

Butterflies Home Care Ltd

# Butterflies In Hampshire

## Inspection report

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11 October 2019

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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

Butterflies of Hampshire is a domiciliary care agency. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene, medicines management and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service provided personal care and support to 48 people who lived in their own homes. The service operated two teams of staff, one staff team covered Romsey in Hampshire and the other staff team covered Weymouth and Portland.

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

People were supported by staff who were exceptionally kind and caring. Feedback about the caring approach of staff was positive. People were treated with dignity and respect.

People received person centred care from staff who developed positive, meaningful relationships with them. People told us staff communicated well with them and they felt at ease with them.

People and relatives said the service was safe. They were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role.

Risks to people's health and wellbeing were assessed and mitigated. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

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 encouraged to raise any concerns they had or make suggestions to improve the service they received.

There were improvements in how well-led the service was. Additional senior staff had been appointed and new quality systems had been implemented to monitor and improve the service for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 19 September 2018) with two breaches of the regulations. 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 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 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 ●

# Butterflies In Hampshire

## 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

The 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

We gave the service 72 hours' 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.

Inspection activity started on 7 October 2019 and ended on 11 October 2019. We visited the office location on 7 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We visited four people and one relative living in their home with their permission and spoke with three people and five relatives by telephone. We heard about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager, and care workers.

We reviewed a range of records. This included four people's electronic care and medication records. We also reviewed a variety of records relating to the management of the service, including audits and staff recruitment and supervision records.

#### After the inspection

The provider sent us information we requested in relation to staff training, contingency planning and end of life care.

# 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.

### Using medicines safely

At our last inspection we recommended the provider follows NICE guidance in Managing medicine for adult receiving social care in the community, particularly in regards staff training and competency.

- At this inspection medicines management was safe. Staff had been trained and their competency for administering medicines was assessed and kept under review.
- People told us staff administered their medicines and applied their creams as prescribed.
- Regular medicines audits were completed. These checks were designed to identify and deal with any errors or omissions quickly.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. People and their relatives said they had confidence in the staff and trusted them. Comments included, "I'm always safe with them no doubt about it", "I feel safe and they all know what to do to help me" and "She [person] trusts them thoroughly, and so do I [relative]."
- The provider had policies and procedures in place to ensure people were at a reduced risk of abuse. Staff had received safeguarding training to ensure they understood what to do should they have any concerns.
- The registered manager and staff were aware of their responsibility to report any concerns.

### Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- There was an out of hours service provided by the agency to give staff and people who used the service guidance when the office was closed.
- Risk assessments were completed to guide staff in how to support people with their health and care needs. Risk assessments were in place preserve people's skin integrity and to support people to safely move with equipment such as hoists. Assessments were detailed and updated where necessary.
- Staff said they were provided with a clear and accurate picture of any risk identified to people's safety on people's electronic records.
- Any environmental risks were assessed and reviewed.
- Where people were unable to answer the door, staff entered the premises via a keycode which was securely stored on the electronic system and only available to those who needed it.

- There were policies and procedures in place to address foreseeable emergencies, for example the service had a staffing contingency plan in place.

#### Staffing and recruitment

- There were enough staff to support people. People were supported by a small team of staff who they knew.
- People told us overall the service was reliable, and they knew who was coming to each visit. They told us they would receive a telephone call if staff were running late
- The registered manager/provider carried out thorough recruitment checks on new staff to ensure they were suitable to work in people's homes. Staff were introduced to people by a senior member of staff before they worked alone with people.

#### Preventing and controlling infection

- Staff followed clear infection control policies and procedures on infection control.
- People told us staff always wore gloves and aprons when delivering personal care to reduce the risk of spread of infection. Staff confirmed they had access to a plentiful supply of gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager had systems in place to ensure lessons would be learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service. For example, learning was shared following a person slipping from a toilet seat whilst sitting on a towel to have a wash. Staff now encouraged people not to sit on a towel whilst they had a wash and let them know about the risks of slipping.



# 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 now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended that the provider considered good practice guidance to ensure all staff receive appropriate support, training and supervision and appraisal to carry out their roles.

- At this inspection staff were supported with the appropriate training and supervision needed to carry out their roles. People told us they had confidence in staff's skills and knowledge.
- Staff said the training and support they received was useful and enabled them to work safely and confidently. Overall, staff had completed the essential training and refreshers as needed. There were a small number of staff who had not completed food hygiene or infection control training.
- Newly employed staff received an induction which included training and shadowing more experienced colleagues.
- The staff said they felt well supported and were confident they provided good quality care to people.
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their roles effectively. Staff and people told us senior staff and the registered manager completed spot checks where they observed staff supporting people.

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

- The registered manager or senior staff team carried out a thorough assessment of people's needs before agreeing to provide their care. These assessments were completed on the electronic care recording system. The assessments detailed the support people required and preferred to maintain their health and wellbeing whilst respecting their preferences and beliefs.
- The person, and those who knew them well, were included in agreeing to the assessment. This helped to ensure the service would be able to meet a person's needs and expectations.
- The registered manager or senior team used the assessments to develop individual care plans which guided staff on how to support people.

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

- People's nutritional needs were assessed and any support they needed was detailed in their care plans. One relative told us that some staff were not aware of their family member's diabetes. They said they were speaking to the staff and registered manager about this. The registered manager was following this up with individual staff.
- Where people were assessed as being at risk of malnutrition or dehydration staff kept a record of their

food and fluid intake to help to ensure people had eaten and drunk sufficient amounts

- People told us staff prepared their meals and drinks how they liked them and always left their drinks and meals within easy reach.

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

- People were supported with their health needs by staff who knew them well and noticed changes in their health. A relative told us staff were very proactive in reporting any changes in their family members skin or health to district nurses or the GP.
- The service worked in partnership with other professionals and people were referred promptly to external healthcare services where needed. Staff followed guidance provided by those professionals.

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

- Staff sought people's consent before providing any care and treatment. People confirmed staff always involved them in their preferred daily routine. We people asked if staff always sought their consent. One person said, "Yes, they do. They are very good like that."
- People's capacity was considered when planning each aspect of care and people's consent was sought and recorded on their electronic records.
- Most people using the service were able to make decisions for themselves, Records showed where people had appointed Lasting Powers of Attorney (LPA's). Only people with the appropriate legal power had signed consent forms on behalf of relatives
- Staff had completed training about the MCA and understood the importance of ensuring people made choices about their lives.

# 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 the same.

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 without exception told us about the caring qualities of staff. Comments included, "I couldn't ask for better girls", "Friendly and helpful, caring", and "I am very happy and always look forward to seeing them."
- Staff had built up positive and caring relationships with people they supported over time. They spoke about them with respect and compassion. People and relatives told us how important these relationships were to them. One person told us, "I can talk to them as though they are part of an extended family. It's like a family conversation I never ever feel uncomfortable with them".
- People's care plans included information about their backgrounds, likes and dislikes and staff understood this information. Staff understood what mattered most to people.
- New staff were always introduced to people by senior staff. This was so people knew new staff prior to them working alone with them.
- The service made donations to local children's and food bank charities. The service also supported staff and people in any charity events they were involved in.

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

- People told us they were able to express their views and to make decisions about their care.
- Staff supported people to make decisions about their care and these were recorded in their care plans. Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people. People told us they never felt rushed and staff always checked whether there was anything else they needed before they left.
- People were supported to make choices about their care through daily discussion and formal reviews.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were very nice and polite and respected their privacy.
- Staff made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff knocked on people's doors before entering their homes. One person said, "When they are washing down below they always cover me with a towel when they go and get something. Same with the loo they cover me if I need to be."
- People's personal information was kept secure electronically and staff understood the importance of

maintaining the electronic care records. People understood their records were electronic and that they could see the records if they wanted to. Three people had remote access to be able to view their care records.

## 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 Requires Improvement. At this inspection this key question has now improved to 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

- At our last inspection some people's care plans were missing some information about how staff were to care for people.
- At this inspection people's care plans were highly personalised. They gave staff clear easy to follow guidance on how to respond to people's needs effectively and safely. People's care plans were bespoke and included details as to how they liked to receive their care.
- People's care plans and daily notes were electronic, and staff accessed all records through a handheld phone. This meant records of support given each day were updated instantly and everyone involved in the persons care had instant access to this information. In addition, staff also recorded information about people's mood and wellbeing during each visit.
- People told us, and care plans showed, that staff had taken the time to include important details in care plans. Each element of people's personal care and support was included as a task for staff to complete on the electronic record. This meant people's care and support needs were prompted and completed before they left the person. For example, one person liked their drinks from a specific cup and another person liked their curtains closed with a small gap.
- The service had previously supported people to attend community activities. The registered manager told us staff discussed and encouraged people's hobbies and interests during visits.

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 service understood and had responded to the AIS. People's communication needs were included in the assessment and care planning process. People told us staff communicated with them, using ways best suited to their individual needs. The registered manager told us written information could be provided in various accessible formats if required.

Improving care quality in response to complaints or concerns

- People received a copy of the complaints process when they started using the service. People told us they found all the senior staff to be approachable and they acted on any concerns they raised. One relative said, "We have occasional things that are not quite right. They respond well and there's been a good outcome"

- The registered manager told us they had not received any formal complaints. However, some people told us they had raised concerns and they were currently being looked into by the registered manager. It is recommended that the registered manager record any verbal concerns, so they are able to ensure they are fully investigated and addressed.

#### End of life care and support

- The staff team supported people at the end of their life according to their wishes and preferences, to enable them to stay in their own home if they chose to do so.
- Staff from the Weymouth team had supported people at the end of their lives by working in partnership with another end of life specialist team. There was a team of staff who were experienced in providing end of life care. They followed the directions in the professional's care plans and worked within the boundaries set. We saw letters and cards of thank for the care staff had provided people and their families.
- Staff told us they were able to spend quality time with people and their families at this time. A senior staff member told us they had received a thank you telephone call from one person's 9 year old grandchild thanking them for the care of their grandparent.
- A relative told us how the staff had supported their mother at the end of their life. They said, "They were amazing supporting me and Dad when Mum was poorly, they were so loving to her."

# 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.

At our last inspection the leadership and governance of the service was not effective in regards the monitoring of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The registered manager was also the provider and since the last inspection had appointed senior staff to support them and undertake specific quality assurance and monitoring roles. The registered manager told us they had confidence in the senior staff team and that as a team they had driven the improvements at the service.
- Staff told us they were able to provide good quality care and support to people because they had a registered manager and senior staff who got involved and understood the role. They said they could raise issues with any of the management team and their concerns would be listened to.
- Staff were motivated and enthusiastic about their work. They worked well together and told us how much they enjoyed their work. One staff member said, "It's great and the reason I stay is the people and team." Another staff member said, "We have a good team that are amazing."
- There were systems in place to monitor and assess the service provided, this meant the registered manager could identify and address any shortfalls. This included audits of staff files, accidents, incidents, medication, care plan reviews, training and staff supervisions.
- Senior staff completed regular spot check visits, observing staff and speaking with people using the service. These visits meant staff received feedback regarding their working practices and meant people could share their experiences of the service.

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

- The registered manager had developed a person-centred culture at the service. They understood their legal responsibilities towards the people they supported and were committed to delivering person-centred care. They only took on support packages where they believed they would be able to achieve the level of

care they were committed to.

- Overall, people using the service, and relatives said they felt the service was well managed. One person said, "The quality of care is exemplary". Another person told us they had no hesitation in recommending the service.
- Staff described the service as supportive, friendly and caring.

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; Continuous learning and improving care

- The registered manager understood and acted upon their duty of candour responsibilities, by promoting a culture of openness and honesty.
- The registered manager also understood their obligation to inform CQC about significant events within their service using the appropriate notifications.
- Where accidents and incidents had occurred, these were investigated, reviewed and any learning shared with the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were asked to share their views about the service informally and formally and felt very encouraged to do so.
- Staff also had an opportunity to share their views about the service, through informal team meetings and regular supervision sessions.
- The staff had close links with external agencies and the staff team worked in partnership with health care professionals to support people's health and wellbeing.