

Cooper Tarry Partners LLP

Elizabeth House

Inspection report

68 Island Road
Upstreet
Canterbury
Kent
CT3 4DD

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Tel: 01227860516

Website: www.korsakovs-care.com

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

Elizabeth House is a residential care home providing personal care to 22 people most of who are living with Korsakov's syndrome and had a history of alcohol dependence.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection eight people were in receipt of personal care.

People's experience of using this service and what we found

People told us they felt safe and happy living at Elizabeth House. People were supported to take positive risks which included being out in the community without support from staff. People told us there were enough staff to support them and meet their needs. People were involved in the recruitment of potential new staff, by meeting with them and being involved in making decisions about successful applicants. People received support with their medicines in their preferred way.

Before people moved into the service, managers completed an assessment of their needs to ensure that staff could meet these. When people's needs changed, staff worked with healthcare professionals to review the person, and followed any guidelines implemented. People were supported by staff who had received training and support to enable them to provide effective care.

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 observed kind and caring interactions during our inspection. Staff knew people well and were able to meet their needs. People were supported to make decisions about their care and treatment. Staff treated people with dignity and respect.

Healthcare professionals who had visited the service told us they found staff to be person centred and treat people as individuals. People had person centred care plans, some people made their own entries in their care plans. People were supported to take part in a range of activities.

When people had concerns or complaints managers ensured they were responded to and resolved in line with the providers policy.

We observed a positive culture, focused on achieving good outcomes for people. Managers were open and transparent, and people and staff felt they were able to approach them at any time. Managers and staff were working with healthcare professionals to increase knowledge about Korsakoff's.

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

Rating at last inspection

The last rating for this service was good (published 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Elizabeth 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided, and a visiting healthcare professional. We spoke with six members of staff including the provider (who was also the

registered manager), service manager, quality assurance manager, partner, and two care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from with seven professionals who have visited the service. We spoke with one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 living at Elizabeth House, due to the staff supporting them.
- Improvements had recently been made to staff understanding of safeguarding processes following an incident at the provider's other service. Staff we spoke with had a good understanding of safeguarding concerns and reporting processes.
- Safeguarding concerns had been shared with the local authority safeguarding team.
- There were systems in place to protect people from the risk of financial abuse. A healthcare professional told us, "Procedures were in place to manage their finances formally. When I suggested that they (staff) seek their views regarding who they would like to leave any assets to, in event of their death, this was addressed immediately, and evidence forwarded to me."

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and minimised where possible. People's health and wellbeing needs were assessed and recorded in their care plans.
- Staff we spoke with had a good understanding about people's conditions and how best to support them. For example, when someone was living with epilepsy, staff knew if they had rescue medicines, or if they needed to call 999 for support.
- People were supported to take positive risks. For example, some people regularly accessed the community independently following extensive support from staff. This included one to one support, followed by pictorial references people could refer to should they need to.
- Since our last inspection a new scheme had been introduced to support people to access the community more frequently and safely. For example, some people had given permission for emergency information to be held for them, at day centres or community events, which was only to be accessed in the event of an emergency. For example, this would inform support staff to contact 999 if someone were to have a seizure.
- Risks to the environment had been assessed and mitigated where possible. For example, hazardous chemicals were locked away, and there was a maintenance log for any improvements or risks that emerged. Where people were more independent, risk assessments were in place to support their usage of such products independently.

Staffing and recruitment

- People and staff told us there were sufficient number of staff to meet their needs and keep them safe.
- Some people had one to one staffing to support them with a range of needs, for example to minimise the risk of falls. The service manager reviewed people's needs and requested funding for staffing hours be reviewed when necessary. When people were deemed to be at risk, staffing numbers were increased

pending funding reviews to reduce any associated risks. For example, night staff was increased in response to people's changing needs.

- We observed staff having time to spend with people and engage in meaningful conversations.
- The provider followed safe recruitment practices, minimising the risk of people receiving care from unsuitable staff. Before working at the service, potential staff members were interviewed, and spent time with people to ensure they were suitable to work with vulnerable adults. People gave feedback to the provider regarding the quality of interactions the potential new staff demonstrated.

Using medicines safely

- People were supported to receive their medicines as prescribed and in line with good practice.
- People had been supported to have their medicines regularly reviewed by healthcare professionals. As a result of the review, people had been successfully supported to the volume of medicines they took. Another person no longer needed to take medicine in relation to diabetes following an improvement in their diet.
- Staff had received training in medicines administration and told us they were competent to administer medicines. When medicine administration errors occurred, staff were removed from administering medicines. They received additional training and managers checked their competency before they recommenced administering medicines.
- The provider completed a medicines audit to check people received their medicines when needed and as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection. When required staff used personal protective equipment such as gloves and aprons.
- Staff followed good practice in relation to food hygiene and the kitchen area was clean and well maintained.

Learning lessons when things go wrong

- All accidents and incidents that occurred were documented by staff on the provider's electronic system.
- Each incident that occurred had been reviewed to ensure that action was taken to reduce the likelihood of the event reoccurring. For example, following a number of falls, one person's support was increased to one to one staffing to ensure they received the support to mobilise safely.
- Managers shared learning from events within the industry with people, relatives and staff. For example, articles and reports were shared on the provider's social media platforms to raise awareness of important events or learning from events.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 service, and regularly thereafter.
- People's assessments considered protected characteristics under the Equality Act (2010) such as their religion or sexuality.
- A healthcare professional told us, "I have had continuous dealings with the staff at Elizabeth House and found them to be exceptional in their management and assessment of the person that we eventually placed. Both (the registered manager and partner) visited my client two or three times prior to them moving and I was pleased at the approach they had with them."

Staff support: induction, training, skills and experience

- Staff told us they received regular support through training and supervision. One staff member told us they found the epilepsy training especially helpful, and felt confident supporting people living with epilepsy.
- The provider had an induction process which included completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- A healthcare professional told us, "I have a long history of working with adults with addiction/alcohol problems and I found the staff's knowledge of the support needs of people with Korsakoff's Syndrome was very good, i.e. approaching the adult in a consistent way was stressed as being hugely important."
- A relative told us, "My observations are the care team are amazing."

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

- People living at Elizabeth House had varying needs. Some people were independent and able to purchase and prepare their own food, including hosting events such as Christmas dinner for loved ones.
- Some people chose to eat together in the dining room. People were given the choice of food and told us the quality and variety was good. People were offered the choice of three meals, which always included a vegetarian option. Staff ensured people with specialist dietary requirements, including varying textures, diabetic needs and religious needs were met.
- People were involved in the cleaning and setting up for meals. One person told us, "I set the tables and thoroughly clean them. I clean the floors, people cannot eat in a dirty dining room."

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

- Staff worked with other organisations to support people to transition out of the service. A healthcare professional told us, "The delivery of care support was not only visible while in the care home, they also

ensured the resident who moved to other care home had the appropriate support."

- Staff worked with a range of healthcare professionals to ensure people received the support they needed, for example with the GP and community mental health team.
- During our inspection a visiting healthcare professional was at the service to review and support one person. They told us that staff always kept them updated in relation to the person, and followed any advice or guidance given to them.

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

- People were involved in the decoration and design of the service. For example, one person told us they painted a picture which had been displayed in the kitchen. People were involved in choosing colours of the walls in communal and personal areas, and involved in the decorating.
- People's bedrooms were personalised with photographs, books and music they enjoyed.
- People had use of a shared garden and courtyard which they enjoyed spending time in and maintaining.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Managers had requested DoLS authorisations when required. Some people had expressed their wish to contest their authorisation and had been supported by staff to do this.
- Staff understood their responsibilities in relation to the MCA. One staff member told us that when someone did not want to attend a healthcare appointment, they explained the reasons it was important they did, encouraged them to attend, but ultimately, it was the person's decision. Staff told us in this instance they informed management.
- Best interest meetings had been organised with healthcare professionals when people had been unable to make decisions about their care and treatment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- People told us they were treated with kindness and respect. One person told us, "If you gave me a voucher to live everywhere else in the world, I would refuse it."
- A healthcare professional told us, "Over all I found Elizabeth House to have a stable staff who know and care about their residents and genuinely care for all the residents like one of their family."
- One person told us that the provider had, "Saved their life."
- People's life choices were respected by staff, and people supported to live in their preferred way.

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

- People were supported to make decisions about their care and treatment. For example, on a Monday morning people would have a weekly meeting to discuss their plans and the activities they wanted to do for the week.
- People were supported to meet on a one to one basis with their keyworkers. Some people chose to attend the staff meeting to share feedback on specific issues.
- A healthcare professional told us, "At the review also the keyworker was keen to listen to what the service user wanted and to try to help her with this."
- Some people were supported to make decisions by friends or family. When people did not have family to support any decisions about their care and treatment, they were provided with details of an advocate to support them. An advocate is someone who supports people to express their views and wishes and stands up for their rights.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. This varied from person to person depending on their needs. For example, some people left the service without support and went into the local city, whilst others needed staff support when leaving the service.
- People told us staff treated them with dignity and respected their privacy. Staff knocked on people's doors before entering.
- A healthcare professional told us, "I observed very positive interactions between staff and residents, where residents were treated with respect by staff and appeared happy, relaxed and engaging."
- Staff ensured that confidential information was locked away when not in use.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question is now 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

- Each person had an individual care plan which detailed their preferences and needs. A healthcare professional told us, "My client's care plan and risk assessments were detailed and person-centred and regularly reviewed."
- People told us, and records confirmed people had input into their care plans. For example, one person wrote daily notes for themselves, which were saved onto the electronic care plan system. Other people wrote their care plans.
- A healthcare professional told us, "I found Elizabeth House management and care staff know and are well aware of their resident's needs, behaviour, and treat them as family."
- One person told us since being at the service they had been supported to attend college courses in maths and English to develop their skills.

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.

- Information was available for people in accessible formats. For example, people could request larger print copies of documentation.

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

- People told us they took part in meaningful activities of their choice. The service had an activities coordinator who organised activities for people, including bingo, walks, days out art therapy and art exhibitions.
- People had been supported to pursue volunteering opportunities within the local community.
- One person at the service told us proudly that they hosted a 'current affairs' group that many of the people enjoyed attending.
- People were supported where possible to maintain and improve relationships with their family. When one person expressed concerns about not hearing from their family, the service manager reassured them, then made arrangements for staff to support the person to call their family.
- People were supported to maintain or re-engage with any cultural or spiritual beliefs.

Improving care quality in response to complaints or concerns

- Since our last inspection there had been one complaint made. The provider had reviewed and responded to this appropriately.
- People told us they knew how to raise concerns and complaints but had not had a need to.
- There was an accessible complaints process in place which informed people how to raise concerns, and how their complaint would be managed.
- Staff had received cards from people, one of which read 'Thank you all so much for everything you have done in the last 10 months without you all and your time things would be very different!'

End of life care and support

- No one at the service was in receipt of end of life care. People had been asked about their wishes and preferences including any religious or spiritual needs, and these had been documented within their care plans.
- Staff had previously supported people at the end stages of their lives, supporting decisions including where they wanted to spend their final days. Memorial services had been held at Elizabeth House in people's memories.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- We observed a positive culture, where people spoke with each other and staff with mutual respect.
- A healthcare professional told us, "I have always found the managers and staff respectful and accommodating in the care they provided and the service user."
- Staff had successfully supported people to transition back to the community, which they told us made them feel 'proud'.
- A healthcare professional told us, "I think it's a very good service. I have seen some really good work with several people. One man who moved back to semi-independent accommodation. They had done fantastic work with him over 5 years. Transforming him to someone with insight into their alcoholism, rebuilt independent skills to the point where he could live independently again. He has not returned, and feedback suggests he is doing well. It's a really good outcome."

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 was aware of their responsibilities under duty of candour and had a policy for staff and managers to refer to.
- A relative told us, "The management team are very open if I need to discuss anything with him. If any incidents happen they call me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider completed audits, including infection control checks and medicine checks.
- A care plan audit was completed six monthly and was due at the time of our inspection. One person did not have an epilepsy care plan or risk assessment, despite their records identifying they had a history of seizures prior to moving into the service. The person had no seizures since living at Elizabeth House, however staff spoke with the person on the day of our inspection and implemented a care plan for them to ensure staff knew the steps to follow should this happen.
- Managers had improved their knowledge of their regulatory responsibilities, following issues identified at the provider's other service. Statutory notifications had been submitted. Services that provide health and social care to people are required to inform the Care Quality Commission. (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken.
- Staff and managers had learnt from incidents when they occurred. Actions had been implemented to

reduce the risk of the incidents reoccurring.

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

- Some people had weekly meetings where they discussed what they would like to do that week, and staff reminded them of any healthcare appointments. House meetings took place monthly, where people were able to share feedback on food and activities. Managers were visible around the service, and we observed people approach them to discuss any concerns or changes they wanted implemented.
- The provider had sent quality assurance surveys for people to voice their opinions on the service and what could improve. This information was collated and used to implement changes, for example, people had requested staff wear bright uniform so that people could identify them easily.
- Healthcare professional told us, "I would have no hesitation in using this service again for appropriate clients," and "Overall I was very impressed with the service."
- Staff told us there were regular staff meetings, and weekly meetings for seniors which anyone could attend if they wanted to raise issues or share concerns. Staff told us all changes were communicated on the provider's electronic system, which could be reviewed at the beginning of a shift.

Working in partnership with others

- Staff and the management team worked with organisations, to share their knowledge and experience of Korsakov's. For example, the manager was working with the local hospital to support staff training on the condition, and staff had worked with the local homeless shelter.
- We received positive feedback from healthcare professionals who worked closely with the service.