professional recommendations. For example, a GP suggested a cream was applied to a person's skin. However, this recommendation was not recorded, and staff did not routinely record that they had applied this cream. This put's the person at risk of not receiving care as recommended by their GP.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care plans were not always in place as required, staff had also not received required training. This lack of guidance and training means people may not receive suitable care and achieve good outcomes.
- People told us that staff were caring and that they had built positive relationships with them. People felt able to speak to staff and report any concerns and suggestions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- No significant events had occurred at the service. If significant events occur, the provider is legally required to notify the CQC. The registered manager and provider were aware of this legal requirement and advised they would notify the CQC if needed.
- No complaints had been received at the service. People told us that they had not needed to complain. Therefore, we could not assess the provider's response to complaints.
- The registered manager and provider were open to receiving feedback about the service. They advised that they would work to resolve the concerns listed in this report. We have not received evidence that improvements have occurred. We will assess this at our next inspection.

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

- People were engaged to feedback about the quality of the service. The registered manager advised that a survey had been completed since the last inspection and this feedback was positive.
- People advised that they felt able to call the registered manager and feedback about their care. The registered manager also provided some care support and advised that they could review people's needs while providing this support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to operate the proper and safe management of medicines and assess and mitigate risks to people.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff were well trained

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There has been a lack of oversight and governance at the service. There has also been a failure to create required improvements.</p>

The enforcement action we took:

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.