

Review of compliance

Obsan Limited Harpers Villas Care Centre	
Region:	West Midlands
Location address:	1-3 Bilston Lane Willenhall West Midlands WV13 2QF
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	The home can provide accommodation for up to 26 older people who do not require nursing care. Some people may have dementia care needs.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Harpers Villas Care Centre was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Harpers Villas Care Centre had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 December 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this review to check on the care and welfare of people using this service. There were 23 people living at the home on the day of the visit and no one knew we would be visiting. We spoke to two people who live at the home, three relatives, two visiting professionals and three staff.

People told us that they were happy living at the home, and relatives told us they were happy with the care. One relative told us "They let me know if mom is unwell".

Records showed that people saw external healthcare professionals including the GP, district nurse, optician, dentist and chiropodist, so that they received specialist advice about their health.

People received support at mealtimes, but were not always provided with choices. People told us "The food is very good, I never go hungry" and "The food is okay but tea time is poor, the sandwiches are skimpy".

We saw that people looked well presented and were wearing clothing that reflected their individual choices and preferences.

People can have small amounts of money held at the home, which is kept safe and secure.

Staff receive on going training and staff spoken to were able to give a verbal account of the actions they would take to keep people safe if they witnessed or were told about any allegations of abuse.

On the ground floor, people's bedrooms were locked which means that some people may not be able to go to their rooms independently.

People made positive comments about the staff and said "The staff are very commendable", "They are wonderful and down to earth", "The girls work hard and they are honest" and "They are all nice".

Relatives told us about rooms being cold and that they had raised this with staff, but these concerns had not been recorded in the complaints book to ensure that concerns were listened to and acted upon.

What we found about the standards we reviewed and how well Harpers Villas Care Centre was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People may not always receive support that meets all of their individual care and welfare needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

There are systems in place to keep people safe from harm.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home may not always be run in the best interests of the people who live there.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were happy living at the home, and relatives told us they were happy with the care their relative received. One relative told us "They let me know if mom is unwell".

Records showed that people were seen by external healthcare professionals including the GP, district nurse, chiropodist, dentist and optician as they needed to. Staff spoken to were able to tell us about people's individual needs and a visiting healthcare professional said "They identify about appropriate things and normally tell us in a timely manner, they know the residents and know their needs". This means that people should be seen for external professional advice as required.

We looked at the care files for three people who live at the home. We found that care plans contained clear information for staff to follow about how they should assist people to meet their needs. Risk assessments were completed for individual risks, such as moving and handling, risk of sore skin and falls. Care plans were detailed with individual likes and dislikes so that people should receive care in a way that they prefer. We saw that the plans gave staff good details to follow, for example if people with diabetes had a high or low blood sugar, there were instructions to tell staff what to do. People's weight was monitored to ensure that people received nutritional support if required.

On the ground floor staff told us that people's bedroom doors were locked to prevent other people wandering into their rooms and taking things out. Staff told us that there were two people living at the home that did this, however one of the people we were

told could also go upstairs. The rooms upstairs were not locked which meant that the person could go into these rooms. We saw that risk assessments were completed with people or their families about if they could and wanted to have their own key to their room. We saw that one person's family had requested that their relative's room was locked. A visitor at the home on the day of the visit said "Moms room is not locked I want it open when I come as I bring her things that need to go in there". Whilst this shows that people have some choices, some people living at the home have dementia and they may not be able to ask staff to open their rooms for them.

We observed that two staff gave medication to people. Staff were seen to encourage people to take their medicines and gave people good explanations about why they needed their medicines. One person refused to take their medication and we saw that staff went back to the person later in the morning when they agreed to take this. We looked at the medication and storage. We saw that Controlled Drugs were signed for and that balances were correct. Medicines were signed in upon receipt to the home. We looked at three people's medication administration records (MAR). We found that one person's pain relief medication was not accurate. One person's dose of an antibiotic remained in the packet and the chart was not signed to say why this had not been given. The manager told us that she would address this with the person who should have administered the medication. The fridge that was used to store medication had been consistently high and no action had been taken to ensure that the medicines were being stored at the correct temperature. The manager told us that she had not been aware of the problem and relied on the staff telling her.

We saw that people looked well presented and were wearing clothing that reflected their individual choices and preferences. At lunchtime it was pleasing to see that not everyone wore a protective bib as this means people were given a choice. We saw that one person had spilt some food down their clothing but staff assisted the person to change their clothes.

We spent some time observing people and the interactions between them and the staff over lunchtime. We saw that staff sometimes outpaced people, for example they would ask people if they had finished and take the plate away before the person replied. Staff were wiping one person's hands after they had finished eating but they didn't tell the person what they were doing until half way through. No specialist cutlery or plate guards were offered to enable people to remain independent. There were no condiments or napkins available for people to use if they wanted to. We saw that small portions were served and people were offered second helpings. We saw that one person had their meal and used a knife and fork, when they had a second helping they were given a dish and a spoon, the manager told us that this was because they did not have enough knives and forks to give out a second time. The menu was repetitive and showed a lack of variety. People told us "The food is very good, I never go hungry" and "The food is okay but tea time is poor, the sandwiches are skimpy". The manager told us that this was due to be reviewed and discussed taking photos of meals so that people could see what choices of food they could have.

Other evidence

We do not have any other information.

Our judgement

People may not always receive support that meets all of their individual care and

welfare needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

One relative told us "I feel really happy when I go home, I know she is safe".

Since our last visit to the home there had been a safeguarding referral that the home had investigated and provided the local authority with information. The safeguarding had been substantiated and closed by the local authority. The manager had made a referral to the local authority for another concern at the home, but this was not accepted as safeguarding and was resolved by holding a care review.

The manager told us about one person who had developed sore skin on their heels. The appropriate care professionals had been involved, however the manager confirmed that we had not been notified of this. We were sent a notification following our visit and we have received other notifications from the home regarding things that have happened there.

We looked at three people's money and records which are held at the home. We found that credits and debits were all recorded and receipts were kept. Money balances were correct. A monthly audit is completed so that any discrepancies would be found. This ensures that people's money is handled safely by the home.

We looked at the staff training matrix, we could see that staff were given training in dementia care, violence and aggression and safeguarding of vulnerable adults. Nine staff had not attended safeguarding training. We could see from the training matrix that training was on going at the home and people were booked onto various courses. This

means that staff should have the knowledge to keep people safe.

Staff spoken to were able to give a verbal account of the actions they would take to keep people safe if they witnessed or were told about any allegations of abuse.

Other evidence

We do not have any other information.

Our judgement

There are systems in place to keep people safe from harm.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The acting manager has been in post for approximately 12 months. On the day of the visit we discussed her application to become registered with us and we assured her that the application could be made with the qualifications she already holds. This will ensure a commitment to the running of the home.

People made positive comments about the staff and said "The staff are very commendable", "They are wonderful and down to earth", "The girls work hard and they are honest" and "They are all nice".

One person told us that their relative liked to lie on the bed to watch TV but the room was too cold. They told us they had raised this with staff "a couple of times" and staff had said it was due to the weather. We looked at the complaints records and there was no evidence of the concerns around the temperatures being recorded. The manager told us that this was not a formal complaint. This may mean that people's concerns are not acted upon. Low level concerns should be recorded as this could assist in identifying themes and trends so that action can be taken before the concerns are escalated. We saw that one complaint had been investigated and there were detailed records of the investigation and the outcome.

We checked the temperatures in a sample of rooms and found that most of the rooms were cool. We had noted that the conservatory was cold earlier in the day, despite the radiator being set on its highest setting, it was cool to touch. Staff brought in a portable heater to warm the room for the people who had chosen to sit in there. We spoke to the

maintenance person who told us that the temperatures were controlled by the main boiler and not in individual rooms. Systems should be in place to ensure that people are provided with a warm environment. Following the visit the Area Manager confirmed that individual room temperatures could be controlled as there were controls on every radiator. She told us that there had been an ongoing problem with the heating prior to our visit but this was now resolved and the home was warm.

People who live at the home and their relatives are invited to attend meetings at the home, so that they can discuss the home and any concerns they have. We saw that at the last meeting, people had said they would like reminiscence packs and the manager told us that she was hoping to arrange for these from the Alzheimer's society. Staff meetings are also held and feedback forms are sent out after each meeting so that they can be improved in the future.

The home was pleasantly decorated for the Christmas period, during the morning old time music was playing and in the afternoon, Christmas Carols were being played. We looked at some people's bedrooms and saw that all rooms had linoleum flooring. This does not make a homely environment and does not demonstrate that individual choices are taken into account. The manager told us that the home could "do with a lick of paint" but did not know when this would be done.

The home had had a recent infection control audit by the Primary Care Trust and was given a 'green' rating. Two care staff are the nominated infection control leads for the home. We found that the home was clean and people we spoke to confirmed that the home was always clean. One person said "It's always clean and never smells". The Environmental Health Officer had visited the home in June 2011 and the home had been awarded five stars.

We saw that a number of audits are completed at the home including mattress checks, fire, building, care plans and the kitchen. We saw that weekly medication audits were done by the deputy manager until recently when the person doing these had changed their role. We saw a number of 'Thank you cards' at the home which indicate people's satisfaction with the service. Surveys are available in reception for people to complete if they choose to. The manager told us that every six months surveys were sent to GP's, chiropodists, optician, dentist and district nurses so that the home could gain their opinions on the service provided. Surveys are also sent to people who live at the home and their relatives. We saw some that had been returned to the home over the last three months and these were all positive about the home. Monthly reports about the home and the quality are completed by the area manager. The last report at the home was for September 2011. The manager confirmed that the monthly visits had been done but the reports had not been sent back to the home. The area manager confirmed by telephone that she would send these to the home.

Other evidence

We do not have any other information.

Our judgement

The home may not always be run in the best interests of the people who live there.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People may not always receive support that meets all of their individual care and welfare needs.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The home may not always be run in the best interests of the people who live there.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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