Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Harpers Villas Care Centre

1-3 Bilston Lane, Willenhall, WV13 2QF

Tel: 01902608078

Date of Inspection: 25 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Obsan Limited
Overview of the service	Harpers Villas Care Centre can provide accommodation for up to 26 older people who do not require nursing care. Some people may have dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spent a majority of our visit in the lounge area observing how people spent their day. Staff were kind and attentive and acted quickly when needed. The atmosphere was relaxed and people were able to spend time where they wished. We saw that two people liked to go into the manager's office and chat with her. We saw that some people enjoyed walking in the garden. Staff treated people with respect and maintained their dignity.

We looked at the care files of two people who lived at the home. Records seen demonstrated that these people received sufficient nutrition and hydration. We observed people eating the lunchtime meal. Everyone appeared to enjoy their food. We saw that new menus had been developed and were told by the manager that people's likes and dislikes had been taken into consideration when developing these.

On the day of our visit the home was clean and tidy. A member of domestic staff was busy completing her duties throughout the morning. We looked in the bedrooms of six people who lived at the home. We saw that bedrooms were large and had en-suite facilities. We saw that the home was well maintained and some areas were in the process of being re-decorated.

We saw that the home had a system for handling complaints. The person that we spoke with said that they would speak with the manager if they had any concerns. Complaints procedures were on display throughout the home.

The records that we reviewed at this inspection were up to date and in good order.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Suitable arrangements should be in place to ensure that the dignity, independence and privacy of people who live at a home is always maintained. During this visit we spent most of our time in the lounge observing the interaction between staff and people who lived at the home. We saw that staff encouraged people to remain independent when walking around the home and when eating their meals. We visited on a warm, sunny day and noted that people were able to wander freely into the garden as the doors to the conservatory were left open.

Staff knocked on people's bedroom doors and waited for a response before entering their room. We saw that some people had chosen to lock their bedroom doors, both when they were in their room and when they left it. Risk assessments were in place regarding this and staff had a master key to enable them to enter the room in case of emergency. This meant that people had been given a choice to keep their door locked to maintain their privacy if they wished.
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At our last visit to the home in October 2013, we saw that when staff used a handling belt to help move a person who lived at the home from her wheelchair, her skirt lifted showing the top of her thigh. This did not maintain this person's dignity. We also saw that catheter bags were on show for some people. At this visit we saw one person being hoisted, staff put a blanket over this person's legs whilst she was being hoisted to maintain her dignity. We saw staff using a handling belt and noted that people were moved in a dignified manner. We were told that staff were more vigilant and watched to ensure that catheter bags were covered at all times. We did not see any catheter bags on show during this visit.

Systems should be in place to ensure that people are able to participate in decisions about their care or treatment. We looked at two care files. In each of these files we saw written evidence to demonstrate that the care file has been discussed with the person living at the home or their family as applicable. Mental capacity assessments were in place to demonstrate that those people who lived at the home who did not review their care file did

not have the mental capacity to do so.

We saw that staff treated people with respect and called them by their preferred name. Staff appeared to have a good relationship with the people that they provided care and support to.

We discussed the various systems in place to ensure that people who lived at the home had a say in the way in which their care was provided and in how the home was run. Regular satisfaction surveys encouraged people to give feedback about the service provided. The manager told us that she had an open door policy. This meant that people could speak with her any time that she was on the premises. We saw that people who lived at the home called in to the manager's office regularly to chat with her. Meetings were held for the people who lived at the home and their relatives/friends every three months. We looked at the minutes of the last meeting and saw that people were able to discuss menus, hobbies and interests and activities amongst other things. People who lived at the home had commented that they would like more trips out to the pub for lunch or to the shops. The manager told us that staff took people out as often as possible. We were shown a notice asking for volunteers to take people out to the pub for lunch. Some staff had recorded their name showing that they were willing to take people out on trips.

Care files recorded people's usual routines, likes and dislikes. Staff we spoke with were aware of people's routines but said that they always asked people and did not assume that people always wanted to go to bed at the same time or get up at the same time. We were told that people still had a choice in everything that they did at the home.

At our last visit to the service there were no signs around the home to help people orientate themselves to their surroundings. At this visit we saw that signs had been made which included the name of the location, for example lounge, with a picture reference. People; with staff assistance, were in the process of making signs for their bedroom doors.

The manager showed us information which demonstrated that she had recently become a 'dignity in care champion'. This meant that the manager was dedicated to ensure that everyone was treated with dignity and she would take steps to ensure that this took place at Harpers Villas.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Service users should be protected from the risk of inadequate nutrition and dehydration and the home should provide a choice of suitable and nutritious food and hydration in sufficient quantities. We spent the morning and part of the afternoon of our visit in the lounge area. We observed people eating their lunchtime meal in the dining room and in the lounge. We saw that staff offered a choice of mid-morning hot drinks and people were able to have anotherer drink if they wanted one. People also had a drink with their lunchtime meal. At lunchtime we saw that people were eating curry and rice or sausage and mashed potato. We spoke with one person who lived at the home about the meals, we were told: "The food is good, sometimes I don't think that there is enough but I have put on a lot of weight so I must be eating enough". We were told that there was always cereals and toast for breakfast with a cooked breakfast being provided on a Saturday morning. A member of staff that we spoke with told us that for the evening meal every day there was a choice of sandwiches and sometimes there was a hot alternative. This member of staff said that people had a warm milky drink and a snack before bed but people were able to have a snack at any time.

Throughout the day we heard people asking staff for a cup of tea or coffee in between the regular 'drinks round'. Staff made drinks as requested and sat with people whilst they drank them.

We saw paperwork which identified how much fluid people should have each day dependent upon their weight. Staff recorded each time someone had a drink. This meant that staff were able to check to ensure that people were sufficiently hydrated.

We were told that four people needed staff to help them eat their meals but on some days more people required assistance. This help could either be cutting up food, prompts and encouragement or sitting with the person and assisting them to eat. We were told that those people who needed help were bought into the dining room earlier than other people so that staff could spend the time with them to ensure that they ate a nutritious meal. We saw that one person was being assisted to eat their meal in the dining room and one person in the lounge on the day of the visit. These people were eating at the same time as everyone else at the home. Staff sat and chatted to people as they assisted them to eat their meal. Staff did not rush people and spent sufficient time with them to ensure they ate their meal. Everyone appeared to enjoy the food and a majority of people ate everything that was on their plate.

We looked in two people's care files. We saw that food and drink likes and dislikes had been recorded. We saw that one person liked a glass of wine with their evening meal. A member of staff that we spoke with told us that there were a few people who liked a glass of wine with their evening meal and also some people who liked a glass of shandy and these were provided as required.

We saw detailed care plans and risk assessments regarding hydration and nutrition. These recorded the amount of assistance required by staff, any specialist equipment required and any food supplements needed. We saw that people were weighed on a monthly basis. The manager showed us the seated scales which were used to weigh people. There were also instructions for staff to measure a person's upper arm; these measurements would be used when people were not able to use the scales. Changes in this measurement would show if someone was losing or gaining weight.

We saw that care plans recorded any special dietary requirements such as pureed food along with the portion size that the person usually liked, for example small plate or medium plate. We saw records which were completed on a daily basis which recorded the amount of food that people had eaten at each meal.

Since our last visit the manager has purchased condiments such as salt, pepper and vinegar. These were placed on each table along with a cutlery and napkins in a decorative holder. We saw that staff encouraged people to eat their meals. Where people appeared to be struggling to eat their meal, staff suggested that they try and eat with a spoon. This encouraged independence and meant that people were able to eat all of their food.

We spoke with a cook who worked at the home. We were told that the cook had the responsibility for ordering food and developing menus. We were shown a copy of the new menus that had recently been developed. The manager told us that people's likes and dislikes were taken into consideration when developing the menus and also any comments made in satisfaction surveys or at 'residents meetings'. The cook told us that staff made them aware if someone was unwell and needed a change to their diet. We looked in the kitchen and saw a list on the wall recording any special diets required. The cook told us that there was nobody at the home who required a special diet in accordance with religious or cultural needs. The manager confirmed this but said that this would be provided as needed.

We saw posters on display which showed that the home had achieved a five star rating at a food hygiene inspection undertaken in June 2013.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

People who live at the home must be protected against any risks associated with unsafe or unsuitable premises. We looked in the lounge, dining room, bathrooms, shower rooms and six bedrooms of people who lived at the home. We saw that the home was clean and appeared to be hygienic. We did not notice any unpleasant odours as we walked around the building. We saw that access could be gained to the first floor of the home via a shaft lift. Adapted toilets were available as were shower chairs in wet rooms and hydraulic bath chairs in baths.

The bedrooms we looked at were large enough to enable people to manoeuvre around in a wheelchair if needed. We saw that bedrooms had en-suite facilities. We saw that there was a sluice room for the cleaning of commode pans. The manager told us that this room was not in use as currently nobody used a commode and everybody either used their en-suite toilet or other toilets throughout the home.

We saw that the dining room was large enough to accommodate everyone that lived at the home if necessary. Staff told us that people had a choice of where to eat their meals. We heard a member of staff asking a person living at the home if they wished to eat their evening meal in their bedroom or in the dining room.

The home had a conservatory which adjoined the lounge area. The doors to the conservatory were open as were the doors to the garden. This meant that people could choose where to sit and could sit or walk around outside in the garden if they wished. We saw that the garden was well maintained and was decorated with brightly coloured pots of flowers. We were told that the security alarm on the external doors was activated at certain times of the day. We saw a notice to staff advising them of the times to close the doors and put the security alarm on. This would ensure that the premises were secured at night and staff were alerted if external doors were opened.

We saw that flooring around the home was clean and were told that it was non-slip. This would reduce the risk of an accident if liquids were spilt on the floor.

The lounge area was large and bright; seating was arranged in clusters to aid discussion amongst people in small groups. We saw that signs had been put up which had

appropriate pictures and words to help people find their way around the home. Staff were working with people to make signs for their bedroom doors. Some signs were already in place and were made up of the individual's favourite activities, pictures or colours.

We saw a copy of a building audit. We were told that this took place each year and looked at health and safety, décor, flooring and cleanliness amongst other things. Some issues for action had been identified by the manager. The manager discussed the action that had been taken to address issues; however there was no written evidence of action taken. The registered person may wish to note that documentary evidence should be available to demonstrate action taken when issues were identified at audits.

We saw the 'annual development folder' this recorded items to be reviewed each year. Décor had been reviewed previously, there were no records to demonstrate that a recent review had taken place. The manager told us that decorating had recently started. We spoke with two members of staff who said that they had felt that the home was in need of re-decorating in certain areas but both staff confirmed that decorating was taking place now.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The home must have a sufficient number of suitably qualified, skilled and experienced staff employed. We discussed staffing levels with the manager. We were told that there were four care staff on from 8am until 10pm and three care staff from 10pm until 8am. The manager worked out the number of staff that needed to be on duty according to the dependency needs of the people that lived at the home. In addition to the care staff, catering, domestic and laundry staff were employed seven days per week. The manager also worked for five days per week in a supernumerary capacity. This meant that she did not provide personal care and was not counted in the numbers of care staff on duty. The manager confirmed that she would work care shifts if necessary due to staff annual leave or sickness.

At our last visit to the home we noted that staff were extremely busy and did not appear to have the time to talk to the people that they provided care and support to. We observed that a member of staff who was assisting someone to eat their lunch time meal did not talk with them. We saw that another member of staff who was supporting someone to walk; walked in front of the person and did not speak to them. At this visit we saw that staff spent time chatting to people. We saw a member of staff manicuring ladies nails and chatting with them. Other people were colouring pictures or watching the television. Staff chatted with people as they gave out mid-morning drinks. Staff acted quickly when one person became agitated and were also quick to act when another person was unwell. We saw that some people at the home appeared to have a very good relationship with staff and were seen hugging and kissing them. The atmosphere was relaxed and people had the choice to walk around the home as they wished. We saw that when people went outside staff either walked with the person or regularly checked to ensure that they were alright.

We spoke with three members of staff. All staff confirmed that they received a lot of training. We were told that recent training included moving and handling and dementia. Distance learning courses undertaken included dementia and medication management. All staff said that they were well supported by the management at the home. We did not look at records regarding supervision but staff told us that they received supervision with the manager approximately every two months. Staff said that they had the opportunity at these sessions to discuss training and any other issues that affected their work at Harpers Villas.

Staff told us that they enjoyed working at the home and felt that staff worked well together.

One staff member said that all staff "genuinely care" and were "willing to take people out on trips in their own time when they were not on duty".

The manager told us that all staff at the home had either attained or were in the process of attaining their National Vocational Qualification (NVQ) at level 2. Some staff were now undertaking the NVQ level 3. This helped to ensure that all staff were suitably qualified.

There were 26 people living at Harpers Villas, two of these people were in hospital at the time of our visit. From our observations there appeared to be sufficient staff on duty to meet the needs of the people at the home.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke with three members of staff and the manager about complaints. We saw that the complaints policy was on display in the home. A copy was also available in people's bedrooms in their information pack. Staff said that they would pass all complaints on to the deputy or the manager but would take any immediate action possible to address any complaint made.

We saw that a folder was available to record all formal written complaints. The manager told us that when verbal complaints were received, people were given the option of making these formal and receiving written responses. If people did not wish to do this, their complaint was written in a book. We looked at this complaints book and saw that details of the complaint were recorded along with information regarding the action taken to address the concerns. We saw that verbal complaints mainly related to missing clothing or receiving other people's clothing. We spoke with the manager about this and it was evident that appropriate action had been taken to address these concerns.

We spoke with one person who lived at the home about complaints. We were told that the manager was very approachable and would help out if there were any problems. This person reported that they had no complaints.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained

Reasons for our judgement

We looked at various records to find evidence that people who lived at the home were protected against the risks of unsafe care arising from a lack of proper information about them. At our last visit to the home in October 2013; one of the care plans that we looked at had not been reviewed or updated for approximately seven months. At this visit we looked at the care files for two people who lived at the home. We also looked at other records associated with their care such as daily task sheets completed by staff, food and fluid intake records, information regarding visits undertaken by external professionals such as doctors and dentists. Risk assessments had been completed which highlighted a risk to the person, for example risk of falling, developing a pressure area or self-administration of their medication. We saw that all records were fully completed, easy to read and understand and had been kept up to date.

We discussed audits that took place at the home and looked at records completed. We saw that accident audits were completed on a monthly basis. An analysis of the results of the audit also took place.

We saw that systems had been put in place to ensure that toilets and bathrooms were clean and hygienic and stocked with liquid soap and paper towels. Records to demonstrate this were up to date. Cleaning schedules were in place to demonstrate cleaning duties undertaken.

We saw daily records completed by staff which recorded information about each person who lived at the home. This gave staff a record of the person's health and wellbeing and informed them if they needed to monitor any specific aspects of care for an individual. We saw daily task sheets, which clearly recorded the task to be completed with the name of the staff member responsible for undertaking the task.

At our last visit we saw that 'turn charts' had not been completed correctly. These records were particularly important for those people at risk of developing a pressure area. People who are unwell and in bed may be at risk of developing a pressure area and therefore may require to be regularly turned to reduce pressure on a specific area of their body. Staff should keep a record of these turns on a turn chart. At this visit we saw that records were kept to demonstrate when someone was turned in bed, when they were stood up or

walked when they were in the lounge. These records helped to demonstrate that pressure area care instructions were being followed.

At our last visit, care plan information and wound charts had not been updated. At this visit, the two care files that we looked at had been reviewed and updated. Care plan information had been changed to include more 'person centred' details which helped to ensure that the care was provided according to the wishes and needs of the individual.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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