

Cooper Tarry Partners LLP

Elizabeth House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on the 17 January 2017 and was unannounced.

Elizabeth House is registered to provide accommodation and personal care for up to 22 people. Most people were living with Korsakov's syndrome and had a history of alcohol dependence. Korsakov's syndrome is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1). People required support with processing and retaining information and the service supported them to be as independent as possible.

The service is situated close to another care home service run by the same provider and shares staff and management with the other service. The provider had recently renovated a house adjacent to Elizabeth House, containing six additional bedrooms and people were due to be moving in shortly. Downstairs there was a kitchen, dining room and lounge. Each person had their own bedroom and there were multiple bathrooms throughout the service.

The service had a registered manager in post. A registered manager is a person who is 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.

The management team had identified that some training and regular one to one meetings where staff could reflect on their practice were overdue. Staff were directed to physically intervene in extreme circumstances, but had not received the training to do so safely. There was a plan in place to rectify this, but it had not yet been completed; so this was an area for improvement.

Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. However, the paperwork relating to this could not be immediately located. The gas certificate for the service was out of date and the registered manager booked someone to come and check it was safe immediately. Regular fire drills were completed.

People were actively involved in writing their support plans and risk assessments. They identified goals to work towards and these were consistently met. An in-house cognitive behavioural therapist worked with people to help them understand their condition and how it impacted on their lives. People took part in a variety of activities inside and outside of the service. Some people lead their own activities, and on the morning of the inspection a current affairs session took place. Complaints were investigated and responded to promptly.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant local authority, in line with guidance.

People were supported to eat and drink a range of healthy and nutritious food. Food appeared home cooked and appetising.

Risks relating to people's health and mobility had been assessed and minimised where possible. People received their medicines when they needed them. Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. Staff followed guidance and advice given by health care professionals.

People told us that staff were kind and caring. Staff knew people well and people were supported to be as independent as possible. People were treated with dignity and respect.

People and staff told us they thought the service was well led. Staff told us they were supported by the registered manager and there was an open and inclusive ethos within the service. The provider told us the aim of the service was to, "Promote independence" and, "Ensure everyone is able to achieve their full potential."

The registered manager and the provider were experienced in working with people living with Korsakov's syndrome and providing person centred care. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

The registered manager and other senior staff regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care.

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.

Regular checks were carried out on the environment and equipment to ensure it was safe, although some paperwork for these checks was missing or difficult to locate.

Potential risks to people had been identified and recorded. There was clear guidance in place to help manage the risks.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The management team had identified that staff training needed updating and staff had not met with their manager for some time. A plan was in place to address this.

Some people had Deprivation of Liberty Safeguards (DoLS) in place. Staff had an understanding of DoLS and the Mental Capacity Act (MCA).

The service provided a variety of food and drinks so that people received a healthy and nutritious diet.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. Staff knew people well and their likes

and dislikes.

People were encouraged to be as independent as possible. Staff encouraged people to do as much as they could for themselves.

People were treated with dignity and respect. Staff gave people the support they needed in a discreet manner.

Is the service responsive?

The service was exceptionally responsive.

Detailed assessments were completed before people moved into the service and they were fully involved in writing their care plans and risk assessments.

People worked with an in-house therapist. They identified goals to work towards and these were consistently met.

People took part in a variety of activities both inside and outside of the service.

Complaints were investigated in line with the provider's policies and procedures.

Outstanding 

Is the service well-led?

The service was well-led.

Feedback was sought from a variety of stakeholders, however this was generalised across both the provider's services so not specific to this service.

The management team carried out regular checks on the service to ensure consistent, high quality, personalised care.

The Care Quality Commission (CQC) had been notified of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

Good 

Elizabeth House

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 17 January 2017 and was unannounced. It was carried out by one 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 this type of care service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the nominated individual and the registered manager. We spoke with the operations and compliance manager, the client development manager, the activities co-ordinator, the chef and three members of staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits. We spoke with most of the people who lived at the service. We observed how people were supported and the activities they were engaged in.

After the inspection we spoke with a senior manager within the organisation.

This was the first inspection of Elizabeth House under its new provider registration.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I feel safe because there is a sound structure to the day but it's not restricting." Other people said, "It is 'cushty' (good) here, everything is done for you and there is just not anything to worry about" and "I feel safe as there are always people around you and if I need anything like an aspirin I just ask." People and staff regularly discussed safety. Staff knew people well and said they had built up good relationships with the people they supported.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. However, records for these were not stored securely or found easily. Portable appliance testing (PAT) had been carried out, and individual appliances had been deemed as safe, however the provider was unable to immediately locate the records relating to this. Similarly, the provider sent us copies of water temperature checks after the inspection as they had been unable to locate them at the time. These showed temperatures were within a safe range, so people were not at risk of scalding. The gas safety certificate for the service was out of date; however, the registered manager booked someone to come out immediately to ensure the service was safe for people. They sent us the certificate confirming the service was safe after the inspection.

We recommend that the provider reviews their systems and processes for managing the safety of the building.

Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP), staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. There was an on-call system in place so there was always a member of the management team available in an emergency. Staff told us they were aware of the continuity plan and were confident they could reach a manager out of hours.

Staff had identified the risks associated with people's care, such as their behaviours, unstable health care conditions and accessing the community. Some people had written their own risk assessments, for example, going out without staff or going horse riding. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. Some people's care plans stated, 'follow intervention and restraint policies and procedures for when to physically intervene.' The provider's policy stated staff could, 'hug the person from behind' or 'link your arms through theirs and lead them away from their aggressor' as a last resort. Staff had not received accredited training or had their competency assessed to ensure they were safe to physically intervene. The provider told us and records showed that staff were not physically intervening, however, there was still a risk

that staff could physically intervene and hurt someone. The provider told us that were in the process of booking training to ensure staff had the skills to physically intervene if necessary. This had not yet happened, so this was an area for improvement.

The operations and compliance manager had recently introduced new behavioural support plans for people. These contained information to show staff what may trigger behaviour and what strategies could be used to minimise any future occurrence. There was a plan in place to ensure that each person had an up to date behavioural support plan, and this is something we will follow up at our next inspection.

Staff documented accidents and incidents when they occurred. These were reviewed by the registered manager and appropriate action was taken as necessary. One person had recently cut themselves when shaving and staff had supported them to buy an electric razor as a result.

Some people could become confused when out in the community so staff asked people to let them know where they were or if they were planning on going out. One person we spoke to told us that they let staff know when and where they planning on going if they left the service. They said, "It makes you feel safe so there are no worries." When people were confused and wanted to leave the service staff supported them to go for short walks to help re-orientate them to their surroundings. Use of medicine to help keep people calm had reduced as a result.

People told us there was enough staff to keep them safe. One person said, "They treat me well and there are enough people around." The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staffing levels under review. Staffing levels had been increased in the past 12 months to ensure there were more staff available to support people in the evenings.

The staff team was small and they knew people well. Staff worked across both of the provider's services and if staff were unavailable, because of sickness or other reasons the rest of the team covered the shortfall. The provider told us that it was important people were supported by staff who knew their routines well. People were never supported by staff they did not know or had not met before.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were involved in helping to choose who should support them. They participated in interviews and potential staff members were given the opportunity to meet people and work alongside existing staff on two trial shifts. People gave their feedback on the potential staff member and if they had not felt well supported the potential staff member was not offered a job.

Staff knew how to recognise and report different types of abuse. There had been no recent safeguarding issues. Staff told us they would report any concerns to the registered manager or the provider. One member of staff said, "I have got to know the people here. Stuff like bruising is important to note but so is a change in demeanour. I would report any concerns to the management team and if it was not taken seriously then I could go to yourselves [Care Quality Commission] or the safeguarding team at the local authority." Staff were confident that the management team would act on any concerns that were raised. People were supported to manage their money safely. Each person had their own bank account and they were able to

check the balance at any time with the registered manager's support.

People were supported to be as independent as possible to manage their medicines. One person kept their medicines in their room and other people requested their medicine from staff. One person told us, "Medicines are kept in the office and they give me those every day but if I do need something like a pill or the doctor I would just ask."

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines, in line with best practice. A recent audit by a local pharmacy made a few recommendations relating to medicines at the service. The provider told us that the recommendations had been implemented. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date.

Medication administration records were checked weekly by the registered manager to ensure that people received their medicines when they needed them. We identified two gaps in the records since the registered manager's last check and these were immediately rectified.

Some people were prescribed medicine on an as and when basis for pain relief or anxiety. One person had recently been prescribed medicine for 'agitation'. However there was no guidance for staff on when this should be administered or how the person may appear when agitated. Staff immediately wrote clear guidelines to ensure everyone knew at what point the medicine should be administered. Other people had clear guidance in place so staff knew when people might need these medicines and how much they should take.

At the time of the inspection there were no medicines that had special storage requirements; however, staff had an awareness of the specific requirements relating to their storage and administration.

Is the service effective?

Our findings

People told us staff knew how to support them effectively. One person said, "There is nothing to worry about. My room is good I can go out when I want to, there are things to do and I don't worry about what to eat or the rent or anything at all."

Staff told us they felt well supported by the management team and could speak to the provider or registered manager at any time. The registered manager had identified that some staff had not had the opportunity to meet formally with their line manager for some time. Some staff were due an appraisal to discuss their training and development needs and other staff members had not had the opportunity to formally reflect on their practice. There was a plan in place to ensure these meetings occurred regularly going forward.

The operations and compliance manager had identified that some essential training for staff, such as safeguarding and mental capacity required updating. A new training provider had been sourced and there was a plan in place to ensure that all staff received up to date training from an accredited provider where necessary. We will follow this up at our next inspection.

Staff responsible for preparing food with people living with diabetes attended training with a diabetes nurse in November 2015. Since then they had completed on line training. Information about peoples' specific needs was recorded in their care plans and staff were knowledgeable about people's needs.

New staff worked through induction training during which included working alongside established staff and completing essential training. One member of staff told us, "I had two weeks of office training and I worked my way through the Care certificate." The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

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 so that they can 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.

Staff and the registered manager spoke with confidence about MCA and DoLS. Responsibility for DoLS had been delegated to a senior staff member and they had applied for DoLS for most people. These had been authorised by the relevant local authority. The delegated member of staff carried out monthly audits to ensure people were being visited regularly by their appointed representatives and that any conditions on

their DoLS were being adhered to. People were able to make day to day choices about what they wanted to do, eat and wear.

Staff assessed people's capacity regarding each aspect of their care. Best interest meetings, involving people's family and other important people in their lives had been held regarding people's health interventions. One person had their medicine in their food and the decision regarding this had been clearly documented.

People visibly enjoyed their lunch time meal and the atmosphere was relaxed, with people chatting to staff and each other. Staff sat with people and ate their meals with them. People told us that they enjoyed the food and that it tasted good. One person said, "The food is good, there is plenty of it but not too much, you get a choice and we have a fish and chip day which we get from the shop which is good. I think it is every couple of weeks." Another person said, "I enjoy the food we eat in the dining room. There is always a choice, but if you want something different like a baked potato you can have that instead." A social care professional told us, "This is the first place I have been where the food is of restaurant quality."

Some people required support to help manage their special diets. Food was prepared and served in a safe way and people were never given foods they could not eat. People received the support and supervision they needed to eat safely. Some people were able to make hot drinks in their bedrooms. Some people required support to manage their fluid intake. Staff monitored some people's fluid intake to ensure they were drinking a safe amount.

The menu for the day was displayed in the lounge so everyone knew what was available at each meal. A pictorial menu had been created for anyone who needed extra support to choose what they wanted to eat. The chef met with people once a month to gain their feedback on meals. When people requested different meals, such as 'more Chinese' their requests were provided.

People were supported to live healthy and full lives. Most people living at the service had a history of alcohol dependence and they received support to remain sober. One person told us, "I have earned the trust they have in me which makes me feel better about myself."

Some people needed support to manage their diabetes. Their blood sugar levels were regularly checked and staff supported people to take necessary action if their blood sugar levels were too low or too high. The senior manager told us they had reviewed best practice guidance on diabetes management and each person was screened for diabetes on admission and then every two years.

Staff assisted people to attend a variety of healthcare appointments and check-ups, including opticians and audiology appointments. Some people took responsibility for managing their own appointments but everyone told us that staff were supportive. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result. There was information in place for people to take with them if they were admitted to hospital.

People were involved in making decisions about their environment. Staff had provided them with colour and fabric swatches to help them choose what they preferred. One person helped make the sideboard in the lounge and spoke about it with pride. A smaller, quieter area of the lounge had recently been created, after people had said they would like an area they could sit in and talk quietly or read. At the last environmental health visit a five star rating (the highest) was awarded.

Is the service caring?

Our findings

People spoke positively about the care they received and the kind and caring nature of staff. One person told us, "There are always staff around. They are smiley and you can have a joke with them." Another person said, "There are plenty of people around all the time and they are very nice, they help you if you need it." The provider told us, "It is a close knit community and key staff have been here for a long time. It is like a big family. Everyone is familiar with everyone else."

People were supported to be as independent as possible. There was a clear structure and routine to people's day to prompt them to remember what was happening or what they needed to do next. One person told us, "I am quite independent and although there is a structure it is not restricting." Each person had assigned jobs to help with the upkeep of the service and assisted with cleaning and tidying both their rooms and communal areas. People were responsible for the upkeep of the garden and were involved in weeding, planting and tending to existing plants. One person told us, "It's not like a (care) home it's easy going but we all have jobs to do like washing up or clearing things away which makes it like being at home."

Staff had built up strong relationships with people and they received the support they needed, in the way they preferred. One person told us, "In the morning I get a cup of tea before I get up I then have a shower but no one rushes me." Most people had lived at the service for many years and told us they felt comfortable and relaxed in their surroundings. Staff knew about people's lives before they had moved to service and people's care plans contained information about people's interest and backgrounds. People were supported with their spiritual needs and staff supported people to attend the places of worship of their choice.

People personalised their rooms in line with their particular likes and preferences. One person invited us into their bedroom and they showed us the pictures of their family that they had displayed. They told us they had bought the duvet on their bed and joked about the chocolate they had left over from Christmas.

Staff knew people well and how to communicate with them. When people needed support with their hearing staff supported them to ensure they were using the most appropriate type of hearing aid. so people were comfortable when wearing them.

Staff were kind and caring and attentive to people's needs. In the lounge one member of staff noticed that a person was sitting alone in a quiet area. They asked the person if they would like to play dominos. The person immediately agreed, smiling and nodding their head. They settled down for a game and then involved another person, going on to play scrabble afterwards. Staff offered people support or reassurance when they were distressed or anxious.

People received the support they needed in a discreet manner and staff treated them with respect and dignity. During lunch time one person came out of the bathroom and had not adjusted their clothing appropriately. The provider immediately noticed and unobtrusively moved behind them and gently adjusted their trousers. The person was then able to enjoy their lunch.

Staff respected people's privacy and knocked on people's doors before entering. There were systems in place to remind staff and people about the need for confidentiality. People were supported to keep their belongings safe and could lock their rooms if they wished. Some people had locking drawers or safes in their rooms to ensure valuable possessions were stored securely.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. When people's friends and relatives visited them by public transport Staff provided transport to the service from a local railway station. One person used an electronic tablet to video call their family. They told us that it was important for them to speak to their family regularly. The provider had suggested that the person decided on a regular pre-arranged time to call their family and staff would support them to arrange this. Other people were supported to visit their family in different parts of the country. When people were anxious about using particular transportation methods a suitable alternative was found.

Staff supported people with compassion at the end of their lives. They worked closely with other professionals, such as the local hospice and palliative care teams to ensure they had the necessary equipment and support to enable people to remain at the service for as long as possible.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. Information was displayed about advocacy and the support it offered to people.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People received the care and support they needed and staff were extremely responsive to their needs. One person told us, "I am able to be as independent as I want to be." A staff member said, "The team here are focussed on the clients. We go beyond what is expected, so many of the staff come in on their days off just to take people out or go shopping." A social care professional told us, "Staff were warm, open and engaging. I like the sense of humour and fun."

People's needs were assessed before moving into the service, with as much involvement from people, their relatives and any relevant health professionals as possible. A care plan and associated risk assessments were written to ensure staff had as much detail as possible to know how to support the person. People lead the process from start to finish, visiting the service and deciding for themselves if they felt it was suitable. They were able to stay for several nights on a trial period, to help them make that decision. This meant they were able to meet staff and the other people who lived there before deciding if they would like to move in. The provider told us that it was important that people were supported in this way and make the decision to move to the service as it was, "The first important step to regaining self-determination."

A social care professional told us, "From the start the plan has been to get [the person] to look at the service. Everyone there thinks people should 'own it.'...What I have seen I like, it gives me hope for people like my client...It is a pleasure to work with a service that is 'can do' and not 'can not'."

Staff used a computerised care planning system that had been adapted for use within the service. These contained detailed, accurate care plans and risk assessments for each person. Each care plan contained a 'wishes and preferences' document. This outlined what people believed was important to them, and their entire plan was written around it. Staff told us they believed, "No decision should be made about me without me" and people were fully involved in making decisions about their care. People told us that they knew staff well, and had strong relationships with them. They told us that this empowered them to remain in control of their care. When people became more independent or learnt new skills this was celebrated and staff used this as an opportunity to meet with people and involve them in any updates to their care plan.

An in house cognitive behavioural therapist ran regular 'client development' sessions. They worked with people to gain an understanding of their condition and how this affected their lives. The client development manager told us that they supported people to do, 'mental gym' exercises to help improve people's sequencing and problem solving skills. They said, "It can be slow but rewarding. We use repetitive exercises to help support people to retain information. I'm always so proud when you can see people's improvements." People were becoming more independent as a result. Some people were now able to manage their medicines independently and other people now had volunteer jobs or were able to use public transport without support.

People identified specific goals that they would like to work towards, such as going out independently in the local area and the development sessions focused on supporting people to achieve these goals. One person had identified that they wanted to go to Margate (a local seaside town) on the bus. Although they were able

to recognise the bus route they were unable to recognise money without support. Staff worked with the person to ensure they remained safe and had pre-purchased the person's bus ticket so they were able to travel with ease. The person told us they were going to Margate on the morning of the inspection and discussed with the provider the coat they should wear to remain warm.

One person liked to display their belongings around their room, and became anxious if it they were tidied away. Staff had supported them to purchase open shelving and make labels for different parts of the shelves. They were able to display their clothing on the shelves which meant they were able to find different items easily, whilst remaining calm.

People took part in a variety of activities, both inside and outside of the service. Activities took place at both of the provider's services and people walked between the two to take part in whatever they wished. On the morning of the inspection a person had run a 'current affairs' session. People discussed recent news articles or issues that were important to them. Other people participated in a keep fit session at the provider's second service.

During the afternoon of the inspection, people took part in an art session. The activities co-ordinator told us that it was important that people were fully involved in their sessions and they used a variety of mediums to keep people engaged. People often listened to music, or watched videos on the internet to prompt them to express their emotions further. An exhibition to showcase people's artwork was being arranged and people from the local community were being invited to attend.

Staff supported people to organise 'theme nights' depending on their individual choices and preferences. People had taken part in an Indian and Mexican evening. People were supported to enjoy Christmas and New Year with staff and their loved ones.

Some people had volunteer jobs which they told us were important to increase their self-esteem. One person said, "I can be as independent as I want here, I go out to a garden centre every week as a volunteer which I do enjoy as I have always loved gardening".

The provider had recently renovated a house adjacent to the service, containing six additional bedrooms. Some people were planning on moving into this new accommodation, with the aim of becoming more independent and potentially moving on from the service. People were excited by the prospect of moving to this new accommodation, and praised staff and the management team for the support they had been given to regain daily living skills they had previously lost.

The registered manager was currently undertaking a 'time and motion study.' Staff were completing this each day, making note of the tasks they were carrying out, people's involvement and how long they were taking to complete. The results were being analysed and these were going to be used to help establish new routines, that people would be able to remember and take part in, in the new accommodation.

The provider took a lead role in the local community. A senior manager was working with a local university to raise awareness of Korsakov's syndrome as part of the undergraduate nursing programme. Students were going to complete placements at the service to further aid their understanding. This ensured new health care professionals had an understanding of the condition. People had made a video about what it was like to live with Korsakov's syndrome and this had been shown to people's families and others in the local community. People benefitted from an improved understanding of those within their community, and felt well supported by those working in local shops.

The service had a complaints policy which staff were aware of and knew the process for. When complaints were made they were logged, investigated and responded to promptly. Each person had a service user guide in their bedroom which contained information about how to complain. Everyone told us that they were happy living at the service, but knew how to complain if needed. One person told us, "If you don't like something you tell them and they listen."

The service had received thank you cards and compliments from relatives of people who used the service. Comments included, "[My relative] seemed very well, engaged and more in touch. Whatever you are doing it is working. Please pass on my thanks to everyone there."

Is the service well-led?

Our findings

People told us that they felt the service was well-led. One person told us, "I wouldn't want to be anywhere else even if I had a choice." Staff told us they felt well supported and felt comfortable asking the management team for help and advice when they needed it. One member of staff said, "[The registered manager] and [the provider] are great. They are there when you need them, approachable and try to sort any problems that arise."

People and their relatives, staff and other stakeholders were asked for their feedback about the service on a regular basis. The responses were collated and analysed, however some parts of the analysis was generalised across both of the provider's services. Questions relating to staffing levels, training and staff attitudes towards people were not separated out, meaning there was a risk an issue at a specific location could be missed. This was an area for improvement.

Some paperwork relating to the upkeep of the building had been overlooked or misplaced. The provider and registered manager rectified all of the issues on the day of the inspection or sent us information afterwards, such as water temperatures and an up to date gas certificate to demonstrate that people were safe. People had detailed care plans, risk assessments and guidance was available for staff when needed. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

Regular checks were carried out on the service by the registered manager, the operations and compliance manager and other senior members of staff. People's medicines were checked weekly to ensure they were administered accurately. The operations and compliance manager had identified that there were gaps in people's training and regular supervision and a plan was in place to rectify this. The provider had delegated responsibility for fire checks and monitoring of DoLS to specific members of staff and these were completed fully and accurately.

The registered manager and the provider worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager and the provider who were skilled and experienced in providing person centred care. The provider and registered manager had been working with people with Korsakov's syndrome for over 20 years and were knowledgeable about the condition and the impact it had on people's lives.

The registered manager and the provider understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were members of a local managers network and a senior manager was a member of the medical council on alcohol.

The service and its staff had been nominated for an 'accolade.' Skills for Care visited for the service as part of the 'accolade' and the registered manager and the provider had been shortlisted as one of the best employers of under 50 staff. The award recognised employers that invested in developing the skills and knowledge of their workforce to offer high quality, person centred social care. The provider emailed us after

the inspection to tell us that they had been successful in winning this award.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect. The provider told us the aim of the service was to, "Promote independence" and, "Ensure everyone is able to achieve their full potential."

The registered manager had notified the Care Quality Commission of important events as required.

There were links with the local and wider community and some people had volunteer jobs that they were proud of. People were supported to use public transport and regularly ate out in local restaurants and cafes. People regularly attended coffee mornings at a local community centre. They accessed a local gym, attended local bingo and art classes and made full use of the local amenities.

Staff meetings were held regularly at the service. Minutes demonstrated that staff were kept up to date with changes to the service and were also able to add their own agenda items and ask questions.