

N. Notaro Homes Limited

Vane Hill

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?	Outstanding ☆

Summary of findings

Overall summary

The comprehensive inspection took place on 11 February 2018 and was unannounced. The last inspection took place on 16 January 2016 and was rated good in all key questions. At this inspection we found the service had improved in the Well Led domain. We have rated this as Outstanding. Vane Hill is a residential care home providing care, support and accommodation for up to 32 people affected by Alcohol Related Brain Damage (ARBD) such as Korsokoff's (an alcohol related dementia). On the day of the inspection 31 people were using the service. The home consists of two adjacent detached houses providing different levels of care for people. Vane Hill 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.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. We were supported on the inspection by the registered manager and the staff team.

People were at the heart of everything the service did. There was an exceptionally positive culture within the service. The registered manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about 'personalised care' and 'respecting people's choices' and had a clear aim about improving people's lives and opportunities. Staff felt very supported and valued, One staff member told us, "I've known [X] for 24 years and whilst I've been working at Vane Hill he has done so much for our residents by helping them get their life back together. [X] has taken the residents out for weekends away which this is good for them, it gets them to know other people and the residents really enjoyed this. Countless examples of people's lives being improved were given throughout the inspection. Staff went the extra mile to ensure people mattered. A professional shared, ""Many years ago, [X] was a recent admission with some extremely disturbed behaviour. She was hard to contain her in the home and she was constantly self-harming, absconding, drinking when she managed to get out and getting into trouble with the police due to violent outbursts when she was out. Gradually over the years she has stopped self-harming, was able to travel independently without buying or consuming alcohol, was a valued member of the Vane Hill community and earned some qualifications and addressed some of her obsessive behaviours. A few years ago she seemed so much improved that she moved into Shared Lives accommodation with a family." A relative told us, "May I praise your wonderful manager, [X] Todd at Vane Hill Road. The care he has given my brother, [X], since he became a resident in 1999, is way beyond this man's duty. "Outstanding leadership at the service benefitted people's lives. Staff were motivated to make a difference. Feedback we received from professionals and commissioners was exceptional, "[X] (the registered manager) has taken residents who have failed in other care homes and for that he is to be commended. He is perhaps one of the most experienced ARBD managers in the UK and we believed that he should be recognised for his achievements." Best practice in the field of alcohol related dementia was followed and people had excellent outcomes. Partnership working with charities, schools and the local

community enhanced people's lives and gave them a sense of value and worth.

Feedback received by the service and outcomes from audits were used to aid learning and drive improvement across the service. The provider, manager and staff monitored the quality of the service by regularly by undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and staff told us the management team were approachable and included them in discussions about their care and the running of the service.

People told us they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified and experienced staff to meet the needs of people who used the service. The recruitment process of new staff was robust. People were involved in choosing and meeting the staff who worked at the service.

People received support from staff who knew them well, had developed strong relationships with them and had the knowledge and skills to meet their needs. People and relatives spoke highly of the staff and the care and support provided.

People were asked to consent to their care and treatment. The registered manager had a good understanding of the Deprivation of Liberty Safeguards and carefully monitored if applications were required. The ethos at the service encouraged personal responsibility, choice and care in the least restrictive way.

People had their nutritional needs met by healthy meals. Food preferences and needs were known and care planned.

Staff used their knowledge of people to help ensure their diverse needs were met for example if people had cultural or communication needs. Staff received training and there was a system of informal and formal support in place. Staff were kind and compassionate. There was mutual respect between people and staff and equality and diversity was understood.

The service was clean and staff understood how to protect people from the risk of infection.

There were opportunities available for people to engage in local community activities such as volunteer and paid work and be involved in talks at the local colleges and school. Activities included trips out to local places of interest, celebrations of special occasions and holidays. People participated in the running of the home to develop skills for daily living.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

There was a remarkable culture in the service. The management team provided strong leadership and led by example.

The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

Partnership working with schools, charities and the local community was extraordinary.

People's feedback about the service was sought and their views were valued and acted upon. Feedback was outstanding.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

Vane Hill

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.

The inspection took place on 11 February 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with seven people. We reviewed four people's records in detail. We also spoke with three staff and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, newsletters, minutes of meetings and policies and procedures.

Whilst carrying out our inspection we left our contact details for people or staff to share further information. Six staff contacted us to share their views of the care at Vane Hill and their experiences.

Following the inspection we sought the views of one mental health professional that knew the service well and contacted six professionals who commissioned the services of Vane Hill on behalf of people. We also received feedback from three social workers, a specialist Wernicke's Korsakoff's syndrome company and a relative.

Is the service safe?

Our findings

The service continued to provide safe care.

People felt safe. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. People told us, "Perfectly safe, no reason to worry at all, very much at ease."

People were protected by staff that had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. Systems were in place to develop, implement and communicate safeguarding through regular, monthly discussions with staff, policy and updates on this area were shared, discussed and read by staff. Systems were in place to keep people's money safe.

People had access to information about safeguarding and discussions with staff about how to stay safe for example when people were out they carried identity cards in the event they got lost or needed help. Some people participated in jobs around the house and these people had received health and safety training and infection control training. People were also actively involved in fire safety awareness at the service with some people holding key roles in this area.

The service has a proactive approach to respecting people's human rights and diversity and this prevents discrimination that may lead to psychological harm. Staff were alert to signs of discrimination between people living at the service and dealt with this promptly. The registered manager advised they sat people down, discussed the issues and worked to resolve these to ensure a good solution and better understanding in the future.

Occasionally people became upset, anxious or emotional. At these times staff sat with people, listened to their concerns and supported their fears and anxieties. For example, one person we met who had recently been admitted missed their pet. The plan was for the pet to come and live at the service but in the interim, the person was encouraged to walk the house dogs.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. People had assessments of their daily living skills for example if they were safe to use the vacuum, kettle and washing machine. Identified issues were risk assessed to ensure people were as safe as possible using the kitchen equipment, safe in the community and safe undertaking any extended roles within Vane Hill and the community.

People were supported by staff that understood and managed risk effectively. People moved freely around the home and were enabled and encouraged to take everyday risks. People made their own choices about how and where they spent their time. This promoted their sense of responsibility for themselves and their

freedom. Where there was risk related to particular individuals with hearing needs, this had been considered. For example, one person had difficulty hearing the fire alarm, had a light which would flash and pillow which buzzed when the fire alarm was activated. This meant they would be able to evacuate quickly and independently.

People at the home were safe from uninvited guests. Visitors were greeted on arrival and requested to sign in. Equipment at the service was maintained and there was regular testing of electrical items, regular fire tests and the environment was frequently checked for hazards. For example the registered manager had noticed the tree roots were above ground and posed a potential hazard. This was made safe. Accidents and incidents were analysed and areas of high risk made safe, for example, the steps from the dining room to the conservatory had previously posed a risk to people. The registered manager had arranged for a ramp to minimise the risk of trips and falls. Safety bars were also on the path to the outside smoking hut to reduce slips.

People benefited from staff that understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The registered manager told us that people were involved in the interview process and chose the questions they wished to ask potential new staff. People had the opportunity to meet potential employees and the interactions between staff and people were observed as part of the interview process.

People told us they felt there was always enough competent staff on duty to meet their needs and keep them safe. A close, consistent staff team supported people. One person said, "Never short staffed for what we need." Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required; temperatures had been logged and fell within the guidelines that ensured quality of these.

Medicines were well maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. We spoke with the registered manager about developing a safer system for the medicine keys to reduce the number of staff who had access to these and a better audit trail. Although most people living at Vane Hill were able to ask for additional medicines when they required them for pain or anxiety, we spoke to the registered manager about further development of PRN (as required) protocols to meet people's individual medicine needs and give clearer information about when these might be required and how staff would know these had been effective. This would help ensure consistency across staff

administering these. This was actioned by the registered manager during the inspection period. Regular medicine audits were in place to identify any medicine shortages, near misses or mistakes.

People were protected from the spread of infection by staff who had received infection control and food hygiene training. Staff and people who supported cleaning understood their roles and the service was clean and smelled fresh.

Is the service effective?

Our findings

The service continued to provide effective care.

Evidence based care and support ensured best practice. The PIR told us, "We belong to the Federation of Drug and Alcohol Professionals; we also belong to the National Association of Care Homes."

The registered manager's PIR shared, "We know we are effective with one service user as he has left us and gone to do voluntary in Stafford Hospital. He has now returned to Torquay and is now working voluntarily for us on an 'as and when available' basis so as not to put him under too much pressure. This has done him a great deal of good and also the other service users so they can see that there is light at the end of the tunnel. We also know we are effective by the awards we have received over the years including the Investor in People award, and also Caring UK awards, also local recognition in the local newspapers and write up about what we do."

Staff knew the people they cared for and had assessed their needs. They were able to tell us about individuals' likes and dislikes, which matched what people, told us and what was recorded in individuals care records. Staff were knowledgeable about things people found difficult and provided support and encouragement to help them reach their individual goals, for example abstinence.

People felt supported by knowledgeable, skilled staff who effectively met their needs. People spoke positively about staff and told us they were skilled to meet their needs. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Training specific to alcohol related brain injury was provided by the registered manager and the people living with the condition who shared their own expertise and knowledge.

New members of staff completed a thorough induction programme, which included being taken through all of the home's policies and procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Volunteers and students from the Princes Trust were fully supported and mentored during their time at Vane Hill.

On-going training was then planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs. Staff confirmed they were encouraged to develop. On told us, "I have been working at Vane Hill for nearly a year now and I thoroughly enjoy my job the ongoing training is of great benefit to myself and the residents to offer them the support they need to the best of my ability" and another staff member said, "I am currently in the introductory stages of my VCQ Level 3 in Health and Social Care. The course has been organised and funded by the company. [X] (The registered manager) has great faith in me and is always pushing me to achieve within the industry. As my time at Vane Hill progresses, I hope to eventually get on the Management track; an idea which [X] (the registered manager) supports and encourages.

Staff all confirmed a culture of regular informal and formal supervision where they were able to discuss any training needs or concerns they had.

Staff met frequently to discuss people's needs and goals. The service worked closely with people's doctors, mental health workers and drug and alcohol teams. If people required hospital treatment, staff supported them through this process. When people were ready to move on and return to their local area, this was planned for, well communicated and achieved as smoothly as possible.

One person shared how the effective care provided by the service helped them, "My mobility, slowly, slowly improved both indoors and outdoors (with the persistence of [X] despite many falls, one of which ended up with stitches in my head and another hospital visit). With the support of management, staff and to some limited extent a recognised physiotherapist, I eventually made the complete transition from wheelchair to walking frame which gave me a tremendous confidence boost even with the occasional fall and the trauma associated coming with it. Then came the 'real' challenge, having mastered the walking frame, gaining the confidence to get rid of it. Having relied on it for some time inside and outside for 24 hours a day, in town centres and to going to the toilet in the middle of the night, my frame was my crutch to rely on, but due to the self-induced embarrassment that went with it from a stubborn and once proud man, it had to go! The "professional" at this stage, the physiotherapist, due to funding issues was withdrawn, so [X] and the staff had to take on the unenviable task of guiding, supporting, and picking me up whilst I persevered with this simple task. Harder for some than others and I can assure you, I found it extremely hard. I don't think that anyone, unless they have been in this situation themselves can even imagine having that supporting hand and words of encouragement available actually means". During the inspection we saw pictures and heard about this gentleman's success walking again.

People told us they liked the food and there was ample to eat and drink. Some people had been admitted to the service undernourished due to substance misuse so the service was conscious to ensure people received a healthy, balanced diet. One person at the home supported the cooking on a frequent basis and had undertaken training in this area. People were asked to complete a food choices questionnaire so staff knew their preferences. Residents' meetings discussed what people would like to see on the menu and this was shared with head office. The PIR confirmed fresh fruit and frequent drinks were encouraged.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were also clearly recorded in their care plans. Staff knew who was diabetic and encouraged healthy food choices but respected people's right to make unwise choices sometimes. Those people at risk of choking were known, observed closely and referrals to the speech and language team supported people's care in this area. Care records highlighted where risks with eating and drinking had been identified.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Staff supported people to attend appointments related to their individual health needs for example medicine injections or specialist treatment for ill health. The service also advocated for people where necessary to ensure they received equal care despite memory issues. For example the registered manger ensured one person received breast screening which identified a need for treatment and supported them through this. People had good outcomes due to good physical care, for example one person admitted to Vane Hill using a wheelchair was now able to walk by themselves. Living a healthier lifestyle was encouraged and people were given information and choices about exercise, smoking cessation, weight management and education about substance use as required. One person with diabetes had completed a health living course on this subject. The PIR confirmed effective care and

continual improvement, "We will be making sure that our on-going programme on service user's health and social wellbeing are kept up to date and that things like eye checks, feet checks and medication reviews and teeth care is all kept up to date." A professional told us, "The staff work very closely and openly with other professionals and the atmosphere is one of openness, inclusion and encouragement; which I observed on all my unannounced visits which were many."

People benefitted from living in a home that was being regularly adapted and changed to meet people's diverse needs and ensure their safety and comfort, for example heaters had been placed in the smoking hut as many people smoked. The door locks had also been changed to make it easier for people to access all doors and exits by themselves. The PIR the registered manager completed told us, "I personally check the premises inside and out each day for damage or dangerous problems that may need fixing to make safe and these are always recorded. We recently changed our gas cooker in house 15 for an electric cooker as it did not meet EU gas safety regulations for ventilation. We constantly take security very serious and have installed on every exit a butterfly release handle so we do not need keys to get out of the building in the event of an emergency. We have replaced all ladders for reflective safety ladders. We have reviewed and renewed all our fire safety lighting and have also updated our smoke and heat detectors to more modern sealed units."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

They told us how explanations and information was given to people to encourage them to make decisions for themselves wherever possible. If there was doubt about a person's capacity, the relevant health and social care professionals would be involved. Staff gave examples of how a people's best interests were taken into account if a person lacked capacity to make a decision.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The ethos at Vane Hill was care and treatment in the least restrictive way. There was an open door policy regardless of people's cognitive decline and minimal use of DoLS. This was kept under regular review as people's capacity improved or declined. The registered manager advocated for people when they felt DoLS was not required. De-escalation techniques, encouraging choice and personal responsibility, education, and good risk assessment helped minimise the use of restrictive practices.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care a specific time, and considered alternatives such as different staff approaching people if needed.

People had been asked to sign their care plans to confirm they consented to the care they received, as described in their care plan.

Is the service caring?

Our findings

People received a service from an exceptionally caring and dedicated staff team. The PIR said, "We take part in the Caring UK quality assurance scheme and have valuable feedback from this system. We are currently rated as 9.7 out of 10 with this assessment and review feedback system."

One person shared their in depth recovery story with us praising the extraordinary care they had received, "Knowing that, at times, I have not been the ideal recipient of help, due to my own stubbornness and pride, the work by the staff, and in particular [X], at Vane Hill has by far exceeded their job descriptions and all undertaken with professionalism, patience and essential sense of humour!"

One person told us how staff care had improved their life, "Whilst not perfect, my immense improvement in my mobility and confidence has given me the tools to move on to my ultimate goal of living independently, close to my family which will fulfill my dream and who knows to my return to work, if anybody would have me!"

People felt very well cared for and told us they were happy with the care received, they spoke highly of the staff and the quality of the care they received. Comments included, "Never had to ask for anything, always polite and courteous and respect my privacy"; "If you find yourself in a bad situation, this is a nice place to be"; "There's mutual respect"; "[x] always available for a chat if you are feeling a bit down". A relative shared, "[X] is profoundly deaf and therefore requires more attention than most. This, [X] (the manager) has given him in droves (attention) and has improved [X's] life considerably. I will be eternally grateful that [X] found his way to this very caring man." A social worker told us, "One client I am working with after a period of respite continues to go there for day care support. is not accepting any support at home but has been accepting some support through Vane Hill and they have helped with getting a new fridge and some support at home when needed. [X] recently celebrated their 60th birthday there. From someone with very low self-esteem and feelings of hopelessness they have been enjoying going there and this has been really positive for them. "Another person that I worked with successfully detoxed from alcohol and was supported with building a routine and confidence and developing independent living skills before returning home." Staff commented throughout the inspection and in the feedback we received the benefits they also got from changing people's lives, noticing the improvement and seeing the difference they made to people. The registered manager told us, "It's a massive boost, we change lives here."

A professional shared with us an example of one person's care and outcomes at Vane Hill which led to being able to live independently, "Many years ago, [X] was a recent admission with some extremely disturbed behaviour. [X] was hard to contain in their home and they were constantly self-harming, absconding and drinking. When they managed to get out, they were getting into trouble with the police due to violent outbursts. Gradually over the years [X] has stopped self-harming, was able to travel independently without buying or consuming alcohol, was a valued member of the Vane Hill community and earned some qualifications and addressed some of their obsessive behaviours. A few years ago seemed so much improved that moved into Shared Lives accommodation with a family."

People we met looked happy, content and well cared for. People were clean, smiling and there was a warm,

welcoming atmosphere in the lounge with people teasing each other and laughter. One person commented, "We're good friends, it's like the Simpson's here."

The registered manager and staff team were kind hearted. One person told us, ""The patience of a Saint." They shared examples of when the service had gone the extra mile to support people in need. For example, one person used a motorized wheelchair to get out and about but the service managed to get them a scooter so they could get out and about more easily. Plans were also afoot to build an outdoor shelter for the scooter. A professional told us, "[X] is also a long term drinker who is there. [X] is settled and happy, and without Vane Hill's intervention would have died long ago." Another professional told us, "The Manager [X] is a very professional person with a genuine caring approach for all residents and whom I have observed to be hugely nurturing and supportive of his staff team as well as residents. My client would not be in the stable position they currently are in without the continued support of the Manager and his staff team."

Rebuilding and maintaining friendships and family connections was another area the service excelled. A previous resident had moved to nursing care due to a change in health needs but was close friends with one person living at Vane Hill. Every week the service supported these two to see each other and maintain a valuable friendship which gave them both self-worth and company. The service was also supporting one person to go to a different country to see their friend. For one person the service was accommodating their pet also who meant so much to the person. Staff recognised the positive impact this would make to the person's commitment to stay at Vane Hill and address their substance use. In the meantime the service had offered to take the person to see their animal whilst arrangements were made.

Stories were shared during the inspection of people who had been living in the community in poverty and a poor state of health due to self-neglect linked with alcohol abuse. We saw photographs of their improvement and change over time, increased weight, health and happiness with life.

The service went to great lengths to meet people's cultural needs. For example one person liked to chew a leaf from a plant after dinner, a tradition in their country. Unfortunately, this was researched and discovered to be illegal, but it demonstrated the effort the registered manager and team made to consider their request. A previous gentleman from Asia liked to wear a turban to reflect their cultural identity. This was encouraged and respected by all staff.

We saw staff interacted with people in a caring, supportive manner and spoke of people with great understanding and good knowledge of their diverse needs. Staff gave examples of how they advocated for people to ensure they had equal access to services and the best opportunities possible. Some people had paid and voluntary jobs locally which used their life skills, training and experience. These helped people feel valued and improved their self-esteem. Some people had undertaken training in specific areas to undertake "house" jobs for example roles as fire wardens, cleaners and kitchen assistants. People's support with helping with daily chores was rewarded with an annual holiday of their choice so as not to affect their income. This was their wish.

People received care and support from staff that had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People confirmed staff knocked on their doors and they could lock them to have privacy.

People told us they were able to maintain relationships with those who mattered to them. We heard of one couple at the service due to be engaged on Valentine's Day. Consideration had been given to how the service could support this union.

Friends and relatives were able to visit without unnecessary restriction. Where family lived further afield people maintained these relationships through technology such as Skype.

People told us, staff listened to them and took appropriate action to respect their wishes. People were involved in their care and as much of the home's day to day running as they wished to be for example helping with house jobs, walking the dogs, caring for the chickens or maintaining the garden.

Staff gave us examples of how they used different forms of communication to encourage people to make decisions. Staff were familiar with working alongside people with alcohol related memory needs and would use simple language, repeat information and look for ways in which individuals were able to comprehend information.

People were treated equally and fairly. People were encouraged to be equal citizens, for example they were encouraged to vote at election time. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in larger print for those people with visual impairments.

Information about advocacy services was available to people and where required involved in people's care to support their decision making and ensure their voices and views were heard.

Staff understood how to protect people's confidentiality. Personal records were stored securely and staff ensured conversations involving people's personal information were held in private.

Staff told us that people were encouraged to be as independent as possible. All aspects of care and treatment encouraged choice, independence and personal responsibility.

Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff members told us they gained satisfaction from supporting people to maintain or regain their independence.

Is the service responsive?

Our findings

The service continued to provide responsive care.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. The registered manager told us a face to face assessment occurred and considered the needs of people currently living at the service. If there was any doubt the service couldn't meet their needs assessments did not progress.

One person described the hope this process gave them, "After 6 months spent as a resident between hospitals in which I endured alcohol related seizures, a heart attack and a broken ankle, accompanied ongoing PTSD, I was lying in bed enjoying my morning cup of tea when I was given the news that I had been waiting to hear for a long time - "Someone from a care home in Torquay is coming to see you regarding a placement for a period of rehabilitation". That day quickly arrived and very soon after the initial interview my belongings were being packed and I was informed that I would be picked up the next morning by the care home manager ([X]) to be deported from Cornwall to Torquay. That night I did not sleep well, full of reservations, unanswered questions and trepidation I was a nervous wreck when he came to pick me up with his wife. I struggled to his car with the aid of my walking frame and was secretly excited about my move and to making some real progress with my health as I was feeling that I had hit a brick wall health wise both physically and mentally."

People were involved in planning their own care and making decisions about how their needs were met. People had care plans that clearly explained how they would like to receive their care, treatment and support. These were reviewed frequently as people's needs and goals changed. A social worker shared, "[X], the manager has always been helpful and we have arranged review meetings together to review progress and the person's goals."

Care plans included people's specific wishes about how they chose, preferred and needed to be supported. For example, if a person required female staff to meet their personal care needs. They also included information about anything the person wanted to achieve, how they would do this and the support required. We saw support plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. Support plans were reviewed and updated regularly to help ensure people's wishes were being met. Conversations with staff about people's needs reflected care plans we reviewed.

The service had excellent links with the local community for example local employment opportunities, schools, colleges and neighbours. One person shared, "All the locals know us, and they are all nice people." Staff were proactive and made sure that people were able to maintain relationships that mattered to them. For example one person used technology to contact family in Italy.

People had a range of activities they could be involved in. A specialist advised, "The challenge for a care home that accommodates a person with ARBD is to balance the rights of the person whilst engaging them in activity which they need to relearn in order to re-engage with the community. As apathy is a major symptom of this illness this is no mean feat and we believe that Vane Hill is an excellent example of what can be achieved in rehabilitating a person when they may be reluctant to engage in activities that will help them." People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities and outings people were able to maintain hobbies and interests, staff provided support as required. We heard and saw pictures of people attending Remembrance Day, Halloween dressing up events, fireworks night fun, Elvis night celebrations and heard about people's holiday to Cornwall, barge trips, outings to the forest and bird sanctuaries, trips to local cities or people enjoying shopping and a coffee. People shared with us they maintained their own skills and hobbies for example odd job work, reading and cooking. Those with an interest in gardening were encouraged to choose the flowers for hanging baskets.

A company representative who advises on Alcohol Related Brain Damage (ARBD) from alcohol use told us, "It is the view of ARBD Awareness that where Vane Hill scores highly is the progress they make with people who would be classed on the middle to severe side of the damage spectrum. The key to improving a person with ARBD is to occupy them with an organised schedule of daily activities which includes not only life skills but social activity which occupies and engages them. A person with ARBD can learn new skills and the key is an organised schedule and repetition. Vane Hill engages in activities which are unique and it is rare to find a care home which takes the residents away on holiday.

Policies and procedures across the service were in place to ensure information was given to people in accessible formats when required. The registered manager understood the Accessible Information Standard (The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given) and gave examples of information available in different formats to meet people's particular needs due to memory difficulties or sensory needs. For example, the registered manager arranged for a sign language interpreter to be present at one person's pension review. Care plans and information could be provided in larger fonts and pictorial formats if required.

The provider was looking at how technology could improve people's service. Since the last inspection people had access to wifi to enable them to connect with family who lived away. The provider was looking into a new computerised care planning system which meant care plans could be written and reviewed with people on small computers.

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were encouraged, investigated and responded to in good time. No complaints had been made to the service in the past 12 months.

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. Staff discussed how they met people's needs at the end of their life and gave an example of one veteran with no family. The veteran community had been informed of their passing and over 150 people attended their funeral for a memorable farewell in honour of their services.

Is the service well-led?

Our findings

Vane Hill was exceptionally well-led by the provider and a dedicated registered manager. A specialist in the area of alcohol related dementia told us, "[X] (the registered manager) has taken residents who have failed in other care homes and for that he is to be commended. He is perhaps one of the most experienced ARBD (Alcohol Related Brain Damage) managers in the UK and we believed that he should be recognised for his achievements.

All people, professionals and staff we spoke with applauded the leadership of the registered manager citing their knowledge, support to people and development of the service. People shared, "[X] is very much in control, approachable and a nice sense of humour." A relative told us, ""May I praise your wonderful manager, [X] at Vane Hill Road. The care he has given my brother, [X], since he became a resident in 1999, is way beyond this man's duty."

Staff commented, "I have always found management to be supportive, understanding and very cooperative. They are knowledgeable in their field and will always make time for staff and residents alike. Despite retaining a professional air of authority, they are also open and friendly; offering to help in any way they can. In a world in which large companies see their staff as nothing more than a number on a payroll, management at Vane Hill see their staff as people. We are treated with respect and our opinions are always valued and taken into consideration, which is not always an easy task in such a busy atmosphere."

A professional told us, "The point about [X] is he is a one-off, who is very knowledgeable about alcohol abuse and the reasons behind it. He has identified that consistency and family support is the key to recovery and runs Vane Hill as a family. It works and his success rate with some extremely complex characters intervenes not only to save a life but to give it some meaning."

The home worked in partnership with key organisations to support care provision. A commissioner told us, "I've known the service for 12 years, [X] (the registered manager) is really hands on, everything is for the people there." In addition to close, valued relationships with health and social care staff, the registered manager had developed links with the local schools. People living at Vane Hill attended with him and the registered manager gave an educational talk on alcohol and then students were able to meet and ask questions of people to better their understanding of the damage alcohol can cause if not used safely. Links with charities had been developed, for example the Princes Trust. Students benefitted from working at Vane Hill to improve their understanding and empathy of people with alcohol related brain damage. The registered manager also used their skills to support young people in the community to develop and support them to build up curriculum vitae. The PIR explained the many benefits of this work, "My service users came away all agreeing that they had played a vital part in possibly changing attitudes towards drinking and alcohol related problems for these students." People who were part of this benefited from a sense of value, purpose and helping the public understand the damaging effects of alcohol.

Good relations with the local community opened doors for people at Vane Hill who wished to carry out voluntary work or paid jobs. This supported their recovery, enhanced their self-esteem and gave the local

community a better understanding of people recovering from addiction.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post that had overall responsibility for the service and knew people and staff well. They were supported by other senior staff that had designated management responsibilities. People told us they knew who to speak to in the office, they were always visible and approachable and they had confidence in the management and staff team. A staff member shared, "[X] and management are not only our guides as we work in a notoriously complicated working environment, and they are also our colleagues and an integral part of our team. I feel respected and encouraged in my role and I know that support is always available at a moment's notice, day or night. I need never question my role at Vane Hill as direction is always clear and I feel staff are led exceptionally well towards creating an excellent environment for residents."

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Vane Hill. They had an in depth knowledge of people and were able to explain in detail their care and treatment. Conversations held demonstrated their passion for their work and commitment which was evidenced through examples of people turning their lives around and links with local colleges and charities. They told us in the PIR, "I feel that I am a good leader and that I still have a great deal to learn. Even though I have been doing this job for 26 years there are still opportunities to learn, and be a better manager." A company specialising in Korsakoff's told us, "Manager, [X], from experience, has developed a range of activities in which the residents are engaged with the staff to learn skills within the home which will enable them to survive when they leave.

This commitment of the registered manager had previously won awards. The PIR told us, "We will continue to live up to the awards we received in 2014/15 for our work with the Investors in People awards and our Putting People First awards from the Caring UK organisations. We will still honour our commitment to enable our service users to take part in the day to day running of the home and to take part in valuable training with our staff where possible to enable them to build up a portfolio to use when they leave Vanehill Care Homes and find suitable employment in the community."

Openness and transparency were evident in our discussions with the registered manager. The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People felt involved in running the home, privileged to be there, and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. Staff were positive about how the service was run.

Staff told us they felt empowered to have a voice and share their opinions and ideas they had through the robust support systems in place for them. Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. The PIR shared future plans in the next 12 months, "It is my intention to continue to update my leadership skills and try to find new ways of amicably solving staff disputes and service user's disputes and it is my aim to carry on leading from the front. I will be handing over more and more tasks which I would normally be associated with, such as Fire Warden, Health and Safety and infection control down to staff members who would be able to cope with such challenges. I will be continuing to encourage my staff and service users to take part in the day to day activities of the home and to also encourage staff and service users to take part in outside activities and tasks and further training to enhance their career."

All staff confirmed they felt listened and valued. The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. One staff member told us, "I've known [X] for 24 years and whilst I've been working at Vane Hill he has done so much for our residents by helping them get their life back together. [X] has taken the residents out for weekends away which this is good for them, it gets them to know other people and the residents really enjoyed this. [X] has done a lot for me, by listening to me and helping me if I have a problem within my job role. [X] is a good leader and when he does my appraisal and tells me if I have made a mistake. [X] will ask me to talk to him privately so he can then tell me where I went wrong. And [X] gives me help and encouragement." Another shared, "The manager [X] is easy to approach when I need any help with anything to do within my job roll and he is always there to lend me a hand when need be as a manager. The manager [X] also supports residents and staff and does his up most to maintain a safe place". The registered manager regularly worked alongside all staff and people so they were in touch with the culture at the service.

The registered manager's passion inspired staff to provide a high quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities.

The registered manager said part of the recruitment process was to ensure any new staff would fit in and understand the values of the service. People were included in the recruitment of new staff and their views and opinions were listened to and acted on.

People benefited from staff that understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager and provider valued people's feedback on the service. They acted quickly following inspection feedback and we saw they had taken on board changes following the previous inspection. For example, we had suggested those people supporting the running of the service might like to choose a reward for their work. The provider had listened, involved people and now an annual holiday occurred.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern in relation to the environment had been identified and changes made so that quality of care was not compromised. For example, changes to the conservatory steps and ensuring the tree roots did not pose a hazard. The PIR completed by the registered manager told us, "I do lead by example and I will not ask any member of staff to do something which I am not capable of or which is illegal or abusive at any time. I am a strong leader and will make sure that my audits, reviews and staff appraisals are carried out at all times on time and that each staff member knows where they stand and what action I will take should they do something wrong or not complete a task allocated to them the way I have asked them or showed them how to do such a task."

Information was used to aid learning and drive improvement across the service. The registered manager was required to keep an up to date report based upon the Commissions five key questions which was

shared with senior management and the provider. The regional manager visited the service and held regular meetings with the registered manager. We saw this had been thoroughly completed to ensure compliance with the regulations.

The manager and staff monitored the quality of the service by regularly speaking with people, observing interactions and talking to staff to ensure they were happy with the service they received.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.