

Erian Limited

Butterfly Home Help (Bath and Wiltshire)

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

Butterfly Home Help (Bath and Wiltshire) is a domiciliary care service that provides personal care to people living in their own homes.

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

People were supported to manage their medicines safely, guidance on support people needed with their medicines was recorded in care plans.

People were being supported by sufficient numbers of staff, there had been no missed visits. Risks had been identified and assessed, staff reviewed risk management plans regularly. People were being supported by staff who had received training in safeguarding and understood how to report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People were supported by staff who were trained and supported by the service. People's needs were assessed and where needed, support was provided to access health services.

People were being supported by staff who were kind and caring. People were happy with their care workers and talked about them fondly. One person told us, "Staff are all very helpful, professional, very kind, sociable and really lovely." One relative told us, "The staff that we get here are first class really caring. They are friends, not just carers and they have the right attitude." People's dignity was promoted and maintained, and their independence promoted.

People had individual plans of care that were updated regularly. The service aimed to provide people with a core group of workers so that they received a consistent service. People told us staff did not rush their care and had time to sit and chat. People had support to record their wishes for end of life if they wanted to. The service liaised with healthcare professionals for support to provide palliative care.

People received their care and support from an open and inclusive service. Staff told us they enjoyed their jobs and felt valued. People, relatives and staff told us the service was well-managed. People and their relatives knew how to complain, and we saw complaints were logged and investigated.

Quality monitoring systems were in place which identified improvement and the provider was striving to continuously improve and develop the service. Partnership working was evident with good relationships being formed with the local community and healthcare professionals. One professional told us, "Butterfly

are one of the best agencies I have ever worked with."

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

Rating at last inspection and update - The last rating for this service was Requires Improvement (Report published 13 June 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection schedule. 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 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 ●

Butterfly Home Help (Bath and Wiltshire)

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that there would be a member of staff in the office to support the inspection.

Inspection activity started on 12 June 2019 and ended on 26 June 2019. We visited the office location on 12 and 18 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last 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.

During the inspection

We spoke with 14 people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff and the registered manager, business and finance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medicines administration records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and quality assurance records were reviewed.

After the inspection

We contacted the local authority and Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted 10 healthcare professionals for their feedback about the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection people's risks had not always been identified and assessed which meant there were not always safety measures in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People's individual risks had been identified and assessed. Where people had equipment to use the service had put in place guidance on how to use it and what to do if the equipment was faulty.
- Risk management plans were clear and detailed to guide staff on how to provide safe care. They were reviewed regularly by the service. The registered manager told us they were updated if needs changed without delay. As the plans were electronic this meant staff had access to the current plan as soon as it was updated.

Staffing and recruitment

At our last inspection the provider had failed to consistently carry out the required pre-employment checks to make sure persons employed were suitable. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 19.

- People were supported by staff who had been checked prior to employment. The provider had devised new systems following our last inspection which meant the required checks were carried out on all staff employed. This included checks on employment history and obtaining references from previous employers.
- There were sufficient numbers of staff deployed to make sure people received a consistent service. Rotas were planned carefully to make sure staff had travel time which was realistic.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. People and relatives told us they felt safe using the service. Comments included, "Yes, I feel safe with them they [staff] are very good. I can't fault them", "I feel safe with the staff, they look after me very well" and "I feel safe, if I didn't I would phone the office."

- People were supported by staff who were clear about safeguarding and understood how to identify and report any concerns. All the staff we spoke with were confident the management team at the service would act appropriately to any concerns raised.

Using medicines safely

- People received their medicines as prescribed by staff who were trained and assessed as competent. People had details in their care plans on the level of support required.
- People had their own medicines administration record which was electronic. The system alerted office staff to any changes or gaps in the record. This meant the management team could investigate alerts without delay.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment such as gloves and aprons. We saw in observation monitoring records, management checked appropriate use of this equipment. They also checked other infection prevention and control good practice such as hand-washing. One person told us, "They [staff] always start by washing their hands at the sink before they start." Another person said, "They [staff] are always wearing their aprons and gloves. They are always changing gloves."

Learning lessons when things go wrong

- Systems were in place to monitor, review and analyse accidents, incidents and any other events which affected service delivery. Reviews and analysis were carried out both at service level and senior management level. This ensured the whole company were involved in any learning as a result.

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 Good. At this inspection this key question remained Good. This meant 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

- People were assessed prior to receiving the service. People's needs and how they wanted their care delivered were agreed and recorded.
- People's care was delivered in line with national guidance from organisations such as National Institute for Health and Care Excellence (NICE) and International Dysphagia Diet Standardisation Initiative (IDDSI). For example, we observed where people were at risk of choking the service had clear guidance for staff on how to support people. This included the IDDSI framework to guide staff on levels of consistency needed for both drinks and foods.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained effectively and were supported. New staff received a thorough induction which included two full days training at head office, shadowing more experienced staff and completion of the Care Certificate. New staff had monthly meetings with their supervisor to discuss how they were progressing and receive feedback about their performance.
- When induction was completed staff received ongoing training and updates as needed. Supervisions were provided regularly, and staff told us they found this process helpful. All staff received an annual appraisal of their performance which enabled them to identify any further training needed. One person told us, "Staff are always going on training, they do shadow shifts, they are very good at that."

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

- People had their nutritional needs assessed where needed. Care plans detailed the levels of support people wanted and needed to support nutrition. This varied from preparing a simple microwave meal to preparation of a light snack.

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

- People were supported to have their healthcare needs met. The service worked with healthcare professionals to make sure care was timely and appropriate. The service shared information leaflets with people about health issues such as flu vaccinations and oral care.
- We saw in people's notes if the staff were concerned about people whilst providing care they would call the office for advice, or if needed the emergency services. One person told us, "If staff identify something, they check with me whether I'm due to see the doctor or nurse. They note everything down – they use a phone system to record."
- Staff gave us examples of how they tried to make sure any information that was of use was shared with

other agencies. For example, one person had moved to a nursing home. Staff told us how they made sure the nursing home staff were aware of some personal information about how the person liked care delivered.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People were supported by staff who had been trained and understood the principles of the MCA. People had consented to their care packages where able. Where people lacked capacity, the service had obtained authorisation from people's Lasting Power of Attorney's (LPA). One person told us, "The staff let themselves in with the key safe, but they always call out and tell me who is here. Then they always ask if they can come upstairs before they do."
- The registered manager and provider were aware of changes to DoLS legislation and were planning how this would affect their service once it came into effect.

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 has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by a core group of workers to promote continuity. People told us staff were kind and caring. Comments included, "Staff are very helpful, professional, very kind, sociable and really lovely" , "They [staff] are kind and caring, I have no trouble at all with them they are brilliant" and "The staff are very good; nothing is too much of a problem. We're a happy bunch."
- People were being supported by staff who loved their jobs and demonstrated a commitment to providing person-centred care. Comments from staff included, "I love my job, I love making clients happy. Sometimes we can be the only person they see, it is rewarding listening to them and hearing their life stories" and "I find it really rewarding and I like meeting new people." One professional told us, "All the staff I have met have been professional and very personable."
- People's background information and life story was recorded in care plans so staff had information to help them understand people's needs.
- Staff had received training on equality and diversity and had an understanding of respecting people's rights and choices. One member of staff told us how they wore shoe covers in one person's home to respect their beliefs. Another told us how they supported a person to use the internet to access film clips about their home country. The member of staff told us, "[person] was really grateful that I did that for them, you leave people with a smile on their face, it makes it a wonderful job."
- The service had received many compliments about the service which were logged and shared with the staff team.

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

- People had a review of their care soon after starting with Butterfly Home Help (Bath and Wiltshire) to make sure their needs were being met. Reviews were then six monthly or sooner if needed giving people the opportunity to express their views.
- People told us they were involved in reviewing their care and relatives were involved. Comments included, "Me, my [relative] and a person from the office came out and did the review" and "I am involved and my [relative] as they are my carer. We sort the care plan out between the three of us."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who had received training on privacy and dignity. Staff we spoke with told us ways in which they supported people's dignity during visits. Examples included, making sure doors were closed and people were covered when receiving personal care, so they did not feel exposed.
- People's independence was promoted by a staff team that encouraged people to maintain skills. One

person told us, "I do what I can and they [staff] encourage me." Staff helped people to do activities such as going into town to complete their own shopping and doing administrative activities online. Staff told us about a person who was having their food shopping bought for them by a relative. Staff encouraged the relative to enable the person to choose their own food shopping which they did. This helped to maintain independence.

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 remained Good. This meant people's needs were met through good organisation and delivery.

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

- Following an assessment people had a personalised care plan which gave staff guidance to people's individual needs. Daily records demonstrated that staff followed people's plans of care. Where any activity was missed an alert was received by management, so they could investigate the reasons why. Only management had access to close alerts following their investigations.
- People were receiving their visits for the duration they had agreed. Records demonstrated staff were staying with people for their allocated times. People told us they did not feel rushed. Comments included, "The staff are always on time and I don't feel rushed" and "If staff have finished what we have asked we sometimes tell them that they can leave early but its only by a few minutes. I never feel rushed."

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.

- People's communication needs were recorded in their care plans and guidance on how staff could best communicate with people. If people used aids for communication this was recorded and how to support people to care for them.
- Information could be provided in a range of formats which included larger fonts and simpler documentation. For example, the service had recently sent out surveys for people to provide feedback about the service. In addition to the standard survey the provider had produced an easy read survey which was shorter in length with simpler questions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to follow their own interests where appropriate. Social support had been agreed for some people with visits to take people shopping or out in their local community. We saw one person had support from staff to go swimming regularly.
- Where people's allocated care took less than the allocated time agreed we saw social support was added to people's plans. This meant staff stayed with people to talk to them instead of leaving which helped improve people's well-being.
- People had been encouraged to get involved in supporting a local initiative to knit poppies for a local hospital. The provider had printed the pattern for knitting the poppies on a copy of their newsletter. Once the poppies were situated in the display pictures had been taken and again shared with people via the

newsletter.

Improving care quality in response to complaints or concerns

- Systems were in place to log, investigate and respond to all complaints. People were given a 'client guide' with information on the complaints policy and procedure. One relative told us, "I'd speak to [registered manager] in the office, but I've never had to raise a concern."
- Where complaints had been received we saw they were investigated and responded to within the providers own timescales. All complaints were shared with senior management for review.

End of life care and support

- Some people had recorded their end of life wishes. Where people had a 'do not attempt resuscitation' form in place staff knew where this document was kept in people's homes.
- The registered manager told us they had worked with the local hospice at home provider to support people who were at the end of their lives. Where needed they would ensure people were comfortable and supported to manage pain.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider reviewed the quality assurance systems to make sure they were fit for purpose. The provider had made improvements.

- Quality monitoring was on a planned schedule with different audits or engagement activity being carried out monthly. Results were collated by the registered manager and reports produced. The nominated individual also carried out audits to check quality and produced reports to identify improvement. We saw a recent audit of care plans had highlighted work needed to make improvements.
- Any actions for improvement were added to the service quality improvement plan (QIP) so senior management had an overview of improvement required. This enabled them to monitor actions required and ensure the necessary action was completed.
- Since our last inspection there was a new registered manager in post. They had previously worked as the service operations manager so knew the organisation well. Due to recruitment struggles they had re-structured the management roles and employed new staff and promoted some existing staff. Staff we spoke with told us this had been a positive experience which had improved the support they received. One member of staff told us, "We all get on well, we have come a long way in the last year, we go to the office more as everyone is approachable." Another member of staff said, "There has been a change in structure, a change of some staff, we know our boundaries now which has helped us have a good rapport with everyone."
- Managers carried out unannounced observations of staff on their visits. This enabled them to monitor quality and practice. One member of staff told us, "We have unannounced observations, I don't mind these. I know I am doing my job correctly and as I should be, but I am open to learning."
- The registered manager was supported in their role by the provider. The provider visited the service weekly and was on hand to provide support. An external consultant was employed to carry out an appraisal for the registered manager. This person also acted as a mentor when the provider was not available.

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

- Adverse events, incidents and accidents were recorded and where appropriate the provider told us they would send out letters of apology to people.

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

outcomes for people

- People were receiving a service from an organisation that was open and inclusive. People told us they thought the service was well-led. Comments included, "I think on the whole the service is pretty well organised", "It's all very good, I have no complaints" and "I think they are very good. They are very efficient with the paperwork side of it."
- People were being supported by staff who enjoyed their work and thought the service was well managed. Comments included, "I am honestly loving this job, I am enjoying meeting lots of different people, it is doing me good. I feel more confident", "The culture here is open, I am able to talk freely and approach anyone" and "I think the service is well managed, the structure now is much more inclusive."
- There was an on-call system in place to provide management cover. People or staff could ring at any time and reach a member of staff.

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

- People and their relatives were able to give feedback about the service. The service used review meetings and surveys to gather people's views. The registered manager had recently completed surveys, analysed the results and was preparing to share them with people in the June newsletter. We saw the results which demonstrated people were very happy in many areas. For example, 100% of people responded that they strongly agreed staff treated them with kindness, compassion and respect. 100% of people strongly agreed that the manager leads a strong culture of good quality, safety and values which was followed by staff.
- People received quarterly newsletters to update them with events, changes in staffing and other service information. One relative told us, "I think [Butterfly Home Help] is quite a good organisation, they send out information all the time."
- Staff had the opportunity to attend team meetings. One member of staff told us, "We can discuss anything at a team meeting and put things on the agenda for discussion." Changes had been made to the format of team meetings which staff told us had been a positive change. The provider offered three dates per quarter for staff meetings and expectation was staff would attend one of those dates. This gave staff choice on when they attended which they found easier to work around their rotas. The provider produced a monthly newsletter for staff to update them on changes and events.
- The service encouraged people, relatives and staff to celebrate achievements and compliment staff for their work. We saw in supervision notes where positive feedback was received about staff it had been shared with them.

Working in partnership with others; Continuous learning and improving care

- The service worked with other agencies to provide care and support. This included professionals and the local authority. For example, the local authority quality assurance team had carried out monitoring visits and given ideas to improve the service. The registered manager told us they had already implemented some of the ideas to make improvement. One professional told us, "I have found Butterfly Home Help very good, I feel they have worked well with our team putting the client first and ensuring their safety at all times." Another professional said, "Butterfly are one of the best agencies I have ever worked with."
- The service were members of the 'Wiltshire Care Partnership' which was a local group of providers. The registered manager told us they found it useful to attend their meetings and workshops to meet with other providers and share learning.
- The registered manager told us they had developed partnerships with a local domiciliary care agency to support each other. They had visited each other's offices and shared good practice ideas. The registered manager told us they were impressed with the other services training facilities which had inspired them to improve the existing training room. They had purchased moving and handling equipment for staff to practice using. Staff also had the opportunity to experience being moved by having a go in the equipment.

They were also planning to buy a hospital type bed so additional moving and re-positioning techniques could be practiced.