HF Trust Limited

Severn Cottage/Rose House

Inspection report

4 Forbes Close
Ironbridge
Telford
TF7 5LE
Tel: 01952 433653
Website: www.hft.org.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection was unannounced and took place on 21 July 2015. At the last inspection in April 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

Severn Cottage and Rose House is registered to provide accommodation for up to 19 people with a learning disability who require personal care and support. On the day of the inspection there were 16 people living at Severn Cottage and two people living in Rose House. There was a registered manager in post. 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.

People were protected from harm by staff who had received training and had a good understanding of the different types of potential abuse and how to report suspected abuse. Most staff considered there was enough staff to provide people with the level of support they needed. However, some staff felt an improvement in

Summary of findings

staffing levels would provide people with greater opportunities to undertake personalised activities. Staff absences had impacted on staff morale. The provider had very recently recruited to vacant posts and were awaiting checks on new staff before they commenced work.

People were supported by staff who were trained and confident in providing people with effective care and support. However, not all staff felt supported in their work. Staff obtained people's consent prior to providing care and support and people were involved in making decisions. People were supported to access healthcare professionals and their health needs were monitored and reviewed but recommendations made by some professionals were not always swiftly acted on in relation to one person.

People liked the staff and found them kind and caring. Staff had developed positive working relationships with the people they supported and promoted people's dignity, privacy and independence. Staff were aware of people's individual needs and preferences and these were documented in the care records.

People were supported to follow their interests and maintain relationships with people important to them. People were involved in their care but this was not always reflective in the care records we saw. Some records had not been reviewed in line with the stated timescales. People knew who to speak with if they were unhappy with the service provided.

A new manager had been appointed and was being supported by the current registered manager. Not all staff felt positive about the culture of the service and had experienced change following a restructure of the organisation. The management team were aware of the strengths of the service and areas for further development including the need to improve record management systems. There were processes in place to gain people's views and to monitor the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Risks to people were identified and assessed but not always reviewed within the stated timescales.

Staff absences had sometimes impacted on the continuity of support people received.

People were protected from harm by staff who had a good understanding of the different types of abuse and how to report potential abuse.

People received their medicine as prescribed.

Requires improvement

Is the service effective?
The service was mostly effective.

People's consent was obtained prior to receiving care and support.

Staff had received training to meet people's needs but not all staff felt supported in their work.

People were provided with adequate food and drink and supported to access health services.

Good

Is the service caring?
The service was caring.

Staff were kind and caring and treated people as individuals.

People's privacy and dignity was considered and respected.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of people's care and support needs and staff were confident they were able to meet most people's needs.

People were supported to follow their interests and develop and maintain relationships.

People knew what to do if they had concerns about the service they received.

Good

Is the service well-led?
The service was not always well-led.

Not all staff felt the service was open and transparent or well-led The management team understood the strengths and areas for development.

Requires improvement

Summary of findings

There were systems in place to gain people's experiences and to monitor the quality of the service provided.

Severn Cottage/Rose 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 21 July 2015. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability. Prior to the inspection we had received concerns around staffing levels, and the level of care and support some people needed.

Before the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us with planning the inspection.

During the inspection we carried out observations of the care and support people received. We met and spoke with all the people who lived at the home, eight staff, a professional, a visitor, the newly appointed manager and the regional manager, who was currently the registered manager for the service. We looked at two records about people's care and support, medicine records, complaints, staff training and systems used for monitoring quality. We also spoke with another professional following our inspection.

Requires improvement

Is the service safe?

Our findings

Prior to and after the inspection we received concerns around staffing levels, and the level of care and support some people needed. Some staff shared concerns with us that they had been asked to work waking night shifts in addition to their rostered afternoon shift. This was when managers were unable to cover the shifts due to staff calling in sick at very short notice. Staff told us this was impacting on their health and wellbeing. The registered manager told us that between April and July one member of staff had done this on three occasions and the remaining staff had mostly done this once in this period. Staff said that issues relating to staffing levels and sickness had not been managed effectively and as a result this had impacted on the level of support people received. On the day of the inspection we saw there were sufficient staff on duty to meet people's needs. However, one person told us, "Sometimes we can't go out because they are short of staff". We spoke with the management team about the concerns raised. They reported they had a waking night vacancy and acknowledged that staff sickness had impacted on the number of hours staff worked. They confirmed they had on occasions requested staff work a waking night when they had exhausted all other options to get cover. They also told us they had also covered shifts themselves. We saw the management team had identified that staffing levels reflected the individuals need most of the time, however planned and unplanned staff absences had a negative effect on planning and consistency. Where possible permanent staff, bank and regular staff from two agencies were used to provide cover for sickness, annual leave and training to ensure as much consistency in the care and support people received. The registered manager reported they had very recently recruited to the vacant hours and as a result would be fully staffed pending satisfactory checks on staff appointed. Despite these recent appointments, permanent and agency staff were having to cover absences.

During the inspection, one person who lived at Severn Cottage told us, "I think there are enough staff here". All but two members of staff considered there were enough staff to support people. However, one member of staff said, "They could take on staff quicker, it takes months, we've had vacancies for eight months". Another member of staff reported that agency staff were being used at weekends to work alongside permanent staff. We looked at the staffing rota and saw most shifts had four staff on duty to support people throughout the day in addition to the new manager. This included one worker supporting the two people who lived at Rose House for four hours each evening and five hours on a Saturday and Sunday. We saw staffing rotas were planned in advance. Staff confirmed there was always a senior support worker on duty, as observed on the of the day of the inspection. An average of one shift per week had allocated administrative time to one member of staff; this resulted in only three staff being available to support people. Managers advised that the staff member would be available to support people if needed.

We spoke with people about how they felt safe. One person told us, "I feel safe and happy living here". Another person said, "Everything is safe; I can lock my room if I want to". Staff we spoke with told us they had received training in keeping people safe and protecting them from harm or abuse. They were knowledgeable in recognising signs of potential abuse and knew how to report concerns. One member of staff told us, "I would act immediately and tell my manager." Another member of staff said, "I've not observed any abuse and if I did, I would report it to the manager". The registered manager told us, "Staff understand that poor practice will be addressed and that people that raise concerns will be supported". Where allegations of abuse had been made these had been referred to the local authority who take responsibility for investigating concerns about alleged abuse. The registered manager reported that they had worked with the local authority and had produced an action plan to address some shortfalls identified. They told us the action they had taken to safeguard people who currently used the service. Following the inspection we received information of concern in relation to the care and welfare of six people who lived at the home. We referred these concerns to the local authority.

We saw risks to individuals had been identified, assessed and recorded in people's care plans but were not up-to date or reviewed in line with the stated date. The registered manager told us that they were changing the format for assessing and recording risks to people. These would be easier for staff to follow and include in-house and community based activities and would be completed by senior support workers. We saw there were systems in place to record accidents and incidents. Staff told us that some people may present behaviour that could challenge the service; and they had not been trained to support

Requires improvement

Is the service safe?

people in this way. This could mean that people were at risk of harm because staff were not able to appropriately support them. We shared these concerns with the registered manager. They advised that staff had received initial training in managing the behaviour of one individual who subsequently moved from the service. The registered manager told us had the person continued to live at the home further staff training from the provider's Specialist Skills Team would have been provided.

The management team explained the process for protecting people's finances. We saw procedures were in place for managing money held on people's behalf. We were advised that there had been some errors in staff calculating people's money and training had been offered to senior support workers. Managers considered the system was robust with wallets being security sealed and only staff deemed competent had access to people's finances. We saw the process being used during the inspection. The manager counted the money against the records held for one person before signing that they were accurate. We were told that financial audits were undertaken and the auditors were invited to site to gain clarity over the system used.

People told us they got their medicines. One person said, "The staff give me my tablets". This was confirmed in discussions with a member of staff who also stated, "People get their medicine as prescribed". We found managers had introduced a system for checking that people had received the right medicines following a number of errors. The new system involved a second member of staff checking that medicine administration records had been signed and people had been given their medicine as prescribed. Staff we spoke with told us they had been trained to safely administer medicines and explained how the registered manager checked their understanding before they were allowed to give people their medicine. The registered manager told us that staff responsible for administering medicine were due to be reassessed to check their competency. Medication was held and dispensed in people's own rooms to promote people's dignity with the exception of one person who had requested their medication to be stored in the office. We spoke with the member of staff who had designated responsibility for dealing with medicines. They explained the procedure and considered errors had reduced following the recent improvements made. They told us that the provider had a zero tolerance in relation to medicine errors and staff had been made aware that further errors may lead to them being formally disciplined. This was what the registered manager had also told us in their PIR. During the inspection this member of staff went to collect a person's prescription. We saw how they checked the person's cream in for the person it was prescribed for. The member of staff agreed to call the prescriber to query that the prescription was correct because the cream received did not match the doctor's prescription. We looked at the medicines and the records held for the people whose care we looked at in detail and found these people had received their medicines as required and their records were appropriately maintained.

Good

Is the service effective?

Our findings

People told us staff knew them well. Staff we spoke to told us that they felt they had the right amount of training to support people properly. One member of staff said, "I have been encouraged to continue training". Another member of staff told us, "I feel fully equipped to do my job". A third member of staff reported that a broader range of staff skills would have been helpful on each shift. For example staff that were able to drive and staff who were trained to administer people's medicines. They felt that this would enable them to take more people out on activities, and better support people to follow their interests. One member of staff told us, "I love it here and get given loads of training opportunities". We were told two staff were currently completing specialist training in preparation to support people's changing needs as they become older. We saw that staff had a good knowledge of people's support needs, and understood how best to communicate with people. We saw staff interactions with people were friendly and there was a lot of chatter and laughter. The new manager told us, "All the staff here know how to communicate with the people they support. The staff have been here a long time. I draw on their knowledge of people. They are good and know what they are doing".

The management team told us new starters had an in-depth induction which included face to face training, a work book and on line courses that were in line with the care certificate. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings. The new manager told us about their induction to their role and considered this and the training they had received to date was, "good and incredible". The registered manager advised us that a training co-ordinator was employed to work 10 hours a week for the service and said, "The training provided is massive". They told us that additional training was sourced whenever a need was identified. For example, staff had completed dysphasia training following an assessment undertaken by a professional for one individual. The new manager told us, "Staff absolutely get the training they need. If we identify it, they get it. It's one of the best organisations I have worked for with the amount of training provided". We were told all staff had access to on-line learning which was analysed by head office and signed off by the registered manager. Not all the staff we spoke with felt fully supported in their work. One person told us, "Supervision (one-to-one meetings) has not been very good for me…I kept asking for support to do the things I haven't done, but didn't get it". Another person said, "I give feedback in supervision but the issues are still the same". The registered manager told that staff were settling into new processes following the restructure had worked hard to take on board the volume of changes that the merger brought about.

Discussions held with people showed that staff always obtained their consent before supporting them. We also observed this during the inspection when a member of staff was supporting a person with their meal. The registered manager told us in their PIR that a large percentage of staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acknowledged that some staff still required this. Staff we spoke with had an understanding about people's capacity to make day-to-day decisions and manager's acknowledged the need to better evidence people's involvement in making decisions. They advised us of the purpose and outcome of a 'best interest' meeting that had previously been held in relation to one person who had since left the home and another meeting held in relation to another person's finances. On the day of the inspection we saw people were free to come and go as they chose. We were told there were no restrictions currently in place. The registered manager told us that they had submitted DoLS applications to the Local Authority for the people who required continuous supervision in the community. They told us some people had been assessed but authorisations to restrict people's liberty had not yet been granted.

People told us they enjoyed their food and they had enough to eat. One person said, "I look at the menu and choose what I want to eat". Another person told us, "We choose our own meals. I like the food". People told us they prepared meals and sometimes went shopping. We saw some people were supported with preparing their evening meal. Staff told us that they used picture menus to help people make a choice at mealtimes. Staff we spoke with were aware of people's dietary needs and were able to explain about people who had specialist diets, like soft food. The registered manager told us in their PIR, "Good food menus are in place for all but we need to ensure all staff are following these and that people are not putting on unnecessary weight". We saw a relative had expressed

Good

Is the service effective?

concerns in a recent survey about people's weight gain. The registered manager told us they had recently introduced a designated member of staff in the team who was in the process of reviewing meals, portion and plate sizes. Staff told us that they were encouraging people to eat more healthy foods, like fruit. We saw that there were bowls of fruit available throughout the day in the dining room. This meant that people had access to fruit whenever they wanted it. Food choices for lunch were displayed on a chalk board in the kitchen. There was a separate board that displayed the evening meal. One person told us people took it in turns choosing what they wanted to eat for their evening meals. During the lunch and evening mealtime we saw staff joined people at the dining tables and provided assistance to people where required. We saw staff respected the wishes of a person who chose to eat alone and provided the required support they needed.

People told us they saw health professionals. One person told us, "Staff phone the doctor or the dentist if I need them". A member of staff considered people's health needs were met and said, "There's lots of professional input here". During the inspection we saw two people were supported to attend their health appointments. The registered manager told us in their PIR, "If people need more support, then input from various members of the wider multi-disciplinary team is requested. Currently engaged with the service are occupational therapists, physiotherapists, counsellors, social workers and community nurses". Managers told us the service had an excellent working relationship with the doctor and psychiatrist and people were reviewed on a regular basis. The registered manager told us staff had supported several people with hospital admissions and had made themselves available to fulfil shifts at the hospital to ensure people were comfortable and that their needs were met. We saw a letter addressed to the registered manager from a relative thanking all the staff for the support they had provided whilst their family member was hospitalised. There was evidence in the care records we reviewed of staff liaising with healthcare professionals. We saw a number of professionals were involved in one person's care and a meeting was held at the home during the inspection. Feedback gained from two professionals suggested the provider had not consistently acted on issues identified and some recommendations made had not been actioned and could impact on the person's health and welfare.

Good

Is the service caring?

Our findings

People told us they were happy living at Severn Cottage and Rose House. One person said, “I am happy here”. Another person told us, "I talk to the staff; they take their time to listen. They are kind". A third person said, “The staff are good to me. Everything is explained and I understand”. A member of staff told us, “Staff are definitely very caring. They really do care and are here for the people we support. They love it; it’s not just a job to them”. The registered manager told us, “The staff are really good and know the people we support very well and give the right level of support”. We asked staff what was good about working at the home. Comments included, “There’s a lovely family atmosphere” and, “The people are wonderful”.

We saw staff taking time to talk with people about their wishes and we observed staff greeting people and asking about their day as they arrived home in the afternoon. Throughout the inspection we saw staff took time to listen to people and allowed them time to express their needs and preferences. One staff member told us “[person’s name] will tell me when she’s not happy and I will follow it up”. We observed staff comforting a person who was upset. We saw that staff knew the person well and understood how to calm them down.

One person told us, “I am involved in all the planning, everything is explained to me”. Another person said they had moved to Severn Cottage from a smaller home managed by the provider at their own request. They said they preferred living at Severn Cottage. People told us they chose when they got up and what they wanted to do. For example, one person said, “I have a lie in of a weekend”. We were told person centred active support (PCAS) training had been started on the site and was due to start in the home. PCAS has a requirement of observational supervision which has been proven to increase the quality and opportunities offered to people. We saw some people were supported in maintaining their daily living skills, for example by preparing and helping with the meal preparation and assisting with their laundry. One person told us, “I do my own washing in the washing machine and share the cooking and cleaning”.

Staff we spoke with had a good understanding of people’s different communication needs and were able to tell us how they communicated with people. One member of staff told us, “It stops people getting irritated if we know how best to communicate”. Staff told us that they used a variety of communication methods including speech, pictures, photo books and Makaton books. However, we did not see all of the staff using these communication aids on the day of the inspection. The new manager told us they were looking to introduce a pictorial communication board for people living in Rose House. The management team told us that some staff had completed Makaton training and other staff were due to attend training that had been arranged to take place shortly. Makaton is a form of communication system that involves the use of signs, symbols and speech to help people communicate their needs.

We spoke with people about their privacy and dignity. One person told us, “Sometimes I lock my bedroom door”. Another person said, “Sometimes I like my own space, the staff don’t mind at all”. We saw staff respected people’s choices about gender specific care. People felt staff respected them and their privacy and dignity. Staff explained to us how they supported people in a way that protected their dignity; they told us they asked people’s permission and closed bathroom doors before supporting them with personal care. One member of staff described how they made sure that the person they were supporting was happy. They told us they always asked people who they would prefer to support them with their personal care. One staff member said, “It’s all about choice.” Another staff member told us “I just ask people, most people can tell you when you ask”.

Good

Is the service responsive?

Our findings

People told us they got the care and support when they needed it. One person told us, "I am involved with discussions about me and my family is involved". Discussions with staff showed they were aware of people's preferences. Staff told us that they felt the service was centred on people's individual needs. They explained how people were involved in the planning and reviewing of their care. They told us that people attended an annual review and that people's relatives were also invited. We looked at two people's care records. We saw one person's care plan stated there was to be an annual review however; there was no evidence of a review to discuss any changes in their care and support needs. The registered manager told us in their PIR, "While support plans are updated regularly a full review is underway. Review meetings will be held in due to course to ensure the new manager gets to know the families of the people we support". We saw the manager was working on implementing new care documentation so that information held about people was more readily available for staff. They showed us the care plan they were developing for the person who had been admitted to the home some months earlier. They told us the care plan was being developed in conjunction with the team as they were still getting to learn about the person and their changing needs. We saw the home had obtained an assessment of the person's needs and a care plan from their former placement. Staff demonstrated a good knowledge of the person. However, not all staff we spoke with considered the person was in the right service and were not confident they were able to meet the person's complex needs. We were told meetings had been held with professionals who had an input into the person's care to monitor and review their care. The management team acknowledged that the person's needs had changed and the environment could be improved in the person's best interests.

We saw people were supported to follow their interests. One person told us, "Today's my day off. I'm not doing much today. I like watching the soaps on television". We saw another person spent time in their room listening to music and staff regularly checked on them and provided one-to-one support at various times throughout the day. Most people were out of the home pursuing various activities each day. One person told us they had travelled on the bus to a local college to do a course that they enjoyed. Another person said, "I like to go to Telford town centre. I have got a bike in the shed; sometimes I go for a bike ride around here at weekends when I'm not so busy. I might be starting a job in Ironbridge". A third person told us, "I go on my own on the bus to Telford town centre. I go to the bank myself to get my money. It's good living here". One person showed us the garden nursery that was on site that was attended and cultivated by a number of people. Some people invited us into their rooms. We saw people were supported and encouraged to personalise their own space as they chose. We heard a member of staff ask a person if they wanted to go bowling or to the cinema the following day but they declined. One member of staff told us, "You notice things about people every day. People blossom and you get to see it". Another member of staff said, "I think they are achieving a wonderful standard of life". We were told people continued to be supported to have a holiday each year based on locations of their choice, alternatively day trips were provided for people who preferred not to be away from home. One person told us activities provided were sometimes "subject to staff availability".

We saw people were encouraged and supported to maintain relationships. One person said, "I have got plenty of friends. I am happy living here". They went on to tell us they "got on alright" with the person they shared their home with. They told us their family visited them regularly and they also spent time visiting their family and went on holiday with them. Another person told us they were able to visit their family whenever they wanted. We saw visitors to the home were made welcome. A visitor told us, "I come here a lot to see [name of person], he is my friend".

People knew what to do if they had any concerns. One person told us, "Staff explain everything to me and I understand. If I am worried I will talk to the staff. If I feel unhappy or want to complain I tell the staff". Another person said, "If I'm worried I can talk to a member of staff. They listen". We were told people had access to the provider's complaints procedure in an easy read format. Staff knew the home's procedure for handling a complaint and told us that there were forms to complete. There was a system in place so that people could provide feedback during meetings called 'Hear Me Now'. This meant that people had different options for raising concerns, and could speak with staff from either inside or outside of the home. We were told a new compliments and complaints system had been launched and all new compliments and complaints were uploaded onto the system. The registered manager told us, "All complaints are fully investigated and

Good

Is the service responsive?

action plans of lessons learnt exercises completed". They shared with us the complaint they had received since the last inspection, the action taken and the outcome. They told us that they encouraged complaints so that "any niggles could be resolved". We saw compliments and complaints were raised at a recent family forum meeting held. Minutes of the meeting showed the registered manager had urged people to put any concerns in writing to ensure all complaints were dealt with under the formal complaints procedure and could be acted upon.

Requires improvement

Is the service well-led?

Our findings

The registered manager told us in their PIR that the local authority had identified some examples of poor reporting. As a result they had devised an action plan to address the shortfalls identified and told us, "Strict monitoring is still needed". They told us the action they had taken to learn from this, which included all staff being required to complete report writing training. We saw this was still an area requiring further development based on the records we reviewed. For example, the lack of evidence to support decision-making processes, minutes of some meetings were not readily available or accessible to staff and daily records were not descriptive. This meant there was a risk of people not receiving consistent care. We saw the need for recording and providing an audit trail of actions completed had been identified as an area requiring development in a recent staff meeting held.

Audits were used as guides for improvement to include health and safety. We were told a compliance audit had been undertaken by an internal team on all of the provider's Shropshire and Staffordshire services. An action plan had been developed to address the recommendations made. The registered manager advised us of the progress made in relation to this service. Following the inspection the registered manager shared a compliance audit tool that had been introduced in the organisation mapped to CQC's five key questions about whether the home was safe, effective, caring, responsive and well-led. We were told the audit was repeated each month and signed off by the provider. We saw a number of areas had been assessed as requiring improvement to include transferring information onto new paperwork. The registered manager told us that progress had been made since the last audit and acknowledged there was still work to do on improving the service. We saw house meetings with people were held but had not taken place on a regular basis. Likewise, minutes of team meetings held were not readily accessible to staff or inspectors on the day of the inspection. Therefore managers were unable to evidence any recommendations made had been actioned.

We saw there was a positive rapport between people who lived at the home and the managers on the day of the inspection. People looked relaxed and happy in the company of the management team and the staff on duty. The registered manager told us in their PIR, "The culture that is promoted on site is very much that each service is part of one much bigger team and we all are working together to achieve the best outcomes for people". However, not all of the staff we spoke with felt they were fully supported in their work or that the culture of the service was open and transparent. One member of staff commented, "There can be an atmosphere between staff. People pick up on it". Another member of staff told us they thought the service was "sometimes" well managed. Some staff reported managers were not always visible across the home or acted on their suggestions for improvement. A member of staff told us, "We make suggestions…we get about 10% of what we ask for". Another member of staff told us actions they had raised with the registered manager had not been acted upon. We asked staff if they were supported to question practice. One member of staff said, "I tell them straight – I've been told off for it, but I think it's best". The registered manager told us they had carried out one-to-one meetings with staff between February and June that specifically encouraged staff to raise any concerns they may have about the service and the people they were supporting. A member of staff reported that staff morale was, "A bit down". They said, "It's difficult to put your finger on exactly what it is but I think it's due to staff sickness and not having permanent waking night staff". One member of staff told us, "Any issues raised stop at the manager". Some staff considered issues relating to staffing levels and sickness had not been managed effectively. The management team acknowledged staff had experienced a challenging time and had worked hard to take on board the restructure and volume of changes experienced. They also acknowledged that staff sickness had impacted on the number of hours staff worked and staff morale. They told us how they were addressing the issues raised and reported they had recruited to the vacant posts. We were told that due to the merger and changes in the management structure, there had been a delay is getting staff appraisals completed.

The home had a registered manager in post who was registered with the Care Quality Commission. A management restructure had been completed. A new manager had been appointed to manage the home on a day-to-day basis and release the current registered manager who also holds the post of Regional manager for Shropshire and Staffordshire. The registered manager told us that following the handover to the new manager they would move to developing and monitoring the service

Requires improvement

Is the service well-led?

provision. We met the new manager who commenced working at the home in April 2015. They confirmed they were nearing completion of their induction and would be submitting an application to become the registered manager with CQC. The registered manager told us in their PIR, "The service has been through a lot due to the merger and management restructure and has coped admirably however it would be wrong to deny that there has been no impact with the occasional thing being missed". They considered a dedicated manager would prevent this from happening in the future. The management team were aware of the strengths of the service and areas for development and shared these with us. The registered manager told us, "We know where we want to be and we know where we are".

The provider had some systems to monitor the quality of the care and support people received and to obtain feedback about the home. One person told us their relative visited the family forums that were held quarterly. Another person said, "I see [name of registered manager] at the meetings in the main hall, sometimes they visit Severn Cottage. One person said the registered manager held regular meetings in the central hall on the site to share and update future plans and events and happenings. We saw these meetings were recorded and a relative had expressed satisfaction at the improvement in the standards and transparency under the new provider. Minutes shared with us of a recent meeting held showed people were provided with opportunity to raise questions. We saw questionnaires had been sent to people's families to gain feedback on the quality of the service provided. Feedback gained was generally in the main positive. We were told an action plan would be devised and shared with people. Residents' meetings took place so people could share their views and suggestions. The minutes of a meeting held in March were not available on the day of the inspection but a copy was later forwarded to us. These were brief and detailed people's suggestions but we were unable to establish if suggestions had been acted upon. We saw views of staff and people's relatives had been obtained through the use of surveys. The majority of feedback from people's families was positive with some areas suggested for improvement including people's diet and activities. We saw staff had been given the opportunity to share their views on the service, however the feedback obtained was for the region and not specific to this home.