

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?

Good ●

Summary of findings

Overall summary

About the service: Syrian House is a care home supporting up to 17 people with mental health needs. At the time of inspection, there were 17 people being supported by the service. The home is set in well-maintained grounds in a quiet, suburban area of Sale, Trafford. The home is close to local amenities.

People's experience of using this service:

People felt safe while being supported by the staff team at Syrian House. Relatives also confirmed this. Staff had received training to enable them to spot and report any allegations of abuse. Staff were confident they could report any concerns and they would be acted upon.

Risk assessments were in place to mitigate the risks people presented. The risk assessments were regularly reviewed and involved people. Staff were aware of what risks people presented and could describe strategies in place to reduce risk to effectively support people.

Staff were recruited safely and had the appropriate pre-employment checks in place prior to commencing employment. Staff received regular supervision and training to enable them to carry out their job role.

The premises was regularly inspected to ensure it complied with lift, fire, infection control, gas and electrical regulations.

People received a thorough assessment of their needs to ensure the service was suitable for them. People's choices and preferences were captured on assessment and fed into care plans.

People were supported to receive a healthy and nutritious diet. People were given choice of what they wished to eat and had free access to drinks and snacks.

The service acted in line with the Mental Capacity Act 2005 and ensured people's capacity to make particular decisions were assessed. Where people could not make a decision and were being deprived of their liberty, appropriate referrals were made under deprivation of liberty safeguards.

People were supported to receive health surveillance and were supported to attend health and medical appointments when required.

We observed kind and caring interactions between people living at Syrian House and the staff team. People and their relatives told us, they felt cared for and the staff were kind to them. People were at ease with staff supporting them and staff had a good understanding of how to support people with their mental health needs.

Care plans were detailed and involved people and their relatives. They were regularly reviewed and updated to ensure accuracy.

People had access to a wide range of internal and external activities. People were supported to access the local community and were risk assessed to enable them to leave the home unsupported.

People and relatives knew how to make complaints and felt they would be listened to. No complaints had been received by the service since the last inspection. People felt comfortable to speak to the registered manager and staff which enabled any minor concerns to be dealt with promptly.

The registered manager had oversight of the service and monitored the quality of the service to ensure they provided high quality care.

People, relatives and the staff felt the registered manager was approachable and supported the staff team well.

Rating at last inspection: The last inspection of this service was on 14 and 16 September 2016 and was rated good in all of our key questions. The report was published on 14 November 2016.

Why we inspected: This was a scheduled inspection as part of our inspection process.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit, as per our programme of inspection. If any concerning information is received, we may inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Syrian House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of the type of care, Syrian House provides and talked with people about their care and support.

Service and service type: Syrian House is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided and we looked at both during this inspection.

The service had a manager registered with CQC. This meant that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced which meant the provider did not know we were visiting.

What we did: We used information we held about the home to inform our inspection planning. This included statutory notifications which is information about significant events, the service is required to tell us by law. We contacted the local authority to seek their views. Comments were positive about the service.

We spoke with the registered manager, a senior staff member, two care staff members, 10 people who were supported by the service and four relatives.

We reviewed two people's care files and associated care plans and risk assessments. We looked at three people's medicines and did a stock count. We reviewed documents in relation to the safety of the premises, three staff recruitment files, training records and supervisions. We also reviewed, staff meetings and meetings for people living at the home and quality assurance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe while being supported by the service. They told us if they had concerns, they would speak to staff, the registered manager or their family. One person told us, "[Registered manager] is very good, I can go to him." Another person said, "I feel safe here." Relatives, we spoke with told us their relative were safe with the staff team.
- Staff had received training in protecting vulnerable adults from abuse. Staff were confident they could raise any concerns and they would be acted upon.
- We saw any concerns had been raised appropriately with the local safeguarding team.
- Staff were aware of the service's safeguarding policy and procedure which was regularly reviewed.

Staffing and recruitment.

- Staff were recruited safely. Application forms were fully completed, and pre-employment checks were in place before employment commenced.
- People, their relatives and staff members told us they felt there was always enough staff on duty. We observed throughout the inspection, staff had the time to sit with people and talk as well as carry out activities. Rota's reflected a consistent amount of staff.

Using medicines safely

- People received their medicines safely and as prescribed.
- Medication administration records were fully completed. We checked stocks of three people's medicines and found them to be correct.
- The service had good processes in place to ensure people received their medicines as prescribed. People were aware of when their medicines were due and would visit the secure medicines room and obtain their medicines from a senior staff member.
- Senior staff were trained to administer medicines. Regular checks were recorded on senior staff competency to administer medicines safely.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and reviewed. Risk assessments involved people and gave advice to staff to manage the risk.
- Staff could describe the risks people presented and how to minimise risk to people. Staff were fully aware of how each person presented on good and not so good days, which meant they could actively manage and support any concerns in relation to people's mental health.
- The safety of the premises was regularly reviewed with external and internal checks of the passenger lift, fire safety, electrical, gas and water safety.

Learning lessons when things go wrong

- Accidents and incidents were reported, investigated and monitored for themes and patterns.
- Accidents and incidents were analysed to mitigate them occurring again.
- Strategies to manage further accidents and incidents fed into people's care plans and risk assessments.

Preventing and controlling infection

- Measures were in place to control the spread of infection. Staff received training in infection control and we observed them to use personal protective equipment such as gloves and aprons when required.
- The home was clean throughout.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their needs prior to moving into the service, to ensure the service could meet their needs.
- Assessments captured people's choices and preferences and fed into care plans.

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

- People were supported to receive a healthy and nutritious diet.
- We observed part of breakfast and lunch, which was a sociable event.
- People chose from a menu of what they would prefer to eat. Additionally, people could ask for an alternative meal if they wished. There were arrangements for people to access smaller satellite kitchens to make themselves a snack or a drink should this be suitable.
- Where people wished to eat a specific diet for religious or health choices, this was supported and recorded in the care plan.

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

- People being supported by the service had their health and wellbeing regularly reviewed by health professionals. This included reviews of people's mental health and medicines to ensure people remained well and medicines were assisting to manage conditions.
- Health reviews were clearly documented in people's care files and outcomes fed into care plans. Staff supported people to attend appointments which also included age related health surveillance.
- People were registered with a GP and told us they could see a doctor when they felt unwell.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People had their capacity assessed to make particular decisions. Where it was found the service was depriving people of their liberty to make a particular decision, an application was made to the local authority to deprive the person of their liberty.
- We saw where deprivations had been authorised, the information fed into care plans. Where some local authorities had not yet been able to authorise a potential deprivation, we saw the person was being supported in their best interests. This was also recorded in the care plan.
- Staff were able to describe any restrictions on people to keep them safe.
- The registered manager kept a tracker of when people's DoLS needed to be reviewed and re-applied for.
- People told us staff sought consent to enter their room or to help them with any tasks relating to personal care and support. We observed this throughout the inspection.

Staff support: induction, training, skills and experience

- Staff received an induction into the service which was in line with the Care Certificate. The Care Certificate is a set of agreed standards, staff working in adult social care are expected to adhere to. Staff told us the induction to the service was good and enabled them to get know people and read their care plans and risk assessments.
- Training records showed, staff received regular training, staff we spoke with also confirmed this. Staff were supported to attend training to ensure they understood how people and their mental health needs could be supported and to give them insight into people's conditions.
- Staff received regular supervision and appraisal

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

- The home was modern and well decorated. A recent refurbishment had enabled the medicines room to become more accessible and other parts of the home had been updated.
- People had their own bedrooms which were accessed from the main hallway. People were encouraged to furnish their rooms with their own possessions.
- The home was accessible to people with mobility difficulties and aids and adaptations were fitted where required to assist people to maintain their independence.
- Communal areas were relaxed environments and people had free access to the main parts of the building.
- The gardens surrounding the home were well cared for and fully accessible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind and caring interactions between staff and people who were supported by the service. People were clearly at ease with the staff team and appropriate humour was used as part of daily conversations. People told us the staff were kind to them and relatives echoed this.
- People told us they were able to spend time in their room and staff respected this. A relative told us although they worried about their relative, they knew they [person living at Syrian House] was well cared for and looked after.
- People were treated with dignity and respect. We noted people were called by their preferred name and were encouraged to be hygienic and well dressed. One person told us, "Staff help me out, they are helpful like that."
- People were protected from discrimination and were supported with their cultural preferences. This information was recorded in people's care plans.

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

- People and their relatives were involved in making decisions about their care. Relatives told us they were encouraged to maintain regular contact and were updated when needs changed.
- People were wholly involved in the running of the home. Regular meetings were held to discuss activities, menus and the decoration of the home. People had been actively involved in the recent refurbishment of the home and told us they had chosen colours and décor for rooms.
- Choice and control of how people wished to spend their day was at the heart of the service. People told us they can get up and go to bed when they want, make a snack and drink when they want, and some people were assessed to enable them to leave the home unaccompanied. The service strived to ensure people remained as independent as possible while supporting the person's mental health to be as stable as possible.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible and care plans worked towards improving and maintaining independence skills such as improving personal hygiene.
- We observed staff knocking on people's doors and gaining permission to enter. Staff spoke to people with respect and in a kind manner. We observed staff putting people at ease when anxieties were escalating and implemented strategies to reduce levels of anxiety.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by an established staff team who were aware of their needs. Staff knew people well and were able to intervene when people appeared anxious. We observed this throughout our inspection.
- Care plans reflected people's choices and preferences and gave detailed information on how to support each person. Care plans captured any goals to work towards and gave details of any restrictions on people under the Mental Health Act.
- People had one-page profiles in place which described likes and dislikes and how best to support them.
- People and their relatives told us they were involved in care planning and the reviews to ensure plans remained up to date.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats.
- A range of in house and external activities were available for people to join, if they wished. We observed a lively game of bingo, one person told us, "I enjoy bingo, I enjoy what we do here, I also helped to make Easter decorations." Another person proudly showed us some vegetables they were growing and told us the staff had helped them to plant the seeds. People were supported to access a range of community activities with and without staff support.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. People and relatives told us they were aware of how to make a complaint, if they felt they needed to. However, everyone told us, any minor concerns were dealt with promptly which meant they didn't escalate into a complaint.
- People told us the registered manager was a, "nice person" and "listened to me" and that the staff were approachable and listened to their worries.
- Comments from relatives were, "[Registered manager] is very approachable and we can talk to him about anything." and "I am absolutely sure any concerns would be taken on board; however, we are happy there are none."
- There had been no complaints made to the service since the last inspection.

End of life care and support

- People could be supported to remain at the home should they be at the end of life. The service had close links with health services such as GP's and district nurses to support the person to have the appropriate pain relief and support at the end of their life.
- The service was in the process of facilitating some end of life planning with people. They recognised the subject was difficult to approach for people and their relatives and wanted to plan end of life carefully and in

a person-centre way, should the person wish to do so. We will review this at the next inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, well-led was rated as requires improvement as statutory notifications informing us of particular events at the service were not always submitted to the Care Quality Commission (CQC). At this inspection, we saw all notification had been submitted as required. Therefore, this domain is now rated as good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a registered manager in post who was registered with CQC. The registered manager was experienced and knowledgeable and understood their responsibilities under their registration. The service was displaying their last CQC rating which was a legal requirement.
- The registered manager had good understanding of how to support people with their mental health needs and this was evident throughout our inspection, in their conduct towards people.
- Staff told us, and we saw regular meetings were held to update the team and share information. Staff felt this was good and one staff member told us, "The culture was is good". Other staff members told us they felt well supported by the registered manager and the home was a nice place to work.
- The staff team was well established, and many had worked at the service for a number of years. The staff were committed to supporting people and we observed relationships with people were positive.
- Staff had access to an electronic system to access policies, procedures and training. The service was in the process of updating records to become as paperless as possible.
- People told us, and we saw the service gained regular feedback on the provision. Responses were wholly positive.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives spoke positively about the whole staff team. Comments included, [Registered manager] is a gentleman, he knows what he's doing." and "I can't fault the staff team with [name], they are a credit to the home"
- Our observations were people and their relatives were able to engage with staff of all designations and staff knew people well.

Continuous learning and improving care

- Audits to monitor and improve the service were regularly completed to assure the service they were providing quality care and support. Any areas for improvement were promptly actioned.

- People's care files and medicines records were regularly reviewed for accuracy.
- The service had received the Dignity in Care award from the local authority, which celebrates the service going the extra mile in delivering dignity. They also held the Investors in People award for better leadership and workplaces.

Working in partnership with others

- The service worked closely with health and social care professionals, local authority contracts teams and the wider organisation to share ideas and ensure people were supported to receive high quality, good, person centred care. Professionals we spoke with told us, "We have no concerns with Syrian Lodge, they are responsive and work well with us."