

# Butterfields Home Services Limited

## Kingdom House

### Inspection report

6 Prowses Meadow  
Kingdom Lane, Norton Fitzwarren  
Taunton  
Somerset  
TA2 6QP

Tel: 01823211112

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15 March 2018

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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

This inspection took place on 15 March 2018 and was announced. We gave the provider 24 hours' notice because this is small service and we wanted to be sure people would be available when we visited.

This was the first inspection of the service since it registered with the Care Quality Commission in June 2016.

Kingdom House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is able to accommodate up to three people and specialises in the care of people who have a learning disability. At the time of the inspection there were two people living at the home

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team worked alongside care staff which enabled them to constantly seek people's views and monitor the quality of the service offered. Staff and relatives described the management of the home as very open and approachable.

There were adequate numbers of well trained and experienced staff to ensure people received the care and support they required. The service was flexible to meet people's changing needs and wishes.

People were cared for by staff who were kind and caring. One relative told us, "The staff are all lovely and friendly I just can't fault them." Throughout the inspection we observed staff interacted with people in a friendly and caring way. Staff talked about people with genuine affection and obviously knew the people they cared for extremely well. One member of staff said, "It's bit like family really."

People received their care and support safely because staff followed risk assessments to enable people to take part in day to day life and activities with minimum risk to themselves and others. Risks of abuse to people were minimised because staff knew how to recognise and report concerns and the management team took all concerns seriously.

The staff worked in partnership with other professionals to assess and plan people's care. There was a small and consistent staff team who knew people well and how they liked to be supported. Relatives told us they were kept up to date and involved in all decisions about their relative's care.

People were cared for by staff who felt well supported and received the training needed to effectively meet people's needs and maintain their safety. Staff were positive and well-motivated which helped to create a happy atmosphere for people to live in.

People were supported to maintain good health and well-being. People had access to healthcare professionals to meet their individual needs. One relative told us, "With medical needs they [staff] are spot on." Staff knew how to support people who were unable to make decisions for themselves and acted in accordance with the law.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff to keep them safe.

Risk assessments were followed to make sure people had opportunities to take part in activities.

People received their medicines safely from staff who had been trained to carry out the task.

### Is the service effective?

Good ●

The service was effective.

People's care and support was assessed planned in partnership with other professionals.

Staff had the skills and knowledge required to effectively support people.

Staff knew how to support people who lacked the mental capacity to make decisions about aspects of their support.

### Is the service caring?

Good ●

The service was caring

People were supported by staff who were kind and caring.

People's privacy and dignity were respected.

People or their representatives were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personalised to their needs and wishes.

The staff were flexible to enable them to respond to changes in people's needs or preferences.

People had opportunities for social stimulation and were supported to access community facilities.

**Is the service well-led?**

**Good** ●

The service was well led.

The management team were open and approachable.

People lived in a home where staff were well supported and motivated.

The registered manager monitored the quality of the service provided and looked for ways to constantly improve the care provided to people.

# Kingdom House

## Detailed findings

### Background to this inspection

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

This inspection took place on 15 March 2018 and was announced. We gave the provider 24 hours' notice because this is a small service and we wanted to be sure people and staff would be available to meet with us. One inspector carried out this inspection.

Before the inspection we looked at the information we held about the service including the information supplied by the provider when the service was registered with the Care Quality Commission in June 2016. We also looked other information we had received since registration such as notifications which informed us about any significant event which had occurred at the home.

People who lived at the home were unable to fully express their views to us. However, we met with both people and they were very comfortable and relaxed in their environment and with the staff who supported them. We received feedback from relatives of both people who lived at the home.

During the inspection we were able to view the premises and talk with three members of staff. The registered manager and another owner of the home were available throughout the inspection.

We looked at a selection of records which related to individual care and the running of the service. These included two care and support plans, three staff personal file, records relating to health and safety monitoring and records of medication administration.

# Is the service safe?

## Our findings

The service was safe.

People who lived at the home were not able to fully express their views or feelings to us. However, both people looked relaxed in their environment and comfortable with staff. People interacted with the providers and staff with smiles and chatter. One relative told us they thought the person was safe at the home and said they could "Go away with complete confidence."

Both people who lived at the home had previously had limited opportunities to take part in social activities and events. The staff supported people to enhance their social activities by carrying out risk assessments which helped people to access community facilities with limited risk to themselves or others. Risk assessments were comprehensive and included information for staff to follow and also gave clear guidelines for when staff should cut short an activity to maintain people's safety. The implementation of risk assessments had enabled people to have increased social opportunities. For example, one person was able to regularly meet family members in a restaurant to share a meal with them, and staff. One member of staff said, "We're not here to prevent people doing things, just to make things safe and enjoyable."

Following social events or activities, risk assessments were discussed with staff and up dated to make sure any lessons learned could be put into practice for future events. For example, following an unsuccessful trip to a hairdressing salon for one person, a hairdresser had been found who would visit the home where the person felt more comfortable.

Risks of abuse to people were minimised because the provider had policies and practices in place which helped to minimise these risks. There was an open culture in the home, which encouraged staff to share any concerns. All staff received training in recognising and reporting abuse when they began work. Staff we spoke with had a clear understanding of what may constitute abuse and how to report it. All told us they were confident any concerns reported would be thoroughly investigated to make sure people were protected. One member of staff said, "It would definitely be dealt with. I'm 100% certain of that." Staff were also aware they could report concerns to other agencies outside of the organisation. Where any concerns had been identified the registered manager had contacted appropriate agencies to share these.

The recruitment practices in the home made sure prospective staff had the skills and character required to support the people who lived at the home. The provider carried out disclosure and barring service (DBS) checks on all prospective staff. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where the prospective employees DBS record raised issues the registered manager assured us full risk assessments were carried out to make sure people were protected. However, in one staff file there was no written evidence to show how these risks had been identified and minimised.

There were sufficient numbers of staff to safely meet people's needs. There was a small staff team which made sure people received care and support from people who knew them well and were able to safely support them. There was an on call system which enabled staff at the home to contact the providers at any

time of the day or night.

People received their medicines safely from staff who had undertaken training to safely carry out the task. One member of staff told us no staff gave out medicines until the registered manager was sure they were competent. Some medicines were prescribed on an 'as required' basis and there were clear protocols in place to inform staff when these should be given. Where people required medicines to be administered covertly (without their knowledge) the registered manager had discussed this with other professionals and sought advice from the dispensing pharmacist to make sure this practice was safe and in the person's best interests.



# Is the service effective?

## Our findings

The service was effective.

The home was a detached property in a residential area. The building was large enough for people to have their own personal space. People's areas reflected their needs. For example, one person was unable to tolerate decorations or pictures so their part of the home was adequately furnished but sparse. The other person's area was decorated in accordance with their tastes and was more homely. People could access a safe garden area.

People's needs were assessed and care was planned in partnership with other professionals involved in the person's care. Care plans were personal to each individual and contained the information required by staff to enable them to effectively support each person. Care plans were written in a way that showed the staff tried to empower people wherever possible by giving them opportunities they may not previously have had. Where people were unable to express their preferences the staff assessed people's behaviour to ensure care was provided in accordance with their wishes. For example, one person had experienced extremely disturbed nights. The staff had supported this person to change their sleeping arrangements. One member of staff told us, "They seem much more content now and definitely sleep much better."

Staff had the skills required to effectively care for people. All staff undertook an induction programme when they began work and were able to shadow more experienced staff in order for them to get to know how each person wished to be cared for. Once staff had completed their induction training there were opportunities for them to undertake further training including nationally recognised qualifications in care. This ensured their skills and knowledge remained up to date and they were able to provide care that was in accordance with up to date good practice guidelines. The registered manager also told us they were in the process of arranging for some healthcare professionals to give staff bespoke training tailored to the needs of each individual at the home.

People living at the home sometimes displayed behaviour which placed themselves or others at risk. All staff had received training entitled 'Management of Actual and Potential Aggression' (MAPA.) This comprehensive training programme teaches management and intervention techniques to cope with escalating behaviour in a professional and safe manner. The registered manager was an accredited trainer for this course and was therefore available to offer a full training course and up-dates whenever necessary. One member of staff told us how good they had found this training and said it had given them the confidence to support people through difficult situations.

People were supported to maintain good health and well-being. People had access to healthcare professionals to meet their individual needs. Records showed the home worked in partnership with psychologists, psychiatrists, GPs, occupational therapists and speech and language therapists, to make sure people's needs were met. One relative told us, "With medical needs they [staff] are spot on."

People's legal rights were protected because staff worked in accordance with The Mental Capacity Act 2005

(MCA) The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had undertaken training in the mental capacity act and knew how to support people who were unable to make a decision for themselves. Care plans contained information about people's capacity to consent to areas of their care. Where people lacked the capacity to give consent best interests decisions had been made involving family and professionals who knew them well.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection the registered manager had made applications to the appropriate authority.

People were supported to eat and drink in accordance with their wishes. Meals were provided by staff who knew people's likes and dislikes. One person enjoyed food shopping with staff which enabled them to make choices about food being purchased.

## Is the service caring?

### Our findings

The service was caring.

People were cared for by staff who were kind and caring. One relative told us, "The staff are all lovely and friendly - I just can't fault them." Throughout the inspection, we observed staff interacted with people in a friendly and caring way. Staff talked about people with genuine affection and obviously knew the people they cared for extremely well. One member of staff said, "It's bit like family really."

People were supported by a small staff team who they were able to build trusting relationships with. People were able to spend time together when they chose to or privately in their areas of the house. Staff had an excellent knowledge of each person and were able to provide support which took account of their likes and dislikes. Although people were not always able to fully share their views or express their wishes, staff told us they were able to assess people's behaviour and reactions to certain situations to gauge the things they enjoyed. For example, one member of staff said about a person, "They definitely prefer male staff, they are always more animated and happy when they have male staff with them."

The people who lived at the home were assessed as requiring a constant staff presence when in the house and when they went out. Staff ensured people were safe but respected their wish for privacy at times. For example, when people wished to be alone in their rooms or watching television alone.

The registered manager ensured people's privacy and dignity were respected. One relative told us, "The staff always treat [person's name] with respect and understanding." One person was unable to tolerate curtains in their room so their window had been fitted with frosted glass to promote their dignity. Each person had their own personal bathroom facilities where they could be helped with washing and showering by staff who they were comfortable with.

People were involved in planning their care as far as they were able. On the afternoon of the inspection, staff had arranged an activity for one person but they decided they wanted to do something different. Staff respected their wishes and the person took part in the activity they had chosen.

People's care plans were reviewed regularly and their personal and professional representatives were fully involved in any changes to care plans. Relatives told us they were fully involved in any decisions and were always kept up to date with the person's care and well-being.

# Is the service responsive?

## Our findings

The service was responsive.

People received care which was personalised to their individual needs and wishes. People had their needs assessed to make sure the home was the right place for them. From the initial assessments, care plans and risk assessments were drawn up to make sure people received the care they required and had opportunities for new experiences. Care plans were fully reviewed with professionals from outside the home to make sure there was a multi-disciplinary approach to people's care.

Information was effectively shared with the staff team and other professionals, where appropriate, to make sure any changes in need were responded to in a positive way. Staff said when a person's care plan changed they were instructed to read the new care plan and sign it say they had read and understood it. Staff also told us that any changes were fully discussed with them. One member of staff said, "Any change in a person's behaviour or care plan is always discussed at the handover meeting."

People were supported to keep in touch with family. Staff assisted one person to talk with a relative on the phone and supported them to meet with them for meals out. When family visited the home, they were always made welcome. One relative said they could visit at any time and were always greeted by friendly staff.

The staff supported people to take part in activities which interested them and experience new things. On the morning of the inspection both people went swimming which they appeared to have enjoyed. One person was being supported by an occupational therapist to engage in some sensory stimulation activities outside the home. People went out shopping, bowling and to local attractions. One relative had written to the staff thanking them for "Helping [person's name] to have a happier and more peaceful life." Another relative told us they felt their relative was settling into the home. They told us recently when they had visited; the person was giggling and happy.

One person had said they wanted to go on holiday, something which they had never been able to do. The registered manager carried out extensive risk assessments which included visiting the holiday park where they would stay. They produced a large document which gave all the information staff required about the person and the facilities available. This included a map outlining safe areas and areas that should not be used. The provider and staff accompanied the person. It was originally intended that the person would stay one night, but as the trip was so successful they stayed for two nights. We saw photographs of the person enjoying time on the beach and eating out.

The home's management was very visible in the home with the registered manager working alongside other staff to support people with their day to day lives. This gave them opportunities to gauge people's moods and identify if they were unhappy with the service provided. Staff told us that people would be able to communicate with them if they were not happy about any aspect of their care and action would be taken to find out what was wrong and address it. A relative said they were very happy with the care provided and

were confident that if at any time they needed to make a complaint they would be comfortable to do so.

# Is the service well-led?

## Our findings

The service was well led.

A small company, who also owned a domiciliary care agency, owned the home. One of the directors of the company was the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a home where there was adequate management cover to ensure the smooth running of the service and to make sure staff had direction and leadership in their work. Another owner of the company and a senior carer supported the registered manager. Staff told us there was always management support available to them. A relative told us the management team kept in regular contact with them and always replied promptly to any query they had.

The management team was described by staff and relatives as extremely approachable. One member of staff said, "The owners are always available and you can talk to them easily. They are really knowledgeable about things too." During the inspection we observed that everyone was extremely comfortable and relaxed with the management team who worked alongside care staff to provide day to day support to people.

The owners of the home told us their ethos was to offer care to people which was 'empowering and inclusive.' Comments from staff showed this ethos was put into practice. One member of staff said, "The team and the clients get on really well together." Another member of staff told us, "We just want to provide people with a good quality of life. It's all about what people want really."

People were supported by a staff team who were highly motivated and worked well together. This created a happy atmosphere for people to live in. One member of staff said, "I just love it." When we asked what they loved about their job they told us, "You really have time to get to know people. I get great satisfaction from making someone's day better."

The registered manager was able to monitor the quality of the service by on-going observations within the home and regular reviews of people's care. They kept in contact with people's family and professional representatives to enable them to seek people's views. A relative told us the registered manager kept them up to date with their relatives care and they were involved in all discussions and meetings with other professionals. A relative said, "They are always keen to hear my views."

The registered manager carried out one to one meetings and annual appraisals with staff to make sure they had the skills and attitude needed to support people. These one to one meetings could also be used to address any poor practice and to identify and support any training needs. Staff told us they were able to discuss issues at any time with the registered manager. One member of staff told us, "You can make suggestions and feel listened to."

All incidents which occurred were recorded and showed what may have led to the incident and any issues which occurred following it. These records were analysed by the registered manager and other professionals to inform practice in the home and to assess people's well-being. This helped to make sure that care and support provided met people's needs and to identify where improvements needed to be made.

The registered manager kept their skills and knowledge up to date by regular training, attending conferences and networking with other providers and managers in the area. This all helped to ensure people received care and support in accordance with current legislation and up to date good practice guidelines.

Risks to people were minimised because the registered manager carried out health and safety checks such as regularly testing the smoke detectors and hot water temperatures. They also carried out a monthly audit of medicines to make sure medication administration practices remained safe. Audits we saw showed evidence of consistently good practice in this area.

The registered manager was aware of their legal responsibilities and notified the Care Quality Commission of all significant events at the home. They worked closely with other professionals to make sure people's needs were monitored and met.