

Kahanah Care 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 in Exmouth that provides accommodation with personal care for up to 14 people. This included people with mental health needs and living with addictions. When we visited, 13 people lived there, although one person was in hospital.

People's experience of using this service:

- People were supported by staff that were caring, compassionate and treated them with dignity and respect.
- People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.
- Risks of abuse to people were minimised because the service had robust safeguarding systems and processes. Staff demonstrated a good awareness of each person's safety needs and how to minimise risks for them.
- Regular health and safety checks were carried out. Environmental improvements, such as a stairlift to the second floor and a new shower had improved disabled access for people.
- People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People's health had improved because staff worked with a range of healthcare professionals and followed their advice.
- People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.
- People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.
- People, staff and professionals gave us positive feedback about the quality of people's care. They said the registered manager was approachable, listened and acted on feedback. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with examples of continuous improvements made in response to findings.

Rating at last inspection: Good. (last report published 6 April 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The inspection was brought forward by a few months to check safety improvements identified in 2018 had been

implemented. At this inspection, the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team included an inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses mental health services.

Service and service type:

Miramar is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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:

The inspection was unannounced.

What we did:

Prior to the inspection we reviewed all information we held about the home, such as details about incidents the provider must notify CQC about. For example, an investigation, for example a report into a serious incident in March 2018 where a person fell from a height, where a Velux window was not fitted with a window restrictor. The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people to ask them about their experience of the care provided. We looked at three

people's care records and at their medicine records. We spent time in communal areas and observed staff interactions with people.

We spoke with the registered manager, the nominated individual, and with three care staff, kitchen staff and a housekeeper. We looked at three staff files around staff recruitment, supervision, appraisal and staff training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home and received a response from one of them.

Is the service safe?

Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People said they felt safe living at Miramar. People's comments included; "I don't feel at risk," and "My music and my reading makes me feel safe." We asked people what they would do if they felt worried or unsafe, they said they would talk to staff or the registered manager, and were confident they would receive help.
- Following an incident where a person fell from a height in March 2018, we checked to confirm window restrictors were fitted to all upstairs windows, which they were. They were checked regularly to ensure they were kept in good working order.
- The environment and equipment was well maintained with detailed records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported in the event of a fire.
- People had detailed up to date individual risk assessments. For example, a person's risk assessment highlighted triggers that made the person more likely to become verbally or physically aggressive, such as excessive alcohol or running out of money. There was clear guidance for staff on managing these risks.
- Staff demonstrated a good understanding of the support people required to reduce the risk of avoidable harm. For example, how to tell when a person was becoming upset and what to do to help them. They described strategies they used to help the person become calm and knew what further actions to take if the person's behaviour became threatening towards staff or others.
- In the provider information return (PIR), the manager highlighted an alert system introduced to communicate important changes to staff about risks. A red alert was used to highlight a change in a person's health or their prescribed medicines. Yellow alerts were used for health and safety issues, for example, an electrical fault.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse. Staff were confident any concerns they reported were listened and responded to.
- The provider had effective safeguarding systems in place.
- The service had notified any safeguarding concerns to the Care Quality Commission, and included details of actions taken to protect people. Following a safeguarding incident in 2018, the service updated their safeguarding policy with input from the local authority.
- Team meetings, incidents, staff handovers, and reviews with external professionals were used as opportunities to discuss safeguarding issues.

Staffing and recruitment

- People were supported by enough staff so they could receive care at a time and pace convenient for them.
- The service had a stable staff team, who knew people well and provided them with continuity of care. Existing staff did extra shifts to cover sickness and leave, so no agency staff were used.
- A dependency tool was used to check staffing levels met people's needs. For example, several people who lived at Miramar liked to stay up late, so evening staffing levels supported this.
- No new staff had been recruited since we last visited. Systems were in place to ensure pre-employment checks would be carried out to ensure any new staff employed were safe to work in a care setting.

Using medicines safely

- Medicines were managed to ensure people received them safely in accordance with their health needs and their prescription. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- People told us they were happy with the support they received to take their medicines. The service had risk assessment systems in place to check people who wanted to manage their own medicines, could do so safely, although currently no one was doing so.

Preventing and controlling infection

- People were protected from cross infection. The service was clean and odour free, with daily cleaning schedules followed.
- Staff had completed infection control training and followed good infection control practices.
- A Food Standards Agency inspection in 2018 had awarded the service a rating of four out of five. Recommendations to replace the kitchen floor and install a foot operated pedal bin had been implemented.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends. For example, to identify changes in a person's mood or behaviour which needed GP involvement.
- The provider used significant events, that had taken place at the service, as an opportunity to learn and help ensure there was no re-occurrence of the event.

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

Good - 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 started using the service to help ensure their needs and expectations could be met.
- Improvements had been made in undertaking initial assessments, as a result of learning following an incident in 2018. For example, the pre-admission assessment record included a more detailed risk assessment to check for people's risk of self-harm, and any other relevant mental health history. This was to ensure the service could meet people's individual mental health needs.
- The registered manager also outlined they now attended regular review meetings with staff at Langdon Hospital, a mental health service in Dawlish. This helped them have a better knowledge and understanding of people referred to service from there, as part of their pre-admission assessment.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet people's needs. Training methods included online, face to face training and competency assessments.
- All staff had qualifications in care and staff described good opportunities for ongoing training, development and further qualifications.
- Staff received regular training and updates to help them meet people's mental health needs. This included use of positive behaviour support techniques for managing people with behaviours that challenged the service.
- Staff felt well supported in their work. Through regular supervision they had opportunities to discuss people's care needs, receive feedback, and discuss any further training and development needs.

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

- People reported positively about the quality of food and choices. Comments included; "The food is good" and "There is a two-week menu."
- People could help themselves and make their own hot/cold drinks and snacks whenever they liked. A fridge was kept well stocked with cold meats, bread and cheese and there was a bowl of fresh fruit available.
- Meals took account of any religious or cultural beliefs or medical needs, for example, vegetarian diet and low sugar options for a person with diabetes.
- Where people were at risk of poor nutrition and dehydration, or of health problems due to being overweight, there were plans in place to monitor those people's needs closely.

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

- People had access to a variety of healthcare services and professionals according to their needs. Most people attended the local surgery for their GP appointments. The community nurse visited two people living at the service regularly. Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice.
- People were supported to improve their health. For example, staff told us how a person's health had improved following weight loss and surgery for a health condition.

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 with appropriate legal authority. 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, and found they were. None of the people who lived at Miramar lacked capacity, and there were no restrictions on their liberty.

Ensuring consent to care and treatment in line with law and guidance

- People were asked for their consent before they received any care and treatment. One person said, "They ask me for anything." Another person appreciated their freedom to live their life at Miramar, they said, "You can leave and go when you like within reason." Staff involved people in decisions about their care and acted in accordance with their wishes. They respected people's choices, even when they thought they were unwise.

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

- Improvements had been made to the building to make it provide a more comfortable and usable space for people. For example, an accessible shower had been installed, and a second stairlift enabled people with mobility difficulties access the second floor.
- People with individual needs had specialised equipment. For example, a hoist and a wheeled walker.

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

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. A person who recently came to live at the service said, "It seems quite nice so far. The girls are lovely."
- People told us staff knew their preferences and cared for them in the way they liked. A health professional said, "People who live at Miramar are respected, treated with dignity, and enjoy freedom."
- Each person was considered as an individual, with their own social and cultural identity. For example, staff told us about one person who attended a weekly service at the local church, and about another person who was a vegetarian.
- The atmosphere was homely, and the ethos was to provide individualised care, enabling people to live the way they wished. Staff spoke about people with respect and affection.

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

- People's views were regularly sought through day to day interactions, and through individual care reviews. One person said, "Yes, I am involved in my care plan, it doesn't need reviewing that often, usually every one to three months."
- Staff spent time sitting chatting with people and supported them to make as many day to day decisions for themselves as possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. The registered manager monitored staff carrying out personal care, to ensure dignity was promoted and upheld.
- People were encouraged to do as much for themselves as possible. For example, keeping their rooms tidy, helping with housework, doing their own shopping. One person said, "I feel independent here."
- Staff told us about a person who couldn't manage living independently at home but was "doing brilliantly" since they came to live at Miramar. With staff prompting, they were managing their own personal care and had got used to living with others. They liked to help around the house, for example, gathering up cups, walking the dog and posting letters.
- People were part of their local community. They liked going into Exmouth to do some shopping, socialise and stayed in touch with friends and family. Visitors were made welcome and staff supported people to keep in touch with their family.

Is the service responsive?

Our findings

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

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care responsive to their needs. For example, staff told us about a person who was having side effects from their prescribed medication which stopped them going out. Staff contacted the person's GP and mental health team, and the person's prescription was changed. Their symptoms disappeared, which meant they could go out confidently.
- Staff encouraged people to make positive lifestyle choices, and work towards future independence. For example, by helping people with budgeting, joining support groups and helping them arrange leisure and work opportunities. One person told us about their voluntary work once a week at a local museum. Other people's comments included; "I go out to the shops, I buy the paper," and "I do some gardening here."
- People enjoyed a variety of hobbies and leisure pursuits and were encouraged to participate in their local community. One person said, "I regularly visit the local library. Often, I go on day trips to Axminster, Ottery St Mary, Winsley and I like browsing in books and music shops." Another person said, "I often visit my friend in Exmouth." Others told us they liked listening to music, doing quizzes, painting and watching soaps on TV.
- People's care records were detailed about their individual needs and preferences, and were regularly reviewed and updated as their needs changed. Care staff praised the electronic records, and said they helped them keep up to date with people's changing needs. Staff comments included; "We are getting more used to them now," and "When you look on the system, it tells you when records need updating."
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Staff helped people to understand and fill out forms and paperwork, they explained and provided information for people in an easy to read and understand format.
- Each person's care plans included a section about their individual communication need with people. For example, for one person staff were advised to, "Speak clearly, loud enough so he can take in what is being said. Be aware of background noise such as TV."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. People said they felt confident to raise any concerns with staff or the registered manager. People's comments included; "I would talk to [name], the manager," and "I would go to staff," and "they would sort things out."
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was provided, and on display, in an accessible format. No formal complaints had been received.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death. A health professional praised the end of life care staff gave to a person who had recently died at the service They said, "Staff provided good quality end of life care support." They explained the person wanted to remain at the service, so staff

moved them to another room more suited to their needs.

- Where people had expressed any advanced decisions about resuscitation, end of life care wishes or preferred funeral arrangements these were recorded in their care plan.

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

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, staff and professionals expressed confidence in the leadership at the home. They said the registered manager was approachable and listened.
- The ethos of the service was to be open, transparent and honest. The registered manager worked five days a week, including weekends. They worked alongside staff and led by example. Staff were encouraged to raise any concerns in confidence.
- At daily handover and staff meetings staff discussed how best to support individuals, reviewed any incidents, accidents or safeguarding concerns.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home and on the provider's website.

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

- The registered manager set high expectations about standards of care. Staff understood their roles and responsibilities and were accountable for their practice. Staff comments included; "We are quite lucky, it's a small home, with a good team," "we have a good manager, who listens staff."
- The service had a range of effective quality monitoring arrangements in place. Audits of care records, medicines management, and regular health and safety and infection control checks were undertaken, with continuous improvements made in response to findings. A service improvement plan captured ongoing improvements. For example, new decking was installed to provide a level pathway for people to access the patio area safely.
- Staff were consulted and involved in decision making and regular staff meetings were held. They were encouraged to contribute ideas, raise issues, and records showed action was taken in response.

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

- People participated in the day to day running of the service, and had valued roles. They were consulted and involved in day to day decision making.
- As people didn't like meetings, they had nominated a person who lived at Miramar to represent their views. The registered manager and the representative went for coffee every few months.
- Staff were consulted and involved in decision making and regular staff meetings were held.

Working in partnership with others; Continuous learning and improving care

- The provider and registered manager kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager met regularly with the provider and with other registered managers within the provider group and attended local provider engagement network meetings regularly. This enabled them to share experiences, tools and good practice ideas. They also used the national Skills for Care website to keep up to date with changes, and kept up to date with regulatory changes through monthly newsletters from the Care Quality Commission.
- We asked staff whether they could identify any areas for further improvement, two staff suggested having access to transport would help them arrange more outings for people.
- Currently, the provider was currently exploring the possibility of setting up some supported living services to help people move on from Miramar to live more independently.