Making Space

Syrian 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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The unannounced inspection took place on 14 September 2016 and was followed by a second announced day on the 16 September. We last inspected Syrian House in July 2014. At that inspection we found the service was meeting all the regulations that we inspected.

Syrian House is registered to provide accommodation and personal care for up to 17 people. The service specialises in supporting people with enduring mental health needs and there were 14 people living at the service when we visited. Syrian House is a large detached property set in extensive, well maintained grounds within a quiet residential area. There are communal toilets and bathrooms for people to use. All bedrooms are for single occupancy with washbasins and one bedroom has ensuite facilities. There are communal areas, including lounge and smoking areas, a dining room and a large garden for people to use.

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

People told us they felt safe living at the service and that any personal items remained safe too as bedrooms could be locked when they were not present.

The management of medicines followed safe working practices and people received their medicines on time and how they wanted.

Staff were aware of safeguarding responsibilities and knew how to implement safeguarding and whistleblowing procedures. The provider took safety seriously and risks identified were assessed and reviewed and people were kept as safe as possible. Accidents were recorded, reported and monitored by the provider.

Risk assessments were in place to ensure that people could be safely supported at all times. If accidents or incidents had occurred, these were recorded and monitored for any learning and staff had acted swiftly to address any additional needs that arose. For example, when a fall had occurred, emergency treatment was sourced when necessary.

There were enough staff employed at the service who had been recruited safely, who received appropriate support and who were continually trained to meet the needs of the people using the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in

care homes and hospitals. We found the provider was complying with its legal responsibilities.

People were able to enjoy enough food and refreshments to meet their needs and if people needed additional support from staff, this was provided. Special dietary needs were also catered for. People were supported to access a range of health care professionals. Examples included appointments with their GP and visits to hospital for any emergencies arising and also scheduled appointments with specialist practitioners.

We observed staff speaking with people in kind, respectful and reassuring ways. People told us they felt their dignity and privacy were respected by staff. They also told us staff encouraged them to be as independent as possible and involved them with the running of the service and to be fully informed as to what was happening.

People's had been assessed for their needs and their care and support records were detailed and had been updated as the need arose.

The provider had a range of activities for people to participate in if they chose to. People were also able to facilitate their own activities away from the service, either on their own or with support from staff members.

The provider had in place a complaints policy and people were aware of how to use it. We found that complaints were investigated appropriately and there had been one since the last inspection.

People and their relatives thought the service was well led. We found the provider had audits in place to measure and monitor the quality of the service and meetings took place to discuss various aspects of the service with the staff and the people using the service and their relatives.

There was an open door policy within the service and people were encouraged to speak about any issues that concerned or worried them. A variety of systems were in place to gather the views of people and their relatives, including surveys and regular meetings.

Notifications which are a legal requirement of registration, had not always been sent to the Commission in a timely manner and this limits the well led section to require improvement.

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.

People were safely supported with taking their prescribed medicines. Medicines were stored, recorded and managed by staff who were assessed to be competent.

Accidents were recorded, reported and monitored and any risks identified were assessed to minimise the possibility of harm as much as possible.

There were enough suitably recruited and trained staff on duty and staff we spoke with knew about safeguarding and whistleblowing procedures and how to report any issues of concern.

Is the service effective?

Good

The service was effective.

Staff received training and development. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make their own decisions and where they lacked capacity to do so care staff ensured the legal requirements of the Mental Capacity Act 2005 were met.

People received a good selection of food and refreshments and their nutritional needs were met.

Is the service caring?

Good

The service was caring.

People thought staff were kind and caring and they told us they felt involved in what they did and how the service was organised.

People were respected and their privacy, dignity and independence were maintained.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and care/support was planned.

The service had a range of activities for people of all abilities to participate in. People were also encouraged to access hobbies within the local community.

A complaints procedure was in place and people and their relatives knew how to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Notifications, which are a legal requirement of registration, had not always been sent to the Commission in a timely manner and this limits the well led section to require improvement.

Staff felt supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

There was a registered manager in place and people and their relatives thought the service was well managed.

A range of audits and checks were in place to support the quality of the service provided.

Syrian 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 unannounced inspection took place on 14 September 2016 with a further announced day on the 16 September. It was carried out by one inspector.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, 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. We also contacted the local authority commissioners and safeguarding teams for the service, the local Healthwatch and the infection control lead for care homes. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection.

During the inspection we spoke with 11 people living in the home, two relatives, the registered manager, the area manager, one senior support worker, the lead for activities, three support staff and the cook. We also observed people's care to assist us in understanding the quality of care that people received. We spoke with one community psychiatric nurse (CPN) who was visiting the service during our visit, and we used their comments to support the inspection.

We looked at four people's care and medicines records. We checked records in relation to the management of the service such as health and safety audits and staff recruitment and training records.

During the inspection we asked the provider to send us additional information. For example, a copy of their statement of purpose, training information and copies of particular policies. They did this within the agreed timescales.

Good

Is the service safe?

Our findings

People were able to explain that they felt safe living at the service and the relatives that we spoke with shared the same feeling as the people who lived there. One person told us, "I feel really safe now. It was not like that before though, but here is different. They [staff] have been good to me." Another person explained, "Yes – safe as houses here." One person told us, "My things [personal items] are kept in my room and I lock the door; this keeps them safe and I am not worried about them at all."

Staff showed a clear understanding of safeguarding and whistleblowing procedures and explained how they would raise any concerns to appropriate people either within or outside of the organisation. One staff member said, "It is our duty to follow correct procedures in relation to that." The provider had information displayed within the service and in office space of what people and staff should do if they had any safeguarding concerns and details of who they would contact. This meant the provider promoted safeguarding procedures and raised awareness amongst the staff team and people alike.

People told us that staff administered their medicines on their behalf and with their consent. One person told us, "The staff keep all of my tablets. I like it that way as I might forget." Another person told us, "Staff are good at looking after my medicines. I come down at different times and they give it to me. If I forget, they come and find me." One relative told us they had never known of any issues with their family member's medicines and felt "Happy" that staff administered them to their family member. Staff told us that one person who was relatively new to the service would be assessed to confirm if they would be safe to self-administer their own medicines. The registered manager told us, "We would aim to help people do that (self-administer) if at all possible."

We observed two medicine administration periods where people were able to receive their medicines from trained staff. We found that staff carried out the task in a confident and relaxed manner with people and in a way which suited them. For example, one person asked if they could have their medicines on a spoon and the staff member administering them said, "Yes, no bother."

The medicines room was kept secure at all times with keys stored separately to ensure safety was maintained. All medicines were available and people's medicine administration records (MAR) were completed correctly, including those in connection with 'as required' medicines or those of a 'topical' nature. As required medicines are those types of medicines not taken on a regular basis, for example, those used for pain relief. Topical medication refers to, for example, applications to the body surfaces of a selection of creams, foams, gels, lotions, and ointments. The medicines room temperature was checked during the inspection and found to be within suitable limits to ensure the effectiveness of the medicines stored. We found that any medicine awaiting disposal was recorded and stored safely while awaiting collection.

The provider completed competency checks with staff to ensure that they were competent and safe to administer medicines to all of the people who lived at the home. All of this meant that people at the home were supported and protected to receive their medicines safely.

Gloves and aprons were available to staff who had to undertake duties which required additional precautions to be taken, for example, while performing personal care with individuals or administering skin creams to others. This ensured that any risks associated with cross infection were minimised and staff and people were better protected.

The service was clean and tidy with cleaning schedules in place to ensure that various parts of the building were kept to a good standard, including for example, the medicines room.

People's individual risks had been identified and full and detailed risk assessments and prevention plans had been completed and were regularly updated. These risk assessments and prevention plans included, for example, how staff should minimise risks for people whose behaviour may have challenge the service, those with mental health needs and anyone with nutritional needs. During our inspection we observed staff supporting people safely in accordance with their risk assessments and prevention plans. This meant that staff were aware of people's individual risks and supported them accordingly with reference to risks identified to keep both themselves and people as safe as possible.

A fire risk assessment was in place and the registered manager had completed personal evacuation plans for each person. These documented what support people would need in the case of an evacuation from the premises, including for example, in a fire, a flood or other emergency. The local fire authority had visited he service recently and found no issues to address. This meant that the service had in place, safe and up to date fire safety procedures.

A range of premises and equipment checks were carried out at the service, including those in connection with lifts and portable electrical equipment. This meant the building was kept safe for people to use.

Accidents were recorded and monitored by the provider. Staff had completed the correct forms to report any incidents or accidents to senior staff. We saw that appropriate action had taken place to ensure that people had received the correct treatment or other remedial work was completed to address any issues that had occurred. For example, one person had suffered a minor injury. Staff had correctly reported and then taken the person to seek medical treatment. Incidents were also recorded. For example an incident had occurred which required the police to be called. The matter was effectively dealt with, with no further issues arising. This meant that any accidents or incidents were treated seriously and staff responded quickly.

One person told us that there were enough staff at the service. Another told us, "Seems to be enough staff when I want help from anyone. They have always been there for me." We saw that there were sufficient numbers of staff available throughout the inspection and people and their relatives confirmed this to be the case. The registered manager told us staffing levels were monitored regularly and at times of sickness or holiday, replacement staff would be utilised.

We found appropriate and safe recruitment procedures had been followed, including application forms with full employment history, experience information, eligibility to work and at least two reference checks. Before staff were employed, the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of its recruitment process. One staff member confirmed that before they were able to start working with people, their checks had been received first. They said, "I had to wait until my checks came through and then I could start." The registered manager told us that they had a list of questions from people who used the service to ask potential employees. We asked if people sat in on the interview process and the registered manager told us that this was something which did not happen, but the hope was that it would soon. This meant that people were protected from harm because the provider only recruited suitable staff to work in its service.

We found that the registered manager had dealt with staffing issues in an appropriate manner, referring to occupational health services if the need arose and following disciplinary procedures correctly and in line with company policy.

Good

Is the service effective?

Our findings

People thought that the service was effective. One person said, "The staff know what they are doing, they help me with what I need. That's what matters." Another person said, "They [staff] treat me very well. They are very kind." One relative told us, "They have done a great job with [person's name]." One healthcare professional said, "Staff always try the best they can."

Communications throughout the staff were good. There was a verbal handover every shift and details of any issues were communicated to all staff. A book was also used to note any concerns or issues arising throughout the day and this was passed over as confirmation to the next shift. For example, visits from contractors, visits by other people to the service, prescriptions delivered and a summary of any accidents occurring.

Staff we spoke with said they were happy with the consistent training which was carried out and one staff member said, "We are always training. The manager encourages us to ask for particular training if we think we might need it." Staff confirmed that their career development had been discussed with them. We checked staff files and found up to date training certificates held within them. Examples of training included; Mental health, first aid, manual handling, infection control, safeguarding adults, fire safety and health and safety. Another staff member told us, "I have done lots of training. They [registered manager] are on the ball with that." A further staff member told us, in connection with the training they had received, "Working here has given me more confidence."

One person told us they had completed a food hygiene course in the last year. We saw certificates to confirm this. This was completed as part of the providers eLearning programme. The person was very proud of their certificate and one staff member told us, "We try to encourage residents to take part as much as possible if they can."

New staff received an induction programme, which included shadowing long standing members of the staff team. Staff received regular support and supervision. We saw that a new annual appraisals process had been implemented with staff to discuss any developmental opportunities and plan objectives for the coming year. Appraisals were in the process of being finalised. This meant that people had their care needs met by staff who were suitably supported and had opportunities to develop their skills.

People had given their consent to receive care and support. For example, people had signed to confirm that staff could administer their medicines. Advance directive protocols were used by staff to determine the future wishes of people who lived at the service. This documented how people wished to be treated, for example, if they were at the end of their life and whether they wanted to receive medical treatment or not.

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. The application procedure for this in care homes and hospitals are called the Deprivation of Livery 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 were being met and found they were. No applications had been made to deprive any person of their liberty but staff and the registered manager had an awareness of their legal responsibilities.

People's records included information on their food type likes and dislikes and kitchen staff confirmed that they had this information available to them. We observed lunch being served. One person said, "The meals are great. They are good cooks." Another person said, "The food is lovely." A third person said, "I am picky but the food is ok." There was a menu plan for the service and each week a different menu was available. We asked people how they chose which meal they were having. One person told us, "We have all been asked the type of food we like and we have meetings too." People were supported with any special dietary requirements they might have had, including one person who was a diabetic. Kitchen staff told us they also held separate records with information about people's food preferences and any allergies. For example, the cook told us one person was allergic to nuts. The cook went on to say, "Any food I cook for [person's name] has been checked to make sure no nuts are present."

People's dietary needs were monitored and met. The registered manager told us that where any concerns were identified advice from the person's GP or a dietician were sought where this was thought necessary. Nutritional assessments were recorded along with monthly weight records. This demonstrated to us that the staff monitored and understood what helped to maintain a person's health and care and support needs.

People had access to health care professionals to help make sure their health needs were met. One person had been referred to dietitian to support them with weight gain while another was receiving additional support from their psychiatrist. We saw that records had been updated and showed the additional support that had been given to people. One staff member said, "We work with all of the GP's and anyone else that we need to, in order to make sure people get the help they need when they need it." We noticed people had been referred to GP's, occupational therapists, dentists and opticians as the need had arose. Staff had noticed some recent changes in one person's mental health and had made rapid referrals to their community psychiatric nurse (CPN) which had resulted in a visit and additional support being offered. We spoke with a CPN who visited the service during our inspection. They told us that staff at the service were effective in their work and always contacted them if they had any concerns. This showed us that people's healthcare and support needs were well monitored, coordinated and effectively responded to by staff at the home.

The registered manager showed us around the service and pointed out some of the changes to the building, including new flooring and new internal doors and updates to the decoration. Staff told us that the service was a 100% better than it used to be and that the registered manager was always trying new ideas to make it better.

Good

Is the service caring?

Our findings

People told us they thought the staff were caring and kind. Comments from people included, "I have to admit, it's lovely here"; "I am satisfied with the staff here"; "The staff are very kind and very helpful"; "It is nice here"; "I am pleased with the way things are here"; "The staff are very likeable" and "The staff are great. I am well looked after." A relative said, "I am pleased with this place. [Person's name] seems very happy living here, which is good. The staff are very tolerant. I have no complaints." Another relative said, "This home is very good. Staff are so caring and kind."

From observations carried out, staff were friendly, warm and comforting to people they cared for as they went about their work. The atmosphere was homely and welcoming, and people seemed appreciative of the caring approach offered to them from the staff team. Staff told us they enjoyed the satisfaction they received from seeing the 'residents' being content and happy. Where people had passed away at the service, staff had attended the funeral and where agreed with family members, a wake had been held at the service to celebrate the passing of a friend.

We observed care staff being very patient with people who were agitated and exhibited repetitive behaviours. Staff were seen distracting people who were trying to engage with others using the service who wanted some quiet time. This showed that staff knew people well, and how to deal with them as individuals and how each person liked to be treated. One person who had behaviour which may have been perceived as challenging, was supported by staff who recognised when they were becoming distressed and what triggers to be mindful of. Plans had been drawn up to support this person with managing their behavioural issues, to keep them and others safe. Staff explained to us how they helped the person to lead as normal a life as possible, which included participating in activities and going out on visits with family members.

We were told that some people had religious needs and these were adequately provided for within people's own family and spiritual circles. One staff member told us, "If anyone wants to go to church, we will support them in any way we can." Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation.

In August 2016 a meeting had taken place at the service which focussed on 'service user' involvement. The meeting had looked at what the service does well and what could improve. Suggestions included; the service does a variety of activities in the home well and the service could improve by going out more. Previous topics were also discussed, including diversity within the home and comments gathered on the challenges and improvements to be made in this area. For example, one person had identified "We can agree to disagree on some things". A diversity plan had been drawn up within the service and was in the process of being rolled out, however, when we asked one staff member about this plan, they appeared to be unaware of it.

People and their relatives were provided with information to help them understand the care and support that was available and provided to them. People told us they were fully involved in discussions over the way

care and support was provided to them and one person said, "We all have key workers which we can go to." They explained that key workers were a dedicated member of staff who were the person's 'named' staff member and could go to them as the first point of call for any issues. The person also said, "It does not stop us from going to anyone [staff] else though if we wanted to." The reception area had lots of documents and leaflets for people and their relatives to read, which explained how to access other services or seek help for particular issues, including for example, advocacy services. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Suggestions were gathered from people and families in a number of ways, for example, through surveys and in meetings. When a suggestion was made, the registered manager explained; an 'involvement' sheet was used to help discuss and decide with people and staff if the suggestion was a good idea or not. We saw examples of these forms when they had been used to decide particular activities in the home or new ways of working. For example, we saw involvement sheets for visits and how technology could be used more fully in the service (mobiles/smart TV or tablets). This meant that people and family members were actively involved in making decisions about the care and support provided.

The activity lead at the service helped to publish a newsletter for people who lived at the service and other interested parties. People we spoke with confirmed they had seen the newsletters and we saw copies ourselves. We noted that in two publications, one of the people living at the service had written poems to be part of the circulation. We spoke to the person about this, who confirmed that they had given permission for the poems to be published.

People had access to keys for their bedroom doors. People told us that staff always knocked on their bedroom doors and were always mindful of their privacy. We observed this in practice.

People were promoted to remain as independent as possible. Staff told us that one person in particular enjoyed tidying their own room with little prompting and said, "It's important to them not to lose their independence." Other people were encouraged to maintain their own household tasks associated with daily living, for example, making beds and cleaning were appropriate.

People confirmed that they felt they were treated as individuals, with respect and dignity. One person said, "The staff assist me to go shopping when I want to go." Another person told us, "Staff listen to what I have to say and have helped me to sort out some big problems which I thought I would never be able to do on my own." The service was awarded the 'Dignity in Care award in 2015 and this was due to be renewed.

One person had the use of an advocate and staff were aware of this information and ensured that the advocate was fully involved at all times in connection with the person. The registered manager told us that most other people had family member involvement, but if that changed for any reason the staff at the service would ensure people were supported by independent advocates at all times. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and asked if staff responded to their needs. One person told us, "I get to talk to the staff every day. They are busy but when they get a chance they will sit down and have a chat." Another person said, "If I ask for some help, staff will help." A third said, "Yes, they [staff] do."

People's records included an assessment of people's needs to establish how staff would care and support them once living fully at the service. Person centred care and support plans with corresponding risk assessments were produced and these were regularly reviewed. There were records detailing how staff should support people with conditions such as epilepsy and those at risk of harming themselves because of their mental health condition. We saw that people had signed their care plans where possible as an agreement to the care and support provided. This meant that each person's needs were able to be met and agreed with them, or their representative, individually. We noted that some records did not have a full date in place. We discussed this with the registered manager who said she would raise this with staff and ensure full dates were completed in future.

One page profiles of people were completed by staff with the person's involvement. This explained what other people admired about the person, how staff should support them and what was important to them. All this information was centred around each individual and gave staff an insight into what the person thought and how better to support them. This meant that staff gathered specific information and recorded it in a way which promoted personalised care and support.

People were able to participate in a range of activities both within the service and outside, either by themselves or with the support of staff or families. As we looked around the service, we found rooms with a range of equipment for people to use, including treadmill, pool table, computers, books, games and a range of craft items. We saw pictures of people using the equipment on display in picture albums and on walls around the home. There were a number of lounge areas, including one that was dedicated to people who smoked. A large garden was available for people to use and a number of the people who lived at the service had set up a gardening club with the support of lottery funding, called 'Natural Recover'. The aim of the club was to provide people with a means of therapeutic support and the club was helped by a number of volunteers. People and the cook confirmed that some food from the garden was used in cooking at the service.

Trips had been organised by the staff at the service for people. These included trips to Cadbury world, meals out and a short holiday in a caravan. Local taxis were used to transport people to trips or venues further afield. One staff member explained they took one person to see their parents and said, "It's really important people are still able to keep those links." This meant that people were able to participate in a wide range of pursuits and interests, including links with their families in order to avoid social isolation.

People had a choice. One person said, "I like a lie-in and they [staff] understand my needs." Bedrooms were tailored to individual taste. One person told us they had decided to bring with them some pieces of small furniture and ornaments. They said, "It's like home." Bedrooms were all different and everyone had a say in

how they liked it to look, with some people having televisions and family pictures adorning the walls while others had more close family pictures on dressing tables near their bed.

We noted that there had been a number of compliments made to the service, from people, family members, one direct to the organisation which had been passed on, and others who had contacted the staff at the service directly. One family member we spoke with was highly complementary about a number of staff and one staff member in particular who had supported their family member in recent months. People and their relatives told us they knew how to complain if they needed to. We looked at the complaints record and one complaint had been made within the last year which had been dealt with effectively, within agreed timescales, with apologies made where relevant. Complaints procedures were displayed throughout the service for people to look at and use, should they need to.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. People and relatives we spoke with told us they knew who the registered manager was. As we sat in the main office looking at various items of paperwork, we saw that an open door policy was in place. People who lived at the service often visited to the office to speak with staff or to see the registered manager.

The registered manager had worked in health and social care services for many years, having originally trained as a nurse and been employed by the provider since 2008.

People told us that the registered manager walked around the service most days. One person said, "Oh, she's nice." Another person said, "You see her all the time, she checks I am ok." A third person said, "She checks on us and that staff are doing their job." A relative told us, "The manager is approachable and communications with her are good." Another relative told us that the registered manager seemed, "Very hands on." One member of care staff said, "She has developed a good team here." Another staff member said, "She is good at managing our budgets!"

The service had developed a people and staff reward system where staff were nominated for a piece of good work and awarded a certificate. People at the service were also nominated by staff and this was awarded through monthly people's meetings. This showed that the provider valued both people and staffs' contributions and celebrated achievements by everyone.

The provider produced a newsletter for people, relatives and visitors to the service. The newsletter was aimed at ensuring that everyone who either lived or had an interest in the service knew what was happening. Information included, for example, people who had celebrated a birthday, items or changes within the service and any events that had taken place.

Surveys with people and their relatives and staff had been completed and these were analysed by the provider to help identify any areas for improvement and acted upon. We were told by the registered manager that the provider had developed a new survey form for other visitors to the service to complete but that software had not been completed to roll this out. All of the completed forms which we saw had positive feedback on them.

Meetings were held for people who lived at the service and their relatives with the aim of promoting involvement in the way the service was operated. The meeting for people occurring once per month and those for their relatives, once or twice a year. People at the service took their own minutes and these were typed up later, with one person acting as chair. One person confirmed that the meetings were an opportunity to talk about a range of issues important to them, for example, respect, safeguarding, menus and activities.

Staff meetings had been held on average every month. Staff told us they felt supported by the registered manager and the provider. Members of staff we spoke with were passionate about their work and the range

of care and support they provided people. One member of staff told us, "I love working here; we are like a big family." We looked at the allocation of staff working hours and how this was managed. For example, we asked one staff member about how they managed their own spiritual needs when rotas indicated that they worked on Sundays. They told us that the registered manager tried to ensure that all staff had fair rotas to allow their own private needs to be met and understood the need to work at a weekend. When we checked rotas we found that this person had been allocated a number of Sundays in succession. We spoke with the registered manager about this and they said they would speak to the staff member who plans the rotas to ensure weekends were allocated fairly and took into account staff member's spiritual needs.

The service had arrangement with students from the local university to complete placements at the service. Students were chosen because of their interest and study in health and social care. Placements were fully supervised by long standing well trained staff to ensure the placement was both beneficial to the service and the people living there and also to the student. One person confirmed that a student had just finished their placement in the last few months, they said, "She was nice." These arrangements gave people the benefit of additional staff to support them with their everyday lives and a further skill set to add to those already present with permanent staff.

Audits and checks were completed, for example, regarding health and safety, infection control and on medicines to ensure that safe practices were being followed by staff. This included stock counts of medicines at the beginning of each shift change over, which ensured that staff starting their shift could be assured that medicines were all in place and correct. The local dispensing chemist had attended the service and completed a medicines audit to check procedures were being followed and to offer any advice that was necessary. Any comments made, had been followed up by the registered manager. Policies and procedures were in place and it was noted that a recent staffing concerns had raised issues with the suitability of a particular policy. The registered manager confirmed that this particular policy was being updated.

Providers and registered managers are required by law to submit statutory notifications to the Commission as part of their registration. Notifications can include details of safeguarding concerns, incidents were the police have been involved or confirmation that a Deprivation of Liberty Safeguard (DoLS) application has been granted. We noticed that one safeguarding incident and one police incident had not been reported to us. We brought this to the attention of the registered manager, who apologised and said this was an oversight on their part. They agreed that they would submit these outstanding notifications retrospectively, which they did. We are dealing with this outside of the inspection process.