

Kahanah Care Ltd

Miramar

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

Miramar is a residential care home for people living with mental health issues and provides personal care to up to 14 people. At the time of our inspection there were 13 people using the service.

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

People were positive about the support provided by staff. People were happy and felt safe living at the home. One person said, "People were encouraged and supported to live the life they chose."

People had person-centred care plans which reflected their needs and choices. People and their relatives (if appropriate) were involved in their care planning and during reviews.

People received their medicines safely. Staff were suitably trained and had their competencies assessed regularly. There was enough staff to safely support people.

Risks to people had been fully assessed and mitigated to help keep people safe. People's care plans were individualised and included involvement from other healthcare professionals, goals and plans moving forward.

Staff wore PPE appropriately and followed government guidance in relation to COVID-19. The home was clean and suitably decorated with ongoing improvements in progress.

The registered manager had an effective quality and assurance system in place which allowed them to monitor and improve the quality and safety of the care provided. People, relatives, health professionals and staff were asked for feedback to help improve the care provided. Lessons learned from incidents were also used to improve the service provided. The registered manager engaged with services and businesses in the community to further promote understanding of mental health and encourage people's independence.

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.

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

Rating at last inspection

This service was registered with us on 17 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 18 March 2019.

Why we inspected

This inspection was prompted by a change of provider name. We looked at infection prevention and control

measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Miramar

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Miramar is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Miramar is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service. This included any statutory notifications received.

Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. We sought feedback from health professionals and looked at the recent monitoring approach summary record. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with six people who used the service and three members of staff including the registered manager, the cook and care support staff. We reviewed the care records for three people, medicine records for four people and the recruitment records for three members of staff. We also received feedback from 10 staff and a health professional via email following the site visit. We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from the risk of abuse. Staff had received training around identifying abuse and knew what steps to take to keep people safe.
- Safeguarding incidents were fully investigated by the registered manager and were used to improve the overall quality and safety of the care provided. For example, educating and explaining about mental health needs with local services with consent.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were safely managed and assessments in place to keep people safe. Lessons were learned from incidents to improve the quality of care provided.
- People had personalised risk assessments which detailed the steps staff had to follow to mitigate any risk. One person told us, "I feel very safe here, we all help each other. It's the best place I've been."
- Environmental and COVID-19 risk assessments were in place to help keep all people, staff and visitors safe whilst at the home.

Staffing and recruitment

- Staff were safely recruited and there was enough suitably qualified staff on duty to support people.
- Pre-employment checks were in place to make sure all new staff were appropriate for working in care. For example, all new staff had references and Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us that staff were always available for support.

Using medicines safely

- Medicines were managed safely with the focus on promoting independence. One person said, "I've done so well, I do my own medicines now." All staff had received training around safe medicines administration and had their competencies assessed regularly. This was seen as important for all staff to know about peoples' medicines. For example, all staff were aware of potential side effects for one person in particular and knew what to look out for.
- Medicine administration records were accurate and there were regular checks of these by the management team. People were receiving their medicines as prescribed.
- Staff administered medicines in line with best practice guidance. People had no concerns around their medicines. People were involved in discussions about what medicines they were taking and why and the GP had reviewed all medicines to ensure people were prescribed minimal medicines to support their health.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting

- Relatives and friends visited people within their bedrooms and communal areas or outside. Visitors could visit whenever people wished them to.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 had comprehensive and in-depth assessments of their needs which reflected best practice guidance, the law and national standards. Admissions were individualised with some people visiting the home over a long period to ease their settling in experience and others moving in as soon as they could.
- People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews. People knew exactly what was in their care plans and were able to discuss all aspects of their care and future planning.

Staff support: induction, training, skills and experience

- Staff received regular training and supervisions. New staff were provided with a comprehensive induction which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A new staff member said, "The staff team are great and always feel supported when I'm on my shift."
- Staff told us they felt they received enough training and could request additional training if needed. Staff were supported with additional qualifications and career progression with the registered manager championing staff aspirations and achievements. One staff member said, "I was transitioned well into a deputy manager role from being a carer. I have my NVQ (National Vocational Qualification) Level 4 I was also supported into completing the course sufficiently."
- The registered manager told us how they also learnt from staff and people living at the service. For example, staff said they had good discussions around mental health and used their own experiences. Staff were having training in alcohol abuse and putting together a training course using learning from people living at the home.

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

- People were supported to maintain a balanced diet by staff. People were able to eat when they wished with meals kept back if people were out. People could make their own food and snacks in the kitchenette area and were involved in shopping and menu planning. There were no restrictions so people could be spontaneous, sometimes choosing to eat out or get a takeaway. For example, one person ate well when they had their breakfast at an earlier time.
- Care records showed that people were monitored, assessed and steps put in place to ensure people received an adequate diet.
- Risks associated with eating and drinking, and peoples' preferences were clearly documented.
- A staff member said, "I feel very happy working here and have great support from the manager. If I need

anything for the kitchen it is always got for me immediately. It is a very friendly atmosphere here."

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

- Staff worked in partnership and had good relationships with other healthcare professionals such as the mental health team to provide a continuous level of care which was responsive to peoples' needs. People were supported to access their GP and other healthcare professionals in a timely way. Care plans reflected the guidance provided.
- People told us that staff escalated any concerns to other healthcare professionals to make sure people got the care they needed. Staff and the registered manager were very knowledgeable about peoples' needs and how their mental health needs presented.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted and designed to meet people's needs. For example, people preferred using showers so additional ones had been installed. There was regular cleaning of all areas of the home.
- People told us they were happy with their rooms and could personalise these. Staff were respectful of how people liked to keep their rooms. Staff were respectful of peoples' privacy, encouraging regular cleaning, for example, when people were happy to allow staff to enter. Some people had hot drink and cooking facilities in their rooms to further promote independence. One person told us proudly how they had become adept at cooking and showed us their spice rack.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care was delivered in line with MCA. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making. All people living at Miramar had capacity to make decisions and were fully supported to make informed choices.
- Staff had received training around MCA and DoLS. Staff acted as advocates for people. One person had been supported in applying for permission to travel. Another person had discussed where they preferred to meet external health professionals, so they felt comfortable enough to talk.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff treated people kindly and respected equalities and diversity. Each person was supported as an individual by staff who were very knowledgeable about peoples' needs and their goals and aspirations. For example, one person continued to follow their religious practices.
- Staff had received training around equality and diversity and the provider had processes in place to promote this. The registered manager said it was so important for peoples' wellbeing and to promote positive mental health that the home felt relaxed and comfortable.
- People were positive about the support provided by staff. One person commented, "It's a good home, I get lots of support and staff stand up for me. They have helped me get my confidence back." A relative had written recently to the registered manager to say, "Thank you for being so patient, compassionate and kind to my son. You all have a great understanding of mental health needs, he has improved so much since being at Miramar."

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

- People were supported by staff to express their views and choices about their individual care. People were able to speak to staff privately at any time and we saw relationships between staff and individuals were clearly very strong. One staff member said, "I'm proud to work in such a homely environment I feel like we are one big family here." Another person who carried out work at Miramar said, "It always feels homely with friendly respectful staff and residents who are obviously very content."
- Staff asked people for their choices and consent to care daily. There were two-way discussions all the time about how people were feeling and how staff could support them. One person said, "They [staff] know me so well. I've much improved by being here."

Respecting and promoting people's privacy, dignity and independence

- The ethos of the service was for people to feel it was their home. The registered manager said this was at the heart of everything they did. Staff said, "I love the fact the home feels like a family home rather than a care setting as I feel it's nicer for the residents to be comfortable and happy in their own home." People were encouraged to live their lives as they wanted to. We saw people getting involved with home tasks and moving freely around the home. For example, people answered the front door, had been shown how to use domestic appliances and discussed together how they wanted the communal areas used.
- People's independence was promoted, and their privacy and dignity respected. Staff knew people very well and were aware of what tasks they could do independently. The registered manager had worked with local services and businesses to promote understanding in the community of mental health needs. This had enabled people to access the community independently in a safe way where they were understood.

- People told us that staff helped them in a respectful way but also allowed them the time to do things themselves with support. For some people a move into the community in the future was a possibility and staff and the registered manager worked hard to support people in this goal. One person said, "We work through problems together. There is real learning for us all, each other and staff." For example, the registered manager recognised that sometimes people were wary of appearing 'too well' as they thought they would have to leave. They were able to offer reassurance.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff completed comprehensive assessments of people's needs and used these to create individual care plans in partnership with people, relatives and other healthcare professionals. The service spent time finding out about peoples' needs and had been able to successfully support people with complex mental health needs to enable them to live meaningful lives at Miramar.
- People's care plans reflected their needs and were reviewed regularly. People told us that if they felt they needed extra support staff took the time to listen and review things with them. One person said, "Miramar feels like a place of healing. Trust is so important, and we all have trust here. We are valued as people in a holistic way."
- Care plans were very detailed with a focus on independence and described peoples' goals however small, for example bringing down their own laundry. The registered manager said, "It's all the little things, people do what they can achieve." One care plan showed how staff had worked in the local community to enable the person to manage their finances safely.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs fully assessed by staff. Strategies were in place to support people with communications. This often included recognising when people needed to talk and interpreting body language. One person told us how wonderful staff were in understanding when they were having a bad day and how supportive they were.
- Staff talked through all information in a language people understood. Staff understood peoples' heritage and promoted their expression of that. Staff spent time explaining things to people, so they understood any changes to their support or to get their preferred choices.

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 took part in activities and followed their preferred routines that were meaningful to them and staff supported them to maintain relationships that were important to them. The registered manager said everyone was able to go out, stay away and see friends when they wanted to. One person told us how they

had been able to visit a local landmark as they loved history.

- People liked to plan what activities would take place at the home. The registered manager told us how important it was for people to develop friendships and support each other. One person told us how important this was to them and how another person living at the home had accompanied them to visit a new potential placement. People clearly cared about each other at Miramar. A regular house meeting started during the COVID-19 pandemic had continued at peoples' request. People told us how they felt able to share their issues with people which promoted positive wellbeing. One person said, "I can get everything off my chest then. We all help and counsel each other and anything we need we get support."

Improving care quality in response to complaints or concerns

- There was a complaints process in place and the registered manager investigated all complaints in line with this. Outcomes from complaints were used to improve the delivery of care provided.
- People said they had not made any complaints recently but said they would be confident to raise these with the registered manager.

End of life care and support

- At the time of the inspection no one was receiving end of life care and support. Staff had received training around the delivery of this and felt able to speak to people around this topic if people wanted to. Some people had experienced bereavement and told us they had received support from staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive staff culture at the home which helped to achieve good outcomes for people. Staff all said they were very involved in all aspects of the support and management of the home. The registered manager said good communication and openness was key and promoted working as a team, whilst including the people living at Miramar. One staff member said, "I like that [the registered manager] gets all the staff involved with everything concerning the residents as I feel it is very important to know as much as possible especially when talking to health professionals."
- Staff feedback detailed how much they enjoyed working at the home and with the registered manager. Comments included, "[The registered manager] is a fantastic manager who is very approachable and fantastic at her job", "I can honestly say she is the best manager I've ever worked for" and "[The registered manager] both supports staff and residents to her utmost and gives it her all regardless. I feel fully supported and happy. I hope [the registered manager] realises just what an impact she has on everyone around her."
- Staff felt valued by the registered manager who praised staff particularly for their work during the COVID-19 pandemic. They were arranging a staff day out as a thank you.
- People were positive about the staff team and the support they provided. People gave us examples of how their lives had improved such as gaining confidence to go for a coffee, manage their own medicines and share their feelings with staff and their house mates. One person said, "We all have a chat and we go for trips out with staff. Another person had been supported to retain a job. People living at Miramar were all fully involved in the inspection process with the registered manager holding a house meeting following our visit to discuss any comments."

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

- When things did go wrong the registered manager and staff apologised and used learning from these incidents to improve the service.
- Lessons learned from incidents at the service, the wider provider network and other care homes were used by the management team to reflect on their current practice and to improve the care provided at the home.

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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They

submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.

- The quality and assurance systems in place had been reviewed and embedded throughout the service and were used to continuously improve the service and quality of care provided to people. The provider was fully involved and supported the registered manager to provide an open and transparent service.

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

- People, staff, health professionals and relatives were asked for their feedback of the service provided. People told us they could make suggestions at any time to staff and we saw staff engaging with people throughout the inspection, giving them the time they needed.
- Staff had regular team meetings and individual discussions and could approach the registered manager with suggestions.

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals. A health professional particularly praised the service and the local social work team had recently awarded the registered manager a 'Care Home Managers' Award' for 'outstanding person-centred care for our care home residents'.
- Care records showed involvement from other agencies such as the mental health team and staff had used the advice/guidance provided to help with people's care planning. For example, the local pharmacist was going to come and speak with people to directly discuss medicines and any questions they may have.
- There were close links with local businesses and services to promote understanding of mental health needs in the community. For example, work with local police and ambulance service ensured people were understood and supportive, dignified actions taken. The registered manager and provider were members of various forums and support groups, sharing ideas and information.