

HF Trust Limited

Severn Cottage/Rose House

Inspection report

4 Forbes Close
Ironbridge
Telford
Shropshire
TF7 5LE

Tel: 01952432065

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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

Our inspection took place on 7 September 2016 and was unannounced. Severn Cottage/ Rose House provides accommodation for up to 19 people with a learning disability who require nursing or personal care. At the time of our inspection, there were 18 people using the service.

At our last inspection on 21 July 2015, we found there was not always enough staff on duty to keep people safe and meet their needs and the service was not always well led. At this inspection, we found the registered manager had made the required improvements.

There was a registered manager in post at the time of our inspection. 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. The registered manager received support from a staff team, which included senior support workers and support workers.

People received care and support, which kept them safe, and staff protected people from the risk of harm. Staff understood people's risks and took action to help keep people safe. The registered manager had systems in place to make sure staff were recruited safely and there was enough staff to meet people's needs. People received their medicines as prescribed and staff administered them safely.

People received care and support from staff that had the skills to meet their needs. The registered manager and staff understood the principles of the MCA and DoLS and could apply these when delivering care and support. People were asked for their consent to receive care and support. People had access to a choice of meals and received support to maintain a balanced diet. People with special dietary requirements had their needs met. People were supported to maintain their health and wellbeing.

People had caring relationships with the staff and other people who used the service. People were able to express their views and be involved in decisions about their care and support. People were encouraged to maintain their independence and develop new skills. People had their dignity and privacy respected by staff.

People were involved in developing and reviewing their care and support plans. The care plans were personalised and responded to people's needs. People were supported to do things they enjoyed and follow their interests. People were able to raise issues of concern and make complaints and the registered manager had systems in place to investigate and learn from complaints. The registered manager had systems in place to listen to people and their relatives and used this information to improve the service people received.

People could talk openly to staff and the registered manager who promoted an open culture. Management systems were in place to support staff to deliver effective care and support. The registered manager

monitored the quality of the service and they listened to people's feedback and made improvements to the services as a result.

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 safe; staff could recognise abuse and knew what action to take to keep people safe.

People had plans in place to manage risks, which staff understood and followed. Where there was an accident or incident this was recorded and reviewed.

People received support from a safely recruited staff team and there was enough staff to meet people's needs.

People's medicine were stored safely and administered as prescribed. The registered manager had systems in place to manage medicines safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff that had the skills and knowledge to understand their role.

People had their rights protected by the provider and were asked for their consent before care was delivered.

People had access to a choice of food and drinks and received support to maintain a balanced diet.

People were supported to monitor their health and seek advice from healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People had developed caring relationships with the staff and had friendships with other people who used the service that were important to them.

People were supported to express their views and be involved in

decisions about their care and support.

People received support from staff to develop new skills and maintain their independence.

People had their dignity and privacy respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support and were involved in developing and reviewing their care plans.

People followed their individual interests and had support to spend their time doing things they enjoyed.

People understood how to make a complaint and there were systems in place to investigate and learn from complaints.

People could share their views about the service and the registered manager used this to make improvements.

Is the service well-led?

Good ●

The service was well led.

People talked openly to staff and the registered manager and the service was person-centred.

The registered manager had systems in place to support staff to deliver effective care and support.

The registered manager monitored the quality of the service and people's feedback was used to make changes.

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 7 September 2016. The inspection team consisted of one inspector.

As part of our inspection, we reviewed the information we held about the service including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used this information to help us plan our inspection.

We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document we ask providers to complete to provide information about what the service does well and what improvements they plan to make. We used this information to help us plan our inspection.

During our inspection, we spoke with four people who use the service and two relatives. We also spoke with the registered manager, a senior support worker and three support workers.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records, which included the care records of three people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including staff rotas, compliments and complaint policy, accident reports, meeting notes, monthly audits, and medicine administration records.

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person told us, "I feel safe here; the staff are here all the time to keep us safe". Relatives told us they felt their family members were safe, a relative told us, "[My relative] is kept safe by staff I have no concerns at all about safety". We saw records of reports to managers about concerns and the action that had been taken to investigate this by the registered manager. Staff understood the different types of potential abuse and could tell us what action they would take to keep people safe. Staff understood the appropriate action to take if they witnessed or suspected abuse and had confidence in the fact these would be addressed. Staff told us they understood there were external agencies they could talk to if the service did not address their concerns. One staff member said, "Any concerns we have about people must always be reported and recorded". Another staff member told us, "If the manager did not act I would report my concerns to an outside agency". This showed people felt safe and received support from staff who understood how to keep them safe.

People and their relatives told us staff helped to reduce risks to safety. One person said, "Staff have to help me now with making drinks as I am struggling to carry the cup and could hurt myself". At our last inspection we found risks to people were identified and assessed but not always reviewed within the stated timescales, the provider had taken action to address this. During the inspection, we saw staff following the risk assessments for people and looked at risk assessments and action plans in people's care records. We found the completion of these were done to help reduce risks whilst promoting independence and were reviewed on a regular basis. For example, we saw staff followed the plan put in place to keep one person safe whilst they were eating their food. Staff told us about the risk to this person, the actions they needed to take to reduce the risk and the support they had from a health professional in working out the action plan. This showed that people were protected from the risk of harm.

Where people had an accident or an incident occurred, we saw records, which showed us the staff and registered manager took appropriate action to deal with the situation and prevent them from happening again. For example, one person had an accident causing a minor injury; the accident report showed the action taken to deal with the injury and detailed the investigation to determine the cause. This showed the registered manager had systems in place to take action when people had an accident and reduced the risk of re-occurrence.

People, relatives and staff told us there were enough staff to support people safely. One person said, "Staff are always here to help me with things". A relative told us, "I have no concerns, from what I have seen there are enough staff to support people". At our last inspection we found staff absences had sometimes affected the continuity of support people received, the provider had taken action to address this. On the day of the inspection, we saw there were enough staff on duty to meet people's needs. People had support throughout the day and there were enough staff to ensure people could go out into the community, attend medical appointments and be supported with their needs. Staff told us there were enough staff to meet people's needs. However most staff said it would be nice to have more staff on duty over the weekend as there were less staff available to take people out on weekends. One staff member said, "There is enough staff it works well". Another said, "Weekends have less staff so it makes it more difficult to take people out". The registered manager told us there were systems in place to ensure there were enough staff and there was one less staff member on some weekend shifts due to shift patterns, but this did not affect people's safety. We saw the

records of the staff available to support people for the previous four weeks, which showed there were enough staff available to support people. This showed us the registered manager had enough skilled staff to meet people's needs.

People received support from safely recruited staff. Staff told us they had checks carried out to see if they were suitable to employ before they could begin work, which included references and checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. We saw staff records, which confirmed what staff told us. This showed the registered manager had systems in place to recruit staff safely.

People told us they received their medicines safely. One person said, "The staff help me with my medicine I have to take quite a lot of tablets at the moment, they know when I need them". We saw medicines were stored safely. People who needed medicine on an 'as required basis', had their medicine when they needed it and an individual plan for these medicines was in place. We saw the correct completion of medicine administration records. The registered manager told us in the PIR submitted before the inspection that the service supported people to self-administer their medicine. During the inspection we saw two people administered their own medicine where assessed as safe for them to do so. There were systems in place to check for medicine errors and we saw these were effective. People had their medicine according to the individual instructions. Staff told us they had training and competency checks before they could give people their medicine and felt confident in administering medicine. One staff member said, "I feel confident giving people their medicines". This showed people had their medicines administered safely and as prescribed.

Is the service effective?

Our findings

People received effective care and support. Relatives told us they felt staff had good levels of training and experience in supporting people. A relative said, "The staff know what they are doing". Another relative said, "They know [My relative] really well". We saw staff using the different skills throughout the day of the inspection when they provided care and support. For example, staff used a form of sign language to communicate with two people. Staff used pictures to help people understand things and make choices. We saw staff using procedures to prevent infection control such as wearing gloves and aprons. Staff shared their knowledge of how to communicate with one person with us on the day of the inspection to make sure the person did not become anxious. Staff told us the training they received was effective in giving them the skills to do their job. One staff member said, "The medicine training was good, it included shadowing and observations, I was able to ask for more support to help me gain confidence before I had my competency checked". The registered manager told us staff training was updated on a regular basis and the records we saw supported this. Newly appointed staff told us the induction programme covered all areas of the job role and included shadowing staff that were more experienced. This showed people received care and support from staff that had the skills to meet their needs.

People who had the capacity to make decisions gave consent before staff provided care and support. Relatives told us people were asked for their consent before receiving care and support. We saw staff asking people for consent when giving care and support. For example, staff asked someone if they were ok to get ready to go to a medical appointment and spent time, making sure the person understood what they were being asked. Staff understood they needed to seek consent and could tell us how they did this with people. They told us about consent forms which people had signed for some aspects of their care. The care records we saw supported what staff told us.

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. We saw where staff thought people lacked capacity to make a decision about aspects of their care and support an assessment had been carried out. Where someone did not have capacity to make decisions these were made in people's best interests with all relevant people involved. The records we saw showed this happened on a decision-by-decision basis for people. This showed the provider was following law and guidance in seeking people's consent to care and treatment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the registered manager told us there was no DoLS in place however; they were in the process of making applications for some people to the Local Authority for consideration. The registered manager was making sure where people's liberty was deprived it was done in the least restrictive way whilst they were making the applications for the local authority to consider. Staff told us they understood what depriving someone of their liberty was and

gave examples such as people who needed to be supervised when they left the building. Our observations supported what we were told. This showed us the registered manager understood how to protect people from having their liberty restricted.

People had a balanced diet and enough to eat and drink. People told us they enjoyed the food, and we saw people enjoying their lunch. One person said, "I really enjoyed my lunch". Another person said, "I can make my own breakfast in my kitchen". One person told us staff reminded them what food had sugar in to help them manage their diabetes. Relatives told us they were pleased with the way in which people were supported to have a healthy diet. One relative said, "The staff are helping [my relative] to follow a healthy diet, the weight loss is great they are much healthier now". People told us they could make themselves a drink whenever they wanted to and helped with cooking meals. People told us they could choose whatever they wanted to eat. We saw people using the kitchen area to prepare food and drinks throughout the day of the inspection and that people had a choice of what they wanted to eat. Staff supported people who could not communicate verbally by showing them different food options to choose from and people pointed to their preferred choice. People told us there was a party on the evening of the inspection to celebrate one person's birthday and there would be a buffet tea for everyone. Staff told us they understood people's dietary needs and preferences and we saw staff make sure people had food and drinks in the way set out in the care plan. We saw daily records were in place to monitor people's diet. This showed people had access to a choice of meals, which provided them with a healthy balanced diet.

People told us they could gain access to health care professionals. One person said, "I have had support with my hospital appointments". Relatives told us, there was good access to health care and people were supported to access any appointments. Staff told us they could gain access to medical professionals for people when they needed to. We saw one person being supported by staff to attend an appointment with a health professional on the day of the inspection. We saw where people had received advice from a health professional this was documented in their care records and staff understood how to follow this advice. For example, there was specific advice for staff to follow when people had sudden changes to their health. A doctor provided this advice and the records showed this had been reviewed regularly. This meant people had support to ensure they maintained good health.

Is the service caring?

Our findings

People had caring relationships with the staff and other people who used the service. One person said, "The staff here are very nice, they help me with things". Relatives told us the staff are caring and have good relationships with people. One relative said, "The staff know all the little important things about how [my relative] likes things done". Another relative told us, "[My relative] calls the service home, which shows she is cared for". During the inspection, we observed people interacting with staff. Staff appeared to know people well and had meaningful conversations. People were observed approaching staff to talk about things and staff made time for them. For example, we saw one person ask staff to help them make a picture of one of their favourite things and staff supported this person to do this whilst talking to them about why it was important to them. The day appeared to be worked around what people wanted to do and staff were focussed on engaging with people. Staff knew people well and could talk about important things that mattered to them. For example, they could talk about people's interests, their relatives and important life events. People appeared comfortable approaching staff and the registered manager during the inspection to chat and ask questions. This showed the staff spent time talking to people and developing caring relationships.

People were communicated with in an appropriate way by staff who understood their individual needs. During the inspection, we saw staff using sign language to communicate with two people who could not communicate verbally. We saw staff were patient with people who found verbal communication difficult and they helped people explain what they wanted to say. Staff encouraged people to express themselves and to ask questions. For example, one person asked staff what the inspectors name was when they came back from an outing and the staff member encouraged the person to ask and speak to the inspector. People appeared comfortable when talking to staff and staff were positive in their interactions with people. The care records showed people's communication needs and how to communicate with people effectively. This showed staff understood people's communication needs.

People were able to express their views and be involved in decisions about their care and support with support from staff to understand the decision and consider the options. People told us they were able to make decisions for themselves. One person said, "I decide everything for myself, I had to make a decision about having some medical treatment and I did this myself". A relative told us, "The staff always involve [my relative] and me in decisions about things" We observed staff encouraging people to make decisions for themselves about many different things during the day of the inspection. For example, one person was asked about what type of holiday they would like to go on next year. Another person was asked about which music they wanted to have on in the lounge. People told us they had been able to decide how they had their rooms decorated and what meals they wanted to prepare. The registered manager told us all decisions about care and support were discussed with people and staff took time to make sure people were supported to make their own decisions. This showed people had support to express their views and made decisions about their care and support.

People had their independence promoted by staff. People told us they had their independence in many different aspects of their lives. For example, one person told us about preparing their own meals in their own

kitchen. Whilst other people told us, they made their own drinks, went out to the shops and sorted out their clothes. One person said, "I like having my own flat and having my own space". During the inspection, we observed staff encouraging people to do things for themselves such as make telephone calls to relatives, set the table for lunch and make their own sandwiches to take with them to work. Staff told us they encouraged people to be independent and gave examples of people who had been encouraged to travel independently and have volunteer roles. The registered manager told us everyone was encouraged to be independent and said that some people living at the service had a semi-independent living space. The registered manager told us staff supported people to develop new skills and helped people to find job roles, offering support to people where needed and building people's confidence in carrying out their role. People's care records described how staff should support people to maintain their independence. This showed the registered manager had systems in place to encourage people to be independent.

People using the service had their privacy and dignity respected and promoted. People told us they could spend time on their own or spend time with their friends. Relatives told us, "The staff are really good they always protect people's privacy". We observed staff making sure people had their privacy protected and were respectful. For example, the staff knocked doors of people's rooms and waited to be told to come in. Staff asked people to go to a private area when they wanted to talk to them about their care and support. Staff told us some people were able to write their own daily records so they could decide what information to share about their day with staff, the records we saw supported this. The registered manager told us, "I undertake observations to make sure staff maintain people's dignity, for example I check to make sure they are working with the person at the centre". This showed people had their dignity and privacy respected.

Is the service responsive?

Our findings

People were involved in developing and reviewing their care and support plans. People told us they talked with staff about what was important to them and how they liked things done. One person said, "Staff know when they speak to me they have to be in front of me so I can hear them". People told us staff understood their needs. One person said, "The staff support me to manage my health, they remind me what I need to do to stay healthy". A relative said, "We have meetings to discuss how things are going and make changes to the care plan". Staff could tell us about people who used the service and understood their preferred routines. Staff were observed using the knowledge they had about people to give them support during the day. For example, one staff member used the knowledge and skills they had developed in communication to support one person to make a decision. Staff told us people discussed their care and support with them on a regular basis to decide how they wanted their care and support delivered. Staff told us they made sure people were at the centre of all the decisions about their care and support. The care records we saw gave information about people's preferences and details about how people responded to things. For example, one care record included information about hand gestures and what this meant for that person. Another had information about what people worried about and described a system, which had been put in place to make the person less anxious. We saw people were supported to discuss what they wanted to happen at the end of their life. The discussions had involved relatives where this was appropriate and people were supported to make a plan detailing their wishes. When we spoke with staff, they confirmed they knew this information about people. The registered manager told us people were involved in reviewing their care plans regularly and they were in the process of implementing a new care planning system, which would enable them to develop their care records further to capture the knowledge staff held about people. This showed people received care and support which was responsive to their individual needs and preferences.

People told us they received support from staff to follow their interests. People gave examples of the types of things they enjoyed doing during the day. One person said, "I like to go out into town". Another person said, "I like to listen to my music". During the inspection, we saw people doing a range of different things. Some people spent time in their room; others went outside for a walk in the local community. One person travelled independently to their voluntary placement. Whilst other people accessed a service close by that offered individual and group activities. Some people had been doing gardening and others had done crafts. People were involved during the day in preparing a party, which was planned for the evening. We saw people were occupied doing things they enjoyed and undertaking daily living tasks such as washing up and meal preparation. Staff told us about the variety of things people enjoyed doing and how people had support to try different things. One staff member told us, "I have had to learn to knit so I could support [a person] as they enjoy this". The registered manager told us in the PIR, people had been supported to set up their own healthy eating group. This involved discussing healthy eating, monitoring people's weight and preparing and eating healthy meals. We saw people approach the registered manager to ask for the weight monitoring to be done during the inspection, this created conversation between people, people's relatives told us the group had a positive effect on people's health. This showed us people could do things they enjoyed and had support to follow their interests.

People told us they could approach staff and the registered manager if something was wrong and they would get the help they needed. One person said, "I would tell [a staff member] or the registered manager if something was wrong, they would help me sort it out". Relatives told us they could raise issues or concerns

and always received a response. Staff understood the complaints procedure and could tell us how they would manage a complaint if they received one. We saw daily records recorded any concerns people had raised and what action had been taken. There had not been any formal complaints made to the registered manager since the last inspection however, we saw a complaint procedure was in place to manage any concerns. The registered manger told us the provider had a system for reviewing all complaints, which were investigated, and any learning shared with the service. This showed us people could raise issues of concern and the registered manager had systems in place to receive investigate and learn from complaints.

Is the service well-led?

Our findings

People could talk openly to staff and the registered manager. People, their relatives and staff told us they could approach the registered manager about things and felt they could be involved in how the service developed. For example, one relative told us, "The registered manager is always approachable and we are asked for our views on how things are run when we attend meetings". At our last inspection, we found not all staff felt the service was open and transparent or well-led, at this inspection the registered manager had made the required improvements. Staff told us they could discuss things with the registered and they felt the whole team was open and supportive. One staff member said, "The registered manager is supportive, you can always ask for help". We observed the registered manager was available to people and staff during the inspection and we saw people and staff were able to approach the registered manager for advice about care and support. For example, we saw one person speak to the registered manager about their plans for a visit to see relatives. The registered manager told us about the provider model for providing support, which is person-centred we spoke to staff about this and they could tell us what the model was about and how they used it to give people more control over their lives. This showed the registered manager promoted an open culture, which was person-centred.

A registered manager was in post. The registered manager understood their role and responsibilities. The registered manager had notified us of significant events in line with guidance. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe. The rating from the last inspection was on display at the service and on the provider website.

The registered manager had management systems in place to support staff to deliver effective care and support. Relatives told us the home was well managed and they had good communication with staff. One relative said, "I have regular emails from [my relatives] key worker about things, it's great". Staff told us they thought the service was well managed and the registered manager supported them through regular supervisions and team meetings. One staff member told us, "The team meetings are really helpful and we can all speak freely". Another staff member said, "The handover is good, it's efficient and staff tell us what we need to know". We saw records, which supported what staff had told us. The registered manager told us the provider was supportive and invested in staff training to make sure people had the skills to carry out their roles. For example, all staff had the opportunity to complete nationally recognised qualifications and could progress. This showed us the registered manager had systems in place to support staff.

The provider and registered manager had systems in place to monitor the quality of the service. For example, the provider had a quality monitoring system in place, which monitored key aspects of the service on a monthly basis. We saw the quality monitoring system was aligned to the key lines of enquiry we use to inspect the services we regulate. The registered manager told us following the monthly monitoring they had an action plan in place for any areas of improvement highlighted with details of the actions they had completed. The records we saw supported this. There was a weekly medicine audit carried out which identified concerns about medicine administration and showed the action taken to address these. This showed there was a system in place to monitor the quality of the service.

People were able to express their views about the service. People told us they had meetings to talk about things in the service. Relatives told us they attended a family forum every few weeks and any issues raised were dealt with promptly. At our last inspection, we found the provider could not evidence actions taken following meetings with people that used the service. At this inspection, we found the registered manager had made the required improvements. We saw when the meetings took place records were kept of what people had asked for and action was taken. For example in one meeting record, it showed a person had asked to visit somewhere important to them. We spoke to the person about this and they told us staff had taken them. The registered manager told us relatives were sent questionnaires about the service asking what they would like to see improved. We looked at the returned questionnaires and saw one relative had asked for better communication with staff. We saw this was discussed in a staff meeting and a decision was taken to give relatives staff email addresses so they could communicate more easily with staff. This showed us the registered manager had systems in place to listen to people's feedback and make changes as a result.