



An Enter and View Report

Kahala Court

29th June 2015

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Kahala Court

Details of visit

Service address:	Kahala Court Embankment Road, Kingsbridge, Devon, TQ7 1JN
Website:	devoncaregroup.co.uk
Accountable persons:	
Sharon Frost	Registered Manager
Sally Dike	Responsible individual
Date of visit:	29 th June 2015
Authorised Representatives:	Caroline Lee and Liz Gilbert
Contact details:	Healthwatch Devon First Floor, 3 & 4 Cranmere Court Lustleigh Close Matford Business Park Exeter EX2 8PW Telephone 01392 248919 ext*115

Acknowledgements

Healthwatch Devon would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

To view the Care Quality Commission report for this home please visit cqc.org.uk

What is Enter and View?

Part of the Healthwatch Devon programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Devon safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission where they are protected by legislation if they raise a concern.

Purpose of the visit

- To explore with people who use services, what good care means to them
- Identify examples of good working practice
- To contribute to a short consumer guide for people seeking help with residential care in Devon
- Capture the experience of residents and relatives and any ideas they may have for change

Strategic drivers

- Aging population
- Care homes are a Local Healthwatch priority

Methodology

This was an announced Enter and View visit to support our “Good Care Means to Me” project.

We talked to the duty Manager, before we spoke to anyone in the care home. We took her advice on whether any residents should not be approached due to their inability to give informed consent, or due to a safety or medical need. The home accommodates 32 residents and is part of the Devon Care Group which operates 9 homes. At the time of our visit the manager told us there had recently been a transfer of residents and staff from Salcombe which brought new expertise into the staff team. New friendships were also being made

amongst residents and staff had responded well to the challenge of integration. The transfer didn't seem to loom large in the conversations we had with people which we felt was a good sign that it had been managed well.

As authorised representatives, we conducted short interviews with 8 residents, 1 relative and 3 members of staff. Authorised representatives approached the staff and residents at the care home to informally ask them about their views of the home.

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and the facilities. There was a checklist prepared which was used for each interview.

Summary of findings

On the day that we made our visit, the evidence we saw shows that the home was operating to a good standard of care.

- Good natural light in the welcoming hall
- Plenty of seating for people inside and outside
- Light and airy bedrooms (although we did not see all rooms)
- Minibus trips and varied activities
- Friendly staff

Results of Visit

Environment

The home is set just off the main road, a short distance from the town centre. There is a steep approach which flattens out to several parking spaces, and veranda to the main entrance. The front of the building looks out over a well-kept garden, and from there, over the town and estuary itself.

On entry we observed that that the hallway in the home had plenty of natural light as it has a glass atrium to the front. Several people were enjoying an afternoon break after lunch in the armchairs, or in their wheelchairs; there was plenty of room for them to be accommodated and there was a feeling of camaraderie amongst the people we spoke to in the home. The TV lounge and corridor, by comparison didn't have much natural light at all; which of course, when watching TV, some people may prefer. It was a hot day when we visited and we did feel the TV lounge could have been a bit better ventilated.

The dining area, which stepped up from the TV lounge (although was fully accessible from the side door) was well laid out and spacious. We didn't go into every bedroom, but on an invite only basis, the rooms we saw were appeared very clean and people had their own possessions, pictures, knick knacks, blankets and their own pieces of furniture around them.

People thought the layout of the home was important, although there was a comment about the steps in the dining room being a problem for some residents who have mobility issues.

Getting out and about

Most people felt supported to get out and about. They also felt getting out and about was important to them personally, although responses differed as to what “getting out and about” meant. There is a regular booking with a community minibus. As well as that, people got taxis into town, a short ride away, whilst other people just like to walk around the grounds and not go too far. A blind person has a befriender who visits them at home, or takes them to external activities. Sitting outside in good weather was enough for some people who were very frail. Family and friends are also encouraged to take people out for excursions.

Activities

People talked about going to the University of the Third Age, the Methodist Friendship club, visiting friends. Outings are arranged to garden centres and the seaside. One person did say that they’d like to see more music in the home, although we were told that musical activities are a regular feature. People seemed very happy with the activities and trips on offer. Some people weren’t keen on going out and staff respected people’s choice and ability in this aspect.

Residents

*“You’d be very happy and welcome at this home and if your friends can pop in it’s lovely.”
- a resident.*

When asked, people said that personal possessions, the TV and the overall design of the home were important to them; some people also mentioned their kitchen and one room we saw had its own kitchenette. Every room has its own en suite facilities. A person with sight loss felt very well cared for and that “everything was organized” because of this. She said that staff were on call all the time.

Staff said that they could “have a laugh” and “friendly banter” with residents and that their residents enjoyed musical activities, and reminiscing as well as quizzes, hair dressing and hand and nail massage which the staff provided. There were 30 people in residence at the time so staff were very busy but tried to give everyone the one to one care they wanted and needed. People told us the staff were very good, “the best as can be” and that they felt comfortable at home. Having local staff meant “they know the same people which brings up memories and connections and local ties.” Residents really liked being able to have their pets too, plus the daily papers being delivered to them as they enjoyed crosswords. There is a well-appointed hairdressing salon and therapy room which most people we spoke to said they had used. The one male resident at the time said the best thing was that he “enjoyed walking outside and felt very lucky” to be at the home.

Food

“The food is wonderful and we have excellent cooks” said one resident.

We didn’t specifically ask about food, but of those residents who mentioned it, we were told that the food was good and that there was a choice on offer. Meals can be taken in rooms if people prefer.

Staff

Staff were welcoming and friendly to us. A member of staff said “staff are nice and it is a pleasant home. It’s a good place to work with an understanding manager. We are well trained as a staff group and this is really appreciated by the staff.”

Residents said the staff were kind, but very busy.

Visitors and Relatives

A relative has a mother who has been living at Kahala Court for 18 months. She told us that the things that stood out were “the staff, quality of care, interest and involvement, hotel standard of food. Things are taken care of very well and it’s very clean.” She felt that the environment, being safe, enabled her mother to move about easily. Being local, her mother had visits from friends that enabled her to keep up with news from the village. This was in keeping with the homely, friendly feel of keep in touch with news from the village. This friendly feeling of the home was reflected in many of our conversations with staff and residents.

Recommendations

From our observations and conversations, we would recommend that staffing levels be reviewed as people told us that sometimes it felt that staff were really busy and it would have been nicer to feel that they were not so rushed in giving people individual time. Perhaps the use of more volunteer befrienders would be a good idea to enable more 1:1 time with residents.

We would also like to say that we felt that the air circulation in the common areas could be improved, particularly on a hot day.

We would like to commend the staff on the level of kindness, care and attention; this was really valued by the people we spoke to.

Service Provider response: Kahala Court Manager

“We welcome your comments and observations and am glad that your team found many positive aspects in respect of the care provided at Kahala Court.

We all strive to make sure that Kahala Court is both a good place to live in and a good place to work at. In doing this we hope to always achieve a positive outcome for all our residents

living at the home and it is nice that this has been recognised by the Health Watch Devon team.

We always review our staffing levels on a regular basis (sometimes daily) if there are increased needs. It is always a fine balance to ensure that all residents' needs are met as required as some residents do need additional help whilst others less so.

Sometimes residents do not always understand that staff have to attend to highly dependent residents and this can take staffs' time and not always allow staff the ability to just spend time chatting with less needy residents.

However we have taken on board what your team have recommended and will certainly look into the use of volunteer befrienders but we need to be sure that such volunteers are suitably trained to work with the elderly.

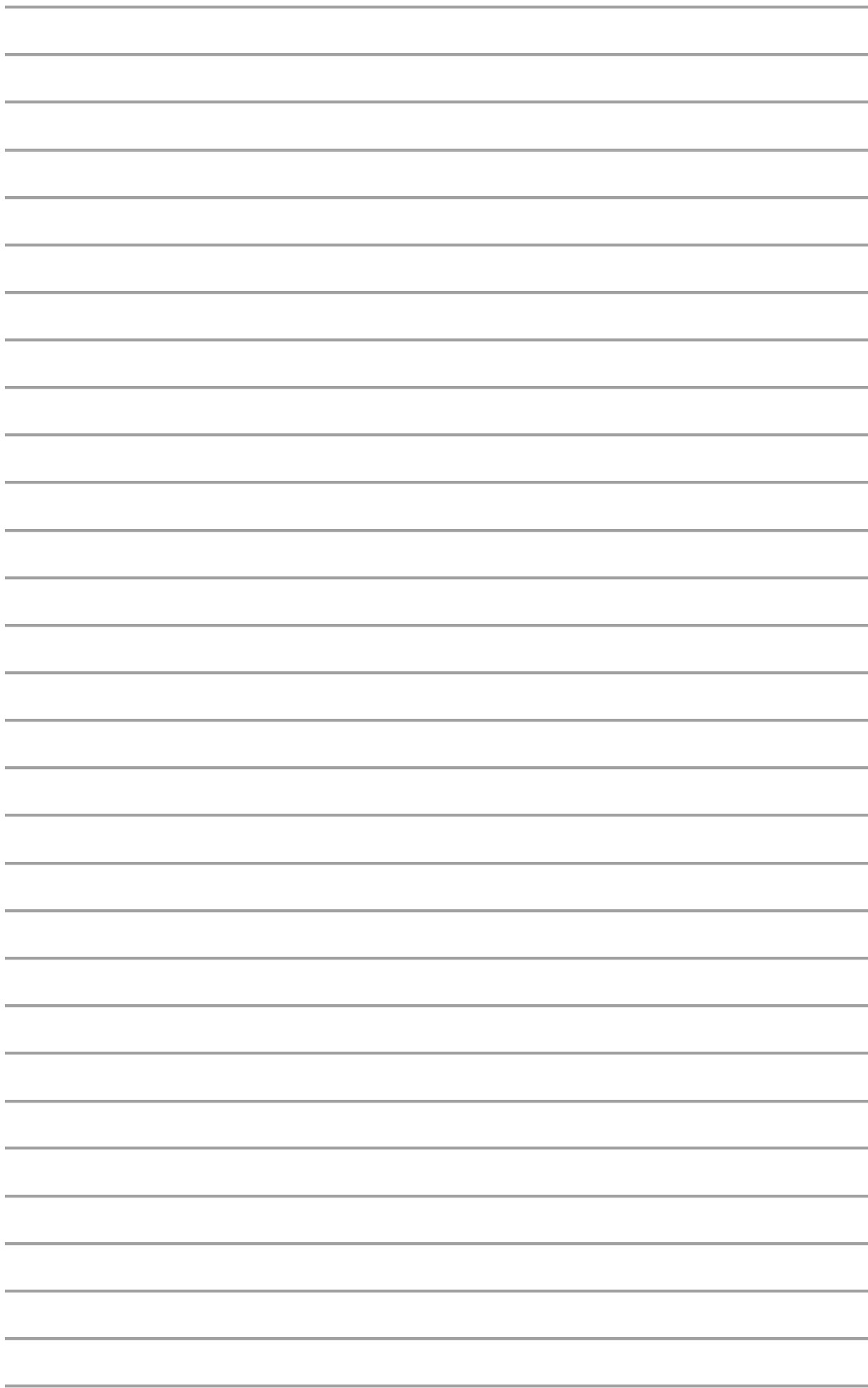
We do currently team up with a local secondary school who operate such a scheme for young people who want to enter the caring professions, so we will contact the school and ask for more volunteers in the New Year.

In respect of the air circulation we have never been made aware of any concerns regarding ventilation from the residents. In fact we get complaints if the front door is left open for any reason and there is any draft—even in summer months! However we will certainly raise your thoughts on this at the next residents' meeting and if this is an issue we will look at ways we can improve on this.

Thank you once again for your time and input. We have valued your visit and subsequent findings.”

Sharon Frost
Manager





For copies of this report please visit the Healthwatch Devon website or contact:
Telephone 01392 248919

FREEPOST RTEK-TZZT-RXAL
Healthwatch Devon
First Floor, 3 & 4 Cranmere Court
Lustleigh Close
Matford Business Park Exeter
EX2 8PW
info@healthwatchdevon.co.uk
healthwatchdevon.co.uk
Registered Charity No 1155202

