

# Quay Court (Care Centre) Limited

## Kahala Court

### Inspection report

Embankment Road  
Kingsbridge  
Devon  
TQ7 1JN  
Tel: 01548 852520  
Website: [www.devoncaregroup.co.uk](http://www.devoncaregroup.co.uk)

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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 |  |

### Overall summary

Kahala Court is owned by the Devon Care Group and is registered to provide personal care for up to 32 people. On the day of inspection 30 people were living at the home. Fifteen people were living with some level of dementia which varied from mild to advanced. Kahala Court does not provide nursing care. People living at the home received nursing care and healthcare through the local community health services.

The inspection took place on 7 December 2015 and was unannounced. Kahala Court was last inspected in May 2013 when it was meeting the requirements that were looked at.

A registered manager was employed at the service. 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.

# Summary of findings

The registered manager was also the registered manager for another nearby service owned by the same registered provider. They were supported in their role by a regional manager who had responsibility for a small group of homes, and by a deputy manager and a team of senior carers. Staff told us they felt well supported by this staffing structure.

People's needs were met in a safe and timely way as there were enough staff available. Staff received training that helped them meet people's needs. For example, staff had received training in moving and transferring, infection control and caring for people living with dementia.

People and their relatives told us they felt safe. A visiting relative said "I feel really lucky, it is a fantastic feeling, to know that she's in a safe place". Staff had received training in how to recognise and report abuse. Thorough recruitment procedures ensured the risks of unsuitable staff being employed were minimised.

Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). This ensured people's human rights were protected. People were asked for their consent before staff provided personal care. People's needs were met by kind and caring staff who ensured people's privacy and dignity was respected at all times. People said "It's lovely here, the staff are very attentive...they are friends", "I am happy here it is really nice" and "I feel very well cared for...I am very happy here".

Staff ensured people received care and support that was responsive to their needs. One person told us "if there is anything I have wanted, they do it. They know what to do to look after me and they are fantastic". Another said "All the staff are kind. I suppose because they know me as a person". People and their relatives were involved in making decisions about their care if they chose. One

relative said "We filled in a care plan together". People's care plans contained details of how their needs were to be met and were reviewed regularly. All other records were also well maintained and stored securely.

People were supported to maintain good health. A healthy balanced diet was available and people saw their GP when needed. There were effective systems in place to manage people's medicines.

People were encouraged to make requests and suggestions about improving the quality of the service provided. For example, people had requested a clock for the sun lounge. A clock had been provided that also showed the day and date.

An activities organiser was employed for 15 hours per week. There was a regular programme of activities on offer including singing, word games, films and gentle exercises.

The registered manager was very open and approachable. Staff told us they felt well supported by the registered manager. The registered manager was keen to improve the service and one visiting healthcare professional told us "they are not adverse to improvement and have their ears open and looking to how they can improve". Relatives and people living at Kahala Court were confident that if they raised concerns they would be dealt with efficiently. Visitors were welcome at any time and people told us they were always made welcome.

There were effective quality assurance systems in place to monitor care. For example, there were regular audits of the environment, medicines and care plans.

The environment was well maintained and was suitable for people living with dementia. All areas were clean and free from offensive odours.

# Summary of findings

## 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.

People's needs were met in a safe and timely way as there were enough staff available.

There were effective systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised.

Good



### Is the service effective?

The service was effective.

Staff received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

The environment was well maintained and was suitable for people living with dementia.

Good



### Is the service caring?

The service was caring.

People's needs were met by kind and caring staff.

Staff ensured people's privacy and dignity was respected and all personal care was provided in private.

People and their relatives could be involved in making decisions about their care if they chose.

People told us they could receive visitors at any time and they were always made welcome.

Good



### Is the service responsive?

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how people's needs were to be met and were reviewed regularly.

People were confident that if they raised concerns they would be dealt with efficiently.

There was a regular programme of activities available for people to participate in.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The registered manager was very open and approachable.

Records were well maintained.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

# 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 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 7 December 2015 and was unannounced.

Two social care inspectors and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience on this occasion had experience in dementia care.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We also gathered and reviewed information

we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

We met, spoke with or spent time with 19 people using the service, three visitors, two health care professionals and seven staff. The registered manager and regional manager were available throughout the inspection. Following the inspection we spoke with one healthcare professional and staff from the local authority who had commissioned some placements for people living at the home.

As part of the inspection of the environment we walked around the service with the registered manager and completed the King's Fund tool. This is a tool that looks at how suitable the environment is for people living with dementia.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

# Is the service safe?

## Our findings

Medicines were stored securely in a locked cupboard and only staff who had received training administered medicines. Records confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Regular audits were made. Medicines that required refrigeration were stored securely and fridge temperatures were monitored daily. One person managed their own medicine. A risk assessment had been completed to ensure they were safe to do so. We heard one person asking a member of staff about their medicines. The member of staff reassured the person and explained why the medicine had been prescribed. One visitor told us their relative always had their eye drops administered at the correct time.

We were concerned that two people who had been seen by their GP on the previous Friday had not received their prescribed medicine until mid-afternoon on the Monday. The registered manager told us they had contacted the GP surgery on several occasions, but due to an administration difficulty at the surgery the medicine was not received until the Monday. The registered manager told us that they would discuss the problem with the GP practice in order to resolve the issue and ensure such a delay did not occur again.

Those people who were able, told us “I am safe and sound and they look after me well enough” and “I am very happy I feel safe and sound I am happy with the staff they are very good indeed”. A visiting relative said “I feel really lucky, it is a fantastic feeling, to know that she’s in a safe place”.

People were protected from the risks of abuse as staff knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff had received formal training on keeping people safe and told us about instances when they had raised concerns. They felt their concerns had been dealt with appropriately. Information about raising concerns and contact telephones were displayed on a noticeboard outside the kitchen.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. We looked at

three staff files. All contained the required pre-employment documentation including disclosure and barring (police) checks, photo identity, references. They also contained an application form with a full work history.

Many people living at the home were living with some level of dementia. Some people were able to make their own decisions and only needed help with their personal care. Others were in the early stages of dementia and were able to communicate their needs and wishes, while some were completely reliant on staff to recognise and meet their needs.

People’s personal risk assessments contained good details on how risks were managed. Moving and transferring, falls and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment was used when needed. People’s freedom was respected while risks to them were minimised. The registered manager told us about one person with short term memory loss, who was supported to go into town alone. Records showed the person’s family and GP had been part of the risk assessment process.

Environmental risk assessments had been carried out. For example, the risks of using all moving and transferring equipment had been assessed. All equipment was regularly checked visually and servicing and maintenance contracts were in place to ensure the equipment remained safe to use.

A new 24 hour monitoring chart and falls diary had recently been introduced. Staff used the form to record details of all falls and any signs, such as vomiting, the person may display following the fall. The registered manager told us this had been introduced to ensure any changes in people’s health following a fall could be identified quickly. The registered manager told us it would also help them identify any patterns and help minimise the risks of falls reoccurring.

On the day of the inspection there were 31 people living at Kahala Court. People’s needs varied, with two people needing the help of two staff to help them move around. Other people were living with some level of dementia and needed help with their personal care from one member of staff. Staff and people living at the home told us they thought staffing levels were sufficient. One person described the call bell system and said it was answered in reasonable time. Other people said “there are enough

## Is the service safe?

staff” and “you soon get attended to if you ring the bell”. Throughout the inspection we saw and heard staff attending to people’s needs in a timely way. There was a relaxed and unhurried atmosphere in the home which indicated there were enough staff on duty. One member of staff, who also worked in another care home said “it is quite peaceful here (the other home is busier) it’s slower, more time for residents here, rather than just doing their day to day care needs”.

There were effective infection control procedures in place. Staff had received training in infection control and were seen wearing protective equipment when needed. The home was clean and tidy and there were no unpleasant smells. One person told us “I have a nice room...it is clean”.

# Is the service effective?

## Our findings

People living at Kahala Court had needs relating to living with dementia, mobility and general health. Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training relating to people's needs. This included caring for people living with dementia, nutrition and well-being and pressure ulcer prevention. Staff told us the registered manager encouraged them to attend additional training. One member of staff said "there's never a month without a couple of bits of training". Training was provided in a variety of formats including face to face and by DVDs.

The registered manager told us that any new staff who were employed with no care experience would have to complete the full care certificate induction. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

There was some confusion about whether staff received supervision and appraisal. Staff told us they did not receive regular supervision and appraisal. However, we saw records signed by staff showing they had received supervisions and appraisals. We discussed this with the manager who felt staff may have not recognised the chats they had were supervision. The registered manager said she would bring up the subject at a staff meeting to ensure staff understood. However, staff told us they felt very supported by both the registered manager and the deputy manager.

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.

Some people living at Kahala Court were living with dementia, and this could affect their ability to make decisions about their care and treatment. Staff told us they had received training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS), but we found their knowledge of the legislation

itself was limited. However, they were aware of the principles of the legislation and that everyone was assumed to have capacity unless they had been assessed otherwise. Throughout the inspection we heard staff asking people for their consent before providing personal care. Staff told us they always asked people if they were happy for them to provide care.

Where people had been assessed as not having the mental capacity to make decisions, meetings had been held in order to decide what was in the person's best interest. For example, one person was living with a level of dementia that reduced their capacity to make decisions about their care. Records showed that discussions had been held between staff, relatives and social care professionals about whether it was in the person's best interests to wear a lap-belt in their wheelchair, while they recovered following a fall. It was decided it would be in their best interests. The person had since recovered and no longer used the lap-belt.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

People were supported to have enough to eat and drink. Jugs of water and juice were placed around the home for people to help themselves to. Staff frequently offered people tea or coffee.

Lunchtime in the dining area was unhurried and sociable and staff had time to chat with people. We heard a member of staff quietly telling a person with limited sight what was for lunch and where their cutlery was. Although people were not offered a choice at lunch time they had been told they could have had an alternative if they wished. We received mixed comments about the food. One person felt too much frozen food was used. However, the majority of



## Is the service effective?

comments were positive and included “The food is lovely”, “I am not a fussy eater ...food is really nice...they do old fashioned puddings so I eat everything here” and “I enjoy the food it is nicely cooked”.

Records showed people had seen their GPs and other health and social care professionals as needed. We spoke with one visiting healthcare professional who told us that the home was very good at contacting them when required. They said staff took advice and followed it through efficiently. They told us about one individual whose episodes of falling had significantly reduced since

living at the home. Following the inspection we spoke with another visiting healthcare professional who told us they had no concerns about people at Kahala Court, that there was a “good team there, who know what to look out for”.

We spent some time walking about the home completing the King’s Fund tool with the registered manager. The King’s Fund tool looks at how suitable the environment is for people living with dementia. We found that many of the suggestions of the tool were in place. For example, there was a variety of seating available including settees as well as single chairs. There was a dedicated quiet area in the sun lounge and there was independent access to outside areas. A ramp was to be installed to enable a wheelchair user get out into the garden straight from their room.

# Is the service caring?

## Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. Staff were seen supporting people in an easy, unrushed and pleasant manner. People said “It’s lovely here, the staff are very attentive...they are friends”, “they have looked after me for several years overall it is very good”, “I am happy here it is really nice” and “I feel very well cared for...I am very happy here”. A relative told us “I would recommend this home to anyone...I live locally and I have never heard anything bad said”. Another relative told us the staff looked after their relative very well they said the home “is a lovely place, it’s the people (the staff) the way they look after people. Their kindness in the way they look after people, they can deal with complex issues.”

Staff at Kahala Court treated people with dignity, respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. We heard one staff member reassuring a person about their medicines. The person was spoken with respectfully and given time to air their.

All staff carried out their duties in a caring and enthusiastic manner. There was much friendly banter between staff and people while staff were putting up the Christmas decorations. Staff spoke about people in a respectful, confidential and friendly manner. People were assisted with care tasks in gentle and caring ways. All personal care was provided in private.

People were supported by staff that knew them well. They were able to tell us about people’s preferences. For example, staff knew what people liked to eat and when they liked to get up and go to bed. People looked clean, well-cared for and well dressed.

Not everyone living at Kahala Court wanted to be involved in planning their care and were happy for staff or their representatives to do that. Some care plans contained signatures of the person’s representative indicating they were happy with the care provided. Relatives told us they were involved in developing and planning their relative’s care. One relative said “We filled in a care plan together”. Another relative told us the home always telephoned them if there were any problems with their relative. They went on to say “and when I come they often call us into the office and talk through issues”.

People told us their relatives were encouraged to visit. One person said “my relatives are made very welcome and always offered a cup of tea”. Another said “my son visits and he is made very welcome”. A relative said “the staff are so friendly they always come and say hallo”. A notice was displayed inviting people to ask if they would like to use the internet to keep in contact with their relatives who could not visit.

People were supported to be comfortable and dignified at the end of their life. Staff told us they had received additional training on the verification of death. A visiting professional commented “staff go out of their way to look after people at the end of life. The staff really do care. They do their absolute best to make sure the person really gets the best possible care”. One person told us they had only a short time to live, they told us “She [registered manager] made me so happy when they said that they wanted to look after me until I die”. They told us their care plan included their request for a particular member of staff to be with them when they died.

# Is the service responsive?

## Our findings

People's needs were assessed before and while living at Kahala Court. Care plans were developed following the assessments and contained good descriptions of people's needs. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed. For example, one person's care plan had been updated to show they no longer wished to manage their own medicines.

Staff responded to people's needs in a sensitive manner. For example, one person began to remove items of clothing inappropriately. Staff responded discreetly to help the person maintain their dignity. Staff were aware of people's needs and how they wished their needs to be met. This meant people received individualised personal care and support delivered in the way they wished. People confirmed that staff knew what their needs were and how they liked them to be met. One person told us "if there is anything I have wanted they do it. They know what to do to look after me and they are fantastic". Another said "All the staff are kind. I suppose because they know me as a person". One person who used an electric wheelchair told us that a ramp was going to be installed so they could use their patio doors. A visiting healthcare professional said "I like this home...the staff and the way the staff work together....it's changed in the last year and the residents have picked upon that. There are conversations happening between them (people) now".

There was a warm and friendly atmosphere in the home. Staff encouraged people to become involved in decorating the communal areas for Christmas. Several people were straightening the branches of the Christmas trees while others helped untangle Christmas lights. Staff were skilled in involving people as much as possible in practical tasks

while encouraging others to chatter about Christmas. However, we also noticed that some people in the sun lounge were sat for some time without any interaction from staff.

An activities organiser was employed for 15 hours per week and there was a regular programme of activities on offer. These included singing, word games films and gentle exercises as well as outside entertainers. There were also reminiscing sessions designed for people living with dementia. People told us "they come and say what activities are on...It is OK here" and "I have enough to do". A mobile library service also visited the home.

On the hall table was a decorated booklet made by people in the Craft Group. Some had chosen to record comments including "It's very friendly at Kahala", "I enjoy the craft sessions", "We always have a good laugh at Kahala Court", and "Kahala Court is all I could wish for".

The registered manager took note of, and investigated any concerns raised. Only one complaint had been recorded in the complaints file and this had been investigated and concluded satisfactorily. People told us they felt able to raise any concerns. One person told us "No worries...but if they were serious I would complain". Another said "I would let my daughter know if I had any worries...the staff are very nice and treat me like a person".

Regular meetings were held where people were encouraged to make requests and suggestions about improving the quality of the service provided. For example, people requested a clock for the sun lounge. A clock had been provided that also showed the day and date. People also wanted to continue outings in the home's minibus. As the minibus was unsuitable for wheelchair users a new minibus was obtained that had a lift. This had ensured people could continue their outings whatever their mobility needs.

# Is the service well-led?

## Our findings

Kahala Court is owned and run by the Devon Care Group. There was a staff management structure in place to maintain the running of the home. The registered manager also managed another nearby home owned by the Devon Care Group. They were supported in each home by a deputy manager and other senior staff.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and positive culture in the home. One staff member said “I’ve been impressed by the team work, there is a person centred focus on the residents and each other. Any grievances are immediately aired and we speak openly”.

All staff told us that they found the registered manager and deputy to be very approachable and very supportive. One said “I feel I can talk to anyone if I don’t know I can just ask, everyone here is approachable”. Another said “She (the registered manager) is very good at praising you, she’s brilliant at that.” Another said “the management are all right, I am supported well, yes, by colleagues and the manager helps you by talking and helping you out if you get stuck”.

The registered manager had a degree in Health and Social Care and is a ‘Train the Trainer’ for Manual Handling. This meant they were able to train staff at the home in moving and transferring techniques. They also have a qualification in dementia. They told us their practice and knowledge base was kept up to date by using sources such as, health and social care journals and the CQC website.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR told us the registered manager planned to “ensure that our

community links are maintained and improved”. They told us they planned to do this by using more local voluntary services. A visiting professional said “they are not adverse to improvement and have their ears open and looking to how they can improve, for example (one person) had falls and they looked at mats.....whatever they are doing she’s not falling”.

Suggestions for improvement were encouraged from staff and visitors. For example, staff suggested that as ‘room cleaning charts’ were not always fully completed, keeping them with people’s other records might ensure they were always filled in. This system had been introduced and was a success. One person’s relatives had suggested some additional information about services available at the home, prior to admission, may have been useful. The registered manager had put this information into the Statement of Purpose for the home. This is a document that is given to everyone thinking about moving into Kahala Court.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, the environment and care plans. One care plan audit identified there was important information in one part of the care plans but not in the care needs section. The care plans had been changed to ensure this did not happen again. An environmental audit highlighted the top of one person’s bedside table was peeling. Following this the item had been replaced.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.