

# Quay Court (Care Centre) Limited

## Kahala Court

### 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

This unannounced comprehensive inspection took place on 31 March 2018 and was carried out by one adult social care inspector. We last inspected this home on 7 December 2015 when it was rated as 'Good' overall and in every key question.

Kahala Court 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. Kahala Court is registered to accommodate up to 32 older people in one adapted building. Nursing care is not provided by staff at Kahala Court. This is provided by the community nursing service. At the time of this inspection in March 2018 there were 29 people living in the home.

Kahala Court had a registered manager but this person was in the process of handing over to another manager who was not yet registered. During our inspection we spoke with the manager who was yet to be registered. 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.'

At our last inspection on 7 December 2015 we rated this service good. At this inspection on 31 March 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People who lived in Kahala Court were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People spoke highly of the care and support they received at Kahala Court and the caring nature of the staff. Comments included "We all say aren't we fortunate to be in a place like this", "They are respectful and kind" and "They are absolutely lovely."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people spoke highly of the food at the home.

People, relatives and staff were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Kahala Court

## 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 was 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 comprehensive inspection took place on 31 March 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

Most people who lived in Kahala Court were able to talk to us about their experience and we therefore spent time speaking with them. We did not conduct a SOFI during this inspection for those who were unable to talk to us. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. We did, however, use the principles of SOFI when conducting observations around the home.

We looked around the home, spent time with people in the lounge, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast and lunchtime periods. We spoke with six people and observed the other people who lived in the home being supported by staff. We spoke with four relatives, three members of staff and the manager and a senior manager. We also received feedback from two external healthcare professionals.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to four people, looking at their files and other records. We reviewed the recruitment files for three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

# Is the service safe?

## Our findings

The home continued to provide safe care.

People told us they felt safe. One person said "Oh yes, I feel very safe" and "I feel absolutely safe." Relatives we spoke with also told us they felt their loved ones were safe. They made comments including "She's safe" and "It's lovely knowing they're safe."

People who lived in Kahala Court had a variety of needs relating to their mobility, their skin integrity, health conditions, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where people had risks relating to their eating or drinking, specialist advice had been sought from speech and language therapists. Plans and risk assessments had been created and staff had been provided with clear guidance to follow to protect people from those risks.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that, as far as possible, only suitable staff were employed. Staff files showed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories., Tthis helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met.

Accidents and incidents were recorded and where these had taken place the management and staff had discussed these and taken action in order to ensure they did not reoccur.

The home was clean and pleasant. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

People were protected from risks relating to the management of medicines. Most of the people living in Kahala Court required support from staff to take their medicines. Where people were able to manage their

medicines themselves they were supported to do this. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and management carried out regular medicine audits and checked the records daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked regularly.

# Is the service effective?

## Our findings

The home continued to provide people with effective care and support.

People spoke highly of the care they received at Kahala Court. Some comments made to us included, "It's very good" and "We all say aren't we fortunate to be in a place like this." Relatives made comments including "(Name of relation) has always been looked after very well" and "I'm really impressed."

People were supported by staff who knew them well and had the skills to meet their needs. Staff had undertaken training in areas which included dementia, Mental Capacity Act 2005, safeguarding, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff said "I have enough training and I could get more if I wanted."

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

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. We checked whether the service was working within the principles of the MCA.

The manager and staff had undertaken training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person had bed rails fitted on their bed in order to prevent them from falling out of bed and injuring themselves. This had been identified as the least restrictive option to ensure the person was safe whilst also respecting their rights where they were unable to make a decision for themselves.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made where applicable.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People and relatives spoke highly of the food. Comments from people included, "The meals are very good. We enjoy them", "They feed us well" and "The food? Oh it's lovely. I always have a clean plate." Relatives'



comments included, "She loves the food" and "They are very accommodating food wise. She's offered choices." We observed the lunchtime meal during our inspection and saw people were supported to eat either in their bedrooms or the dining room, depending on their choice. Meal times were a social occasion with lots of chatting and laughing. Where people needed support with eating this was given by staff in a relaxed and caring way.

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved. The manager told us about the dramatic improvement one person had made following their admission to Kahala Court. We met this person, reviewed their care records and spoke with the manager and staff about them. We saw a clear improvement in the person's wellbeing, self-esteem, personal hygiene, food and fluid intake and interaction with others since living at the home.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

# Is the service caring?

## Our findings

The service continued to be caring.

We received excellent feedback from everyone we spoke with about the caring nature of staff at Kahala Court. People made comments which included, "Everyone is very nice", "We have a good rapport with the helpers, they have a great sense of humour", "They are respectful and kind" and "They are absolutely lovely." Relatives made comments which included, "They're all very helpful and very kind" and "It's the staff that make it, they're wonderful." One healthcare professional said, "All staff I have been involved with and their attitude towards the residents has always been caring and resident centred wherever possible."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. A number of people told us about the great jokes they had with staff and how fun and caring they were. A recent thank you card had been received from a relative which read 'My parents love the staff (always fun), love the exceptional food and I am able to relax knowing that they are in a safe and happy environment.'

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People confirmed they were given choices, with comments including, "I can do anything I want." Relatives said, "They always ask her for her choice" and "She's offered choices." Staff received equality and diversity training to help them provide for people's individual needs.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this. One relative said, "They get her laying the table and things, little things that are normal and make her feel at home."

The manager felt people's privacy and respect was paramount and these views were shared by staff. People and relatives confirmed staff were always respectful.

## Is the service responsive?

### Our findings

The service continued to be responsive.

People and staff told us they were confident people living at Kahala Court were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of care and support. Each person's care plan was regularly reviewed and updated to reflect their changing needs. People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines, histories and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for people who had communication difficulties.

Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required. People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. People enjoyed a variety of activities organised for them by staff including knitting club, quizzes, crafts, reminiscence, baking, word games and bingo. People also enjoyed going out into the local town to join in with groups and visit the library. The manager was in the process of further developing the activities people had access to and using people's histories and preferences to create more person-centred choices of entertainment.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People and relatives confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to and responded to.

People told us the staff and the management encouraged them to share their views and that regular meetings were held in order to enable people to express themselves. These meetings enabled people to voice any concerns they may have and to suggest any ideas they had to improve the service provided and the activities available. One person said "I've brought up a lot of things at residents meetings. They always listen." Another person said of these meetings "Anything you ask they will do their best."

# Is the service well-led?

## Our findings

The service continued to be well led.

There was a registered manager at the home but this person was in the process of being replaced. The person who was managing the service was not yet registered but was in the process of applying to be. 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 spoke highly of the manager and the senior staff at Kahala Court. Although there had been a number of recent changes in management at the home, there was strong and supportive leadership. Staff told us the management led by example to ensure staff provided people with a high standard of care.

The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. Staff said they had regular staff meetings where issues were discussed including any changes in policies or procedures. All staff felt they were able to speak openly and able to make suggestions about any matters. This showed us that staff had a voice in the organisation and in any new developments.

Relatives told us Kahala Court was always looking for ways of improving and sought feedback regularly. Comments included, "They seem to constantly think about what can be improved" and "They share their thoughts and ideas amongst each other and encourage us to share ideas." People were encouraged to share their views during regular meetings and in the form of surveys. Staff were asked to share their views during regular staff meetings and also in the form of questionnaires. Where comments had been made, these had been actioned.

People benefited from a good standard of care because Kahala Court had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, care plans, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve.

The manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.