Kahanah Care Ltd

Kahanah House

Inspection report

63 Exeter Road
Exmouth
EX8 1QD

Website: www.kahanahcare.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

Summary of findings

Overall summary

About the service
Kahanah House is a residential care home providing personal care to 6 people with mental illness or learning disabilities at the time of the inspection. The service can support up to 8 people. Not all people required support from staff with their personal care although some needed prompting and minimal assistance at times.

The property is situated in the centre of Exmouth within easy walking distance of shops and local services. The home can accommodate six people in the main building and two people in a bungalow at the rear of the house.

People's experience of using this service and what we found
People told us they were very happy living at Kahanah House and felt safe. A person told us, "I really love it. This is my home now." Relatives and professionals also praised the service and told us they were confident people were safe and well cared-for. Comments included, "They are doing brilliantly" and "They are kind people. I can't fault them."

People were supported by sufficient numbers of staff who knew them well and understood how they wanted to be supported. People told us staff were always available when they needed support. Staff understood the risks to people's health and well-being and kept these under review. Medicines were stored and administered safely. Staff followed good infection control procedures to ensure people were protected from the risk of infections including COVID 19.

Care plans were drawn up and agreed with people. The plans provided sufficient information to ensure staff understood each person's individual health and personal care needs. Staff had the skills and training to meet each person's needs. They received regular supervision and good support. People were supported to make decisions about all aspects of their lives.

The staff were caring and empathic and helped people to achieve positive outcomes. People were encouraged to lead active and fulfilling lives, and gain independence. Staff understood the things that people worried about, and the things that made them upset. Staff gave people opportunities to express their views and feelings, and were always willing to sit and listen, and offer reassurance.

The home was well-managed. There were systems in place to monitor the service, seek people's views, and to make improvements where needed. The service worked closely with relatives and local professionals and services to ensure the best outcomes for each person.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People lived in a small group setting. The home is situated close to local services and amenities and people were able to access the community easily. People were supported to gain new skills and work towards gaining greater independence. They received support that was personalised to meet their individual needs.
Right support:
• Model of care and setting maximises people's choice, control and independence
Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights
Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 3 April 2020 and this is the first inspection.

Why we inspected
This was a planned inspection.

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.

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.

Kahanah House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave one hour's notice. This was because the service is small and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into

account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with five people who used the service about their experience of the care provided. We looked around the house. We spoke with the deputy manager, three staff, and a health professional who was visiting the home at the time of our inspection. We looked at a range of documents including one care plan, staff rotas, training records, medicine administration records, and records relating to the safety of the property and equipment. We also observed a resident's meeting that took place in the afternoon of our visit.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff records and quality assurance records. We contacted three relatives and two health and social care professionals for their views on the service. We also contacted a person who had lived at the service for a few weeks and left shortly before our visit.

Good

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 for 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

- People told us they felt safe. They were confident they could speak out if they had any concerns or worries and knew who to speak with. A person who worried about security and keeping safe was reassured by the security cameras at the front and rear of the house. Staff understood their concerns and took care to keep them reassured about the security of the building.
- Staff told us they had received safeguarding training at their previous places of employment, and that further training on this topic was booked for the near future. They told us they were confident they would recognise any signs of abuse and knew who to speak with.
- Safeguarding and whistle blowing policies and procedures were in place and were straightforward and easy to read.
- People managed their own finances with support from their relatives where necessary. Staff offered guidance on budgeting and keeping possessions safe but did not handle cash on people's behalf.

Assessing risk, safety monitoring and management

- Care plans contained evidence that staff had assessed the potential risks to each person's health, safety and well-being and kept this under regular review. Care plans contained information for staff about how to support people to reduce their risk of illnesses, such as diabetes and mental illness.
- Staff understood when people were at risk of illness, for example due to unhealthy eating, and offered encouragement to help people remain fit and healthy.
- Staff recognised risks to people's mental well-being and worked closely with local health professionals to ensure people had the right treatment and support to prevent illness.
- The home and equipment were well maintained and safe. Regular checks were carried out on equipment such as fire safety equipment to ensure it was in good order. Risk assessments had been carried out on the environment. Any repairs or maintenance needed were carried out promptly.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people received the support they needed, and at the right times. People and staff told us the staffing levels were good.
- Safe systems were followed before new staff were appointed to ensure they were suitable for the post, including Disclosure and Barring Service (DBS) checks, references taken up, and application forms completed.
- The staff team was stable, with low staff turnover. Staff told us it was a happy working environment with good team co-operation. A member of staff told us, "I love it (working here)."

Using medicines safely

● Medicines were stored and administered safely. A person told us, "I am very happy with the way my medicines are looked after.".

● Staff had information about the medicines prescribed to each person, and how they should be administered.

● Medicine records were generally well maintained. Daily and weekly monitoring systems were in place to ensure staff signed the medicine administration records (MAR) for each medicine administered. We noted one example of missed signatures on the MAR, although we assured by the daily electronic care notes that the medicine had been administered. The deputy manager told us their monitoring systems should have picked up the missed signature quickly and assured us they would take actions to prevent missed signatures in future.

● Staff had received training on medicine administration.

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 meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● 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.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

● The laundry equipment had been installed in a room that had originally been intended for use as an en-suite bedroom. While the main area provided sufficient space to ensure laundry was stored hygienically, the washing machine and tumble dryer were situated in the en-suite area next to a toilet. We spoke with the registered manager who assured us they had plans in place to move the laundry to a more suitable area of the house in the near future.

● No people or staff had tested positive for COVID 19 since the outbreak of the pandemic. A relative told us they were very happy with the measures being followed to prevent COVID 19 and described them as "Very good. Very efficient."

Learning lessons when things go wrong

● There was an open ethos in the home with a willingness by the whole staff team to discuss issues or problems when they arise and seek solutions. Health and social care professionals told us the staff were always pro-active in seeking advice and working with them to seek new ways of supporting people when

problems arose.

Good

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's needs were assessed before they moved into the home. This ensured staff fully understood people's needs and had the skills to meet them. Information was gathered from the person, their families or representatives, and from professionals who supported them.
- Initial care plans were drawn up before or at the start of each person's admission, and the care plan was kept under review and expanded and updated as staff got to know the person.
- Staff were able to describe each person's needs clearly and understood how they wanted to be supported.

- Care plans set out people's choices about their daily routines, likes and dislikes. People told us they had been involved in drawing up their care plans and were happy with the content.
- Care plans included information on how each person wanted to be supported to maintain good oral health. Staff were able to describe how they offered advice and assistance where needed to ensure people kept their teeth clean and healthy. People were supported to attend dental appointments, if required.

Staff support: induction, training, skills and experience

- All staff recruited when the home opened in 2020 had relevant previous experience and training. The home opened at the start of the COVID 19 pandemic which mean face to face training could not be provided. Despite the pandemic staff have received updated training on most essential topics including most health and safety topics in the last year. Some topics such as safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards had been booked for all staff to attend training sessions in early July 2021, or staff had been asked to complete workbooks.
- Staff were supported to gain relevant qualifications. Most staff either held a National Vocational Qualification (NVQ), the Care Certificate, or were in the process of obtaining a relevant qualification.
- Staff were well supported and received regular supervision. Records showed most staff received supervision approximately every two months. Staff told us they felt well supported and could always ring one of the management team for advice if they were not present in the building.

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

- People told us they enjoyed the meals. A person told us, "The food here is excellent. You can ask for almost anything you want. If they've got it in stock you can have it. The cook is very good at giving the right portion sizes."
- Menus were discussed and agreed with people in the resident's meetings. They were regularly adjusted according to people's choices and requests. The menus were varied and well-balanced.
- People were offered fluids regularly throughout the day. Jugs of squash were available on the dining table

for people to help themselves, or they could make their own drinks if they wanted.
● People were encouraged to make their own meals if they wished, or to help with food preparation. One person had their own kitchen and cooking facilities in their accommodation and told us they made some of their own meals but preferred to eat with the others in the dining room. Another person said they liked making cakes and had also cooked some roast dinners.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● There was a close working relationship with all relevant local agencies to ensure people received the best possible care and treatment. Comments from health professionals included, "They are doing brilliantly" and "I have had a very positive experience working with Kahanah House." Where people attended other agencies such as college there were good communication systems between them to ensure consistent support and sharing of any concerns such as ill health.
● Staff knew people well and recognised signs of mental or physical illness. A visiting health professional told us staff worked with them closely to develop plans to ensure people remained happy and in good health.

Adapting service, design, decoration to meet people's needs
● The home was well decorated and furnished to suit each person's individual tastes. People were able to choose their own colour schemes and furnishings, and to make their rooms feel homely. People showed us their rooms with pride. A relative told us, "The house is clean and modern, and it was a joy to see that [person] was now settled in such a lovely place with all his needs met."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

● People living at Kahanah House had capacity to make choices about their lives. The staff understood this and supported people to make decisions, even if the decisions were sometimes unwise.
● Staff had not received updated training on the MCA since starting at Kahanah House, although this training was booked to take place in the very near future.

Good

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 were caring and understanding. A member of staff described how they supported people when they became agitated or anxious, saying "We just have to be there for them." They knew each person well and understood if people wanted staff to stay with them, make a cup of tea, or to give them space and to keep checking until they felt calm again. A member of staff told us, "It's a very caring home. The empathy – it's wonderful."
- A member of staff described how they sat down and supported people when they were upset. They told us how one person had been crying and they sat and rubbed the person's hand until the person stopped crying and began smiling.
- A relative told about a person's experiences before and after moving to Kahanah House. They told us the staff were able to offer the understanding and support other services had been unable to give. They said, "They have been so good to him. Totally different to other homes." They explained how the staff were always calm and understanding when the person became agitated. They went on to say, "They are kind people" and "I can't fault them." The care from the staff team had resulted in the person being more settled than they had been in the past.
- People living in the home were full of praise for the staff. One person told us, "The staff are really nice." They described how staff had helped them build up confidence to go out on their own and use public transport. They told us "I've got more independence now."

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

- People told us staff knew them well. They told us staff had sat down and talked with them to discuss and agree their care plans.
- People were involved and consulted about all aspects of daily life in the home. Regular resident's meetings were held to discuss and agree topics such as menus, activities, outings and decorating the home.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting each person as a unique individual and the things that were important to them. They understood people's beliefs and religions and supported them to maintain these.
- Care plans contained information on how each person wanted to be supported to maintain their privacy and dignity. For example, one person wanted staff to knock and walk straight into their room without waiting for a response. Staff told us that for other people they always waited for a response before entering. Staff understood how people wanted to maintain privacy and dignity in their personal hygiene, and how to offer discreet support where needed.

● People were supported to learn new skills and gain greater independence. Staff talked with pride about people who had previously lived there and had been able to move on to live independently in the community. A member of staff told us they loved the feeling of helping people towards independence. A professional told us about a person who had moved on to live independently and said, "They gave him the confidence to know he can do it – and he is actually thriving and loving life and managing well." A person who previously lived in the home and is now living independently told us, "I cannot praise them enough."

Good

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

- People told us staff understood their care and support needs. A person told us about the areas they needed support with, and the things that were important to them. They went on to say, "The staff look after these things for me."
- Care plans were computerised and contained detailed information on all areas of people's needs. Staff had access to the care plans with the use of hand-held devices. Daily records were completed on the hand-held devices to provide evidence that all areas of the care set out in the plans had been given.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans set out each person's individual communication needs. Staff understood how people wanted to be supported to express their needs and wishes.

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

- Staff were enthusiastic and creative about encouraging people to lead active and fulfilling lives. A member of staff described how they had consulted with each person to find out the things they liked doing, and the new things they would like to try. We heard about arts and craft projects, and about plans for future activities.
- One person loved animals and had been supported by staff to get a kitten. They also had stick insects and a fish tank in their room. The person showed us their pets and talked about them with pride and fondness.
- Staff understood that people did not always want to participate in group activities so were always ready to offer opportunities and encouragement for one to one activities throughout the day. For example, they regularly offered to do cooking sessions, play board games, or to go out for walks according to people's preferences.
- People kept in touch with families and friends, either in person or by telephone or video communication methods. Visits from or to family and friends were carried out following government guidance on COVID 19 precautions.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us they knew who to speak with. People. Relatives and

professionals told us they had never needed to make a complaint.

End of life care and support

● There were no people living at Kahanah House who were close to the end of their lives. Care plans contained a section on end of life care, but these contained limited information.

● The deputy manager told us they were aware they needed to have further discussions with people about their wishes for care in the event of sudden illness or death. Following our inspection, the deputy manager told us they had spoken with one person and had updated their care plan with more information on their wishes on death and dying.

Good

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. Working in partnership with others

- People, staff, relatives and professionals told us there was a happy, welcoming and open atmosphere in the home. Staff were enthusiastic about their jobs and proud of their achievements. Comments from professionals included, "They have always been very helpful and open and realistic," and (staff are) "adaptable and helpful."
- A professional told us the service was always willing to consider new referrals, including those people who had not settled in other care settings. They told us, "The thing about [deputy manager] and team is also they don't judge people." Staff looked upon each new referral as a unique individual, taking time to get to know them and understand how they could best support them. This had resulted in positive outcomes for people after they moved in.
- Staff told us they were well supported. The provider visited the service regularly and staff told us they knew the provider well and told us they were open and approachable. There were good communication systems in place.

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

- The provider and registered manager understood the importance of speaking up when things went wrong. They notified the Commission and all relevant authorities promptly when issues arose. They spoke with people, relatives and professionals where appropriate to discuss issues, seek agreement on any actions needed, and to give assurances that the matter had been taken seriously and would be addressed.

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

- There were systems in place to make sure all aspects of the service were monitored closely, and improvements made where necessary. Audits and checks were carried out on daily routines such as medicine administration, care planning and cleaning routines to ensure all aspects of the service were running smoothly.
- Staff understood their roles. There were clear lines of responsibility and accountability.

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

- People were involved and consulted about all aspects of the service. Residents meetings were held

regularly for those who were happy to meet in a group setting. If people did not want to join the meeting they were consulted on an individual basis.

● The service was planning to send out questionnaires to people living there, staff and relatives to seek their views on the service.

Continuous learning and improving care

● Training opportunities in the last year had been limited due to the COIVID 19 pandemic. Despite this the registered manager had kept up to date with changes in government guidance, and good practice through local and national online resources. These included resources for registered managers, CQC newsletters, and training provided by local commissioners. The registered manager told us they were keen to attend any events or training opportunities available.