Mrs Gail Fraser

Harper House - Stourbridge

Inspection report

2 Cathcart Road
Stourbridge
West Midlands
DY8 3UZ

Tel: 01384441469

Date of inspection visit:
25 February 2019
05 March 2019

Date of publication:
02 May 2019

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:
Harper House is a residential care home which provides accommodation and personal care for up to five people with a learning disability and/or autistic spectrum disorder.

People's experience of using this service:
•□There was a calm and relaxed atmosphere in the home. People were familiar and comfortable in staff presence and we heard animated conversation and laughter throughout our inspection.
•□People had lived at the home a long time and relatives told us they were happy with the care and support their family member received.
•□Information about people's care needs and wishes were detailed in person centred support plans which were regularly reviewed and updated when there had been a change in people's needs.
•□People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.
•□The staff worked closely with other health professionals so people's health and well-being was maintained.
•□There were gaps in environmental risk assessments completed as the fire risk assessment had not been completed in line with required timeframes and by a competent person as dictated by legislation. This was a legitimate oversight and the provider did everything they could to remedy this whilst the inspection was ongoing and got a fire risk assessor to visit the home whilst we were on site.
•□All other safety certificates and required risk assessments were in place.
•□Systems continued to be maintained to help ensure the safety and protection of people who used the service. This included the safe management and administration of people's medicines, effective recruitment and training processes.
•□The home had consistent management and oversight by a registered manager who was an integral part of the care provided.
•□Opportunities were provided for people who used the service, their relatives and staff to feedback their views and experiences. Relatives told us they had no cause to complain but indicated they would have no hesitation in raising a concerns with the registered manager and felt it would be sorted promptly.
•□People engaged with the registered manager throughout the inspection and people's relatives told us the registered manager was well known to them and their family member and they had confidence in their leadership.
•□Relatives told us they would recommend the home to others looking for this type of care setting.

Rating at last inspection: Good and the last report was published 29 January 2016. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected: This was a planned inspection based on the previous rating for the home.

Follow up:
We will continue to monitor information and intelligence we receive about the home to ensure good quality care continues to be provided. We will return to re-inspect the home in line with our inspection timescales for Good services. However, if we receive any information of concern, we may inspect sooner.

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 remains safe Details are in our Safe findings below.	Good
Is the service effective? The service remains effective Details are in our Effective findings below.	Good
Is the service caring? The service remains caring Details are in our Caring findings below.	Good
Is the service responsive? The service remains responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service remains well-led Details are in our Well-Led findings below.	Good

Harper House - Stourbridge

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 registered 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 was completed by one Adult Social Care inspector from the Care Quality Commission (CQC).

Service and service type:
Harper House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
This inspection was unannounced. This meant the service did not know we would be visiting on this day

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection and inform our judgement.

During our inspection we spoke with the provider, who was also the registered manager of Harper House-Stourbridge. We spoke with the registered manager and assistant manager of the sister home who had

attended Harper House- Stourbridge to support the inspection, three care staff and two visiting health professional which included a psychiatrist and community learning disability nurse.

We met three of the people who lived at the home. The people we met were unable to participate in an interview to determine their experience of living at the home but a person did tell us they were 'happy'. 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. People were smiling, animated and observed interacting with each other and staff throughout the inspection.

We also reviewed two care files, two medication administration records (MARs), two staff recruitment files, as well as records relating to the oversight and governance of the home; environmental assessments, audits, policies and procedures.

Following our site visit, on 05 March 2019, we contacted two relatives of people living at the home to seek their views about the quality and standards of care provided at the home.

Good

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.

Assessing risk, safety monitoring and management

- The fire risk assessment had been completed in 2013 by the registered manager which was not in line with requirements that this should be completed by a competent person with the required qualification and updated annually. West Midlands fire service had last visited the home in 2008 prior to the registered manager purchasing the home. The registered manager was unaware of this requirement and contacted the fire service for advice during the inspection. Following this contact, they also arranged for a competent assessor to visit the home whilst we remained on site. We spoke to the assessor who completed a walk round and provided some assurance that there were no immediate risks to people and a full fire risk assessment was arranged for the 01 March 2019. Staffing was increased at night from one staff to two-night staff members whilst the risk was unknown. On 01 March 2019, we received an update to inform us the fire risk assessment had been completed and the outcome was 'tolerable risk'. This meant there was no immediate required actions and the registered manager was given a month to complete the identified work. These included; illuminated exit signs to be in place, external emergency lighting and purchase of powder extinguishers. We were updated, and this was all completed within two weeks of receipt of the fire risk assessment,

We recommend the service maintain the fire risk assessment and ensure it is completed by a competent professional within the required timeframes for this type of service.

- Individual assessments were completed which identified people's needs and the control measures in place to manage the identified risks. This included people's mobility, identified health conditions, continence, skin integrity and general known risk areas. Risk assessments were reviewed when there was a change in people's needs.
- The home worked closely with learning disability services and the community learning disability nurse visited the home every three weeks and reviews were completed with the psychiatrist within three to six months. The registered manager attended the reviews to ensure they maintained oversight and were able to update plans and implement measures if it was observed people's needs had changed.
- Both health professionals spoken with commended Harper House and the staff for their risk management of people's needs. They told us how they averted situations arising through distraction and community access rather than use of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be comfortable in the presence of each other and with staff. People hugged staff, clapped their hands and made sounds of delight. People enquired after each other and when a person from the house wasn't there, they sought reassurance from staff which was readily given to support people to feel safe.

•□People's relatives felt their family member received safe care. They told us, "Yes, [person's name] is safe. The care they receive is really good. They are very settled at the home" and "Everything at the home is good, I'm not unduly worried about anything. I never have been."
•□Staff continued to receive safeguarding training in required timeframes and the provider had safeguarding and whistleblowing policies and procedures in place.
•□Staff spoken with knew the different types of abuse and what they would need to do if they had any concerns.
•□There was an effective system in place for handling people's money which required daily balance checks and two signatories. All expenditure was accounted for and audited.
•□There was an accident book to record any accident or incident that occurred. The registered manager confirmed the last accident that had required record was in June 2017. There were no patterns or trends to accidents or incidents occurring.

Staffing and recruitment
•□The registered manager continued to carry out relevant employment checks prior to new staff commencing in employment at the home.
•□Sufficient numbers of staff were available to meet people's needs. Staff told us, "I feel there is enough staffing. At night everybody sleeps, only one person up at ad hoc times and can manage that. No concerns. People can be supported out in the day and there aren't any incidents." Relatives said, "There seems to be, [person's name] almost receives a one to one. They have stability and freedom to do things. It's much better" and "Yes, I think there are enough staff. I haven't visited for a while but when [person's name] visits me, I can see that their needs are being met."

Using medicines safely
•□People's prescribed medicines continued to be managed safely.
•□There were procedures in place for the use of when required medicines (PRN). Protocols were in place and detailed in people's care plan. Diversion, distraction, relaxation and community access were all detailed as alternatives prior to dispensing PRN medicine. As a last resort, if PRN medicine was deemed necessary there were procedures in place and authorisation was required from the registered manager before it could be dispensed. Health professionals said; "There are people living here that following medicine review are reducing medicines. The staff have been very good and followed the reduction regime. They have clearly managed issues that have arisen without over reliance with PRN" and "Reducing people's medicines in line with stopping the over medication of people with a learning disability (STOMP). Staff have been very engaged in process. They work with us. Instead of using PRN, they distract people and take them out for walks. Not funded for one to one but providing it on occasions."
•□Information to guide staff on the safe administration of medication as well as training were provided.
•□Medicines Administration Records (MAR) were completed in full to confirm that people had received their medicines as prescribed. Audits were carried out to check accurate records were maintained and there were additional checks in place completed by the learning disability community nurse and psychiatrist.

Preventing and controlling infection
•□Staff had access to personal protective equipment, for example gloves and aprons where required.
•□The registered manager completed infection control audits and from our walk round it was evident a high standard of cleanliness was maintained.

Learning lessons when things go wrong
•□The registered manager was actively involved in all aspects of the service and were keen to learn from experience and make improvements to enhance the service and experiences of people.

Good

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; 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.

- Staff understood the importance of gaining consent from people prior to completing care tasks and it was evident throughout the inspection that people were offered choice and remained in control. There was a door alarm on a person's bedroom, but we were satisfied this was to assist the person's mobility and to promote their freedom of movement as opposed to restricting it.
- We found the registered manager continued to work within the principles of the MCA so that people's rights were protected. Information was available to guide staff with regards to capacity and consent. Staff confirmed MCA training was provided.
- People had appointeeships in place that were managed by the court of protection and these were reviewed annually.
- Best interest meetings were evidenced. For example, when people had required dental appointments. There were also meeting minutes to demonstrate shared rooms had been considered but people had expressed their wish to remain sharing and due to the protracted length of time they had shared, in some instances over 30 years, it was deemed in people's best interest to continue sharing.
- The local authority social work team also completed annual reviews with people regarding their placement at the home and whether they remained happy living there. This was in addition to the community learning disability nurse and psychiatrists' reviews.
- People's needs and choices were identified with them. The people living at Harper house had lived together for a number of years and continued to be involved in identifying their needs, choices and preferences.

•□People's needs were met by staff who were familiar with the people living at the home and saw no barrier to achieving what people wanted. A staff member told us, "Everybody living here is very capable of making their own choices and communicating them in their own way to us. People can do what they want, when they want and change their mind when they want. If they feel like changing their clothes four times a day, they can."

Staff support: induction, training, skills and experience
•□Relatives told us, "The staff are knowledgeable. People get the consistency needed" and "They are all well trained. There's been some new staff recently but all the ones I'm familiar with have definitely got the knowledge and skills to look after [person's name]".
•□Staff completed training and shadowing other staff as part of their induction. Staff had completed National Vocational Qualifications in health care.
•□Staff told us they completed a range of social care training and were well supported in their role through regular supervision and appraisal. Staff told us, "I've got my NVQ and complete regular online training to maintain knowledge. We have supervision every eight weeks and an annual appraisal. We can speak with the registered manager any time as we work alongside them."

•□Supporting people to eat and drink enough to maintain a balanced diet
•□Family members told us; "[Person's name] is a good weight. They watch their diet and their clothes fit them well. They look good" and I've no concerns. Person is a good weight. They've had some medical needs but recovered well and got back to a good weight because of the care provided."
•□People were encouraged and supported to maintain a healthy diet. The meals were homecooked and the registered manager devised the menu's depending on people's preferences and in consideration of the season.
•□Meals were adaptable to people's needs and although the main meal was at dinner time and a lighter option in the evening, people could access food all day and change this if they wanted. People could deviate from the menu and the registered manager told us that people could pretty much have what they wanted. They explained there was a supermarket in close proximity of the home so things could be purchased when requested.
•□ A person told us they liked to go to the café and indicated this was always accommodated.
•□Meals were versatile and adapted round what people wanted. When people went out during the day and opted for a picnic lunch, fish and chips or a pub meal was obtained in keeping with the outing and people's choice.
•□Records were maintained detailing what people had been offered for their meal and eaten.
•□People had nutritional risk assessments, care plans and their weight was monitored so any changes in weight could be identified and responded to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•□Relatives told us; "The staff have been brilliant. [Person's name] has had surgery and they did all the liaising with health professionals, follow up and aftercare. [Person's name] has recovered well because of the care provided" and "They take [person's name] to appointments and what not, they've kept [person's name] at the same surgery as me. They manage all person's healthcare needs but if decisions needed, they communicate with me."
•□The service worked closely with healthcare professionals, with the community learning disability nurse visiting the service every three weeks and the psychiatrist visiting and completing three to six monthly reviews.

• A health professional told us; "The staff are good at monitoring people's health needs. They just manage it and get on with it. If a person has physical health issues, they are quick to get the person to their GP. They chase things up and only when they feel they are getting nowhere, they contact me for support."

Good

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

- A person told us without enquiry that they were very happy living at the home. We observed staff interactions with people were relaxed and people were comfortable in staff presence. There were appropriate displays of affection, people were animated and squeals of delight and laughter could be heard throughout the inspection.
- Healthcare professionals and relatives commended the care provided to people living at the home. Comments included; "The care here is good, people are well cared for and when people are asked, they confirm being very happy living here", "All the staff are kind and [person's name] is really happy living here" and "The staff are lovely. Some of them have been there a long time so they are like family to the people living there now."
- We heard staff calmly and kindly responding to a person who had shown some signs of distress. We observed staff reassuring them and they provided one to one support to the person to access the community as described in their care plan.
- We observed people maintained control over their lives and staff were flexible and accommodated changes in people's needs. People had support available when they needed it and staff accommodated people when they changed their mind or plans at last minute.
- Policies, staff training, assessments and people's records explored equality and diversity and promoted and demonstrated anti-discriminatory practice.
- The staff upheld the rights of people they supported and ensured they determined their care needs and how these were met.

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

- Relatives told us they felt their family members were at the heart of the care provided and said they felt consulted as required. Comments included; "I've always felt involved in [person's name's care]. I used to be their main carer and although they don't live with me now, I am contacted and kept up to date" and "We feel involved and are free to visit when we want to make sure everything is okay."
- There were only five people living at Harper House supported by a small staff team ensuring continuity of care. Staff demonstrated they had a good understanding of people's individual needs and people's methods of communicating their needs to them.
- Staff and management spoke of people as their family and at times when people had required hospital admission or treatment, staff had maintained a vigil at their bedside to ensure people were not alone and that doctors and nurses communicated with them regarding their care.
- People received personalised care that was determined by their preferences, wishes and needs.

Respecting and promoting people's privacy, dignity and independence

•□We observed staff considered people's privacy and provided care in a discreet and dignified manner.

•□Relatives told us; "No concerns with maintaining people's privacy and dignity. When I visit, everything is done discreet. There are only a few staff and some have worked there a while so [person's name] is very comfortable with them" and "When [person's name] visits, they stay with them so they can support [person's name] to the toilet and things. I see how good they are with them. They are always clean, nice clothes and treated respectfully."

•□Aids and adaptations were provided where people needed assistance to help keep them safe as well as enabling them to maintain some independence.

•□People were supported to maintain their independence and engaged in activities of daily living supported by staff.

•□Upon arrival at the home, a person living at the home opened the front door. A staff member was behind them and reminded them to enquire as to the purpose of my visit and to request my badge. This demonstrated it was seen by staff as people's home but that staff ensured people's safety was maintained.

•□A person told us they liked to make cups of tea for visitors which we observed was supported and encouraged during the inspection. They were also observed during the inspection being assisted to make the pudding to accompany dinner.

•□ People supported staff with light duties. One member of staff told us in front of the person what a big help they were and told us they liked to dry the dishes and assist with the recycling. The person was smiling and nodding their head when the staff member told us this.

•□People also accompanied staff when shopping and to maintain their bedrooms and laundry.

Good

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
•□The service continued to involve people, and relevant others, in the assessment and care planning process.
•□People's needs had been holistically assessed, care plans included information about what was important to people, what they enjoyed and what they didn't like to do. There were sections on all elements of the persons health and social care needs.
•□We saw people had communication plans in place which detailed the most effective ways to support the person to communicate. People used verbal and non-verbal methods to communicate which staff were familiar with and responded to appropriately to ensure people's health and social care needs were met.
•□People's care was reviewed in conjunction with them and the community learning disability nurse and psychiatrist. Health professionals commended staff and management regarding their knowledge and responsiveness to people's needs. Records were updated as required to reflect and document any changes.
•□People had autonomy to choose how they occupied their day. Health professionals told us; "I get the impression people get to do what they want, when they want to do it. They are responsive and people can participate in activities or outings as they choose."
•□Staff told us; "If people want to go out, they can do. Whatever is requested, we can accommodate and meet the person's individual needs. If a person wants their lunch out, they can do. It's like a family, we decide like that. People like different things. One person likes going to cafés and on buses, another person loves meeting new people and shopping whilst someone else likes markets and looking at DVD's. Activities and outings are supported based on people's likes and what they fancy doing that day. We sometimes do group things, if appropriate and to everybody's liking."

Improving care quality in response to complaints or concerns

•□Information about how to complain was made readily available to people and was re-iterated to people living at the home through meetings and reviews. The registered manager also regularly enquired with people whether they had any concerns to ensure these were captured. We asked a person what they would do if they didn't like something and they told us they would tell [registered managers name].
•□Relatives told us; "If I had any concerns at all, I'd speak to [registered manager's name] and "No, I've never had reason to complain. I'd speak to staff or the manager if I had a concern."
•□The registered manager had not received any recent complaints. However, systems were in place for the reporting, investigating and responding to any issues or concerns brought to their attention.

End of life care and support
•□At the time of our inspection, the service was not providing care and support for anyone at the end of their

life. The registered manager expressed that it was people's home and that people would be supported to remain in it. The registered manager said; "It's the last thing we can do for people and we will do whatever it takes to make sure they stay with us and access hospice or community support so they can be pain free. A bedroom could be created downstairs if needed. Whatever it takes."

•□Discussion had taken place with people's relatives and last known wishes had been captured. For example, funeral arrangements, what people wanted to wear/music. Discussion had also occurred regarding headstones etc as the registered manager was aware of issues at another home which had been encountered accessing money for a person's headstone following their death through the person's appointee. This was because it hadn't been documented as the person's wishes, so the registered manager had addressed this at Harper House to ensure people's wishes were documented and agreed with people's appointees prior.

Good

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home was owned and managed by the registered manager who had daily contact with people and worked alongside staff daily.
- The registered manager also owned a sister home and worked closely together with the registered manager of that home. We found they were committed to driving improvement which was demonstrated when the issue with the fire risk assessment was identified. The registered manager told us they were glad it had been identified and immediately contacted the local fire service for support. The registered manager arranged for a fire risk assessor to attend during the inspection and the learning was shared with the sister home who also immediately actioned this requirement.
- There was a clear structure in place to support the staff team. The managers from the sister home also supported Harper House and staff spoken with had a clear understanding of their roles and responsibilities.
- Staff said they worked well as a team and felt supported in their role. The registered manager was described as 'very hands on' and always available for advice and support.
- The registered manager was always contactable on the phone for advice and support when not on shift. Staff told us; "The registered manager has made a positive difference to the home. If need anything, they say ring them. They always said instead of ringing sick, let them know and they'll sort it. They will come in."
- Staff had up to date policies and procedures which detailed what was expected of them. Audits were in place for medicines, infection control and the general running of the home. The registered manager completed reviews, updates of records and maintained oversight as they worked alongside staff and people.

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, their relatives and health professionals spoke highly of the registered manager. Health professional comments included; "The home has good leadership. From what I can see, staff keep the registered manager up to date and there is a good balance of support provided to people" and "Anything raised is addressed, for example medicine protocols. I couldn't ask for anymore."
- Relatives said; "The home is good, and we really like the registered manager. [Person's name] is very settled and happy here so I wouldn't hesitate to recommend it to others" and "The management is really good. If I was ever worried, which I am not, I know I could just pick up the phone to them anytime and they'd speak with me and sort it out."

•□The service had a statement of purpose which outlined the aims and what people could expect from the service. The registered manager explained easy read and pictorial format could be made available. They told us they had previously placed information in other formats on notice boards in the home, but a person became upset and removed them so they only provided this now when required.
•□CQC were kept informed of any incidents and events in line with legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•□The registered manager checked with people informally regarding their satisfaction with the service and if improvement were needed.
•□People and their relatives confirmed being able to speak to the registered manager anytime to provide feedback regarding the service.
•□Resident and staff meetings were conducted quarterly to provide people an opportunity to raise issues or concerns. This was in addition to reviews with people when feedback was also encouraged.
•□Staff told us they too were actively encouraged to share their views and ideas daily and more formally through team meetings and supervisions.

Continuous learning and improving care and Working in partnership with others

•□The service worked well with other health professionals. They had good relationships with local healthcare services and worked with them to achieve the best outcomes for people.