

Mrs Gail Fraser

# Harper House - Wolverhampton

## Inspection report

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Date of inspection visit:  
17 March 2016

Date of publication:  
07 October 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 17 March 2016 and was unannounced. At the last inspection in May 2014 they were meeting all the requirements of the regulations we looked at.

Harper House provides accommodation and personal care for up to 15 people, including older people and people with mental health needs. At the time of our inspection there were 15 people living in the home.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at Harper House told us they felt safe. Staff knew how to keep people safe and how to recognise signs of abuse. Staff knew how to manage risks to people. People told us and we saw there were sufficient numbers of staff to meet people's needs. Systems were in place to ensure people received their medicine when they needed it.

Some people told us they enjoyed the food. Some people told us they not always offered meals of their choosing. People were supported by staff who had appropriate training to meet their needs. When people lacked capacity to make a decision for themselves assessments were in place and the registered manager had applied to the local authority to deprive them of their liberty appropriately. People had access to healthcare professionals when they required extra support to keep them healthy.

People told us they were supported by kind and caring staff. Staff understood the needs of people. Positive relationships had developed between people and staff. People told us staff respected their privacy and dignity. People told us and we saw staff encouraged people to remain independent.

People were supported by staff who understood their individual care needs. Staff knew people's personal preferences and respected them when supporting them with their care needs. People had access to leisure activities of their choice. People told us they knew how to complain but had not had a reason to. Systems were in place to monitor any complaints when they occurred.

People told us they were happy living in the home and they liked the management team. The registered manager and provider involved people and staff in the running of the home and listened to their opinions. Staff felt supported by the management structure. A system was in place to monitor the quality of the care in the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe because staff had the knowledge on how to protect people from the risk of harm and there were sufficient numbers of staff to keep people safe. People received their medicines when they needed them.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People did not always have a choice of food. People were supported by staff who had the appropriate training to meet their needs.

Staff understood how the Mental Capacity Act affected people's care when they lacked capacity to make decisions for themselves. Applications had been made to the local authority when people had been deprived of their liberty. People had access to other healthcare professionals when their health needs changed.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and considerate staff. People were involved in their care and staff respected their privacy and dignity. Staff supported people to remain independent.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew their individual needs and respected them when supporting them with care. People had access to activities both in the home and in the community.

When people had concerns they felt confident in raising them but had not had reason to.

## Is the service well-led?

Good 

The service was well-led.

People told us they were happy living in the home. People and staff were involved in the running of service. Staff felt supported by the management structure. Systems were in place to monitor the quality of the care in the home.

# Harper House - Wolverhampton

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 March and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. In this case their area of expertise was older people.

We looked at the information we held about the service. This included the notifications the provider had sent to us, which included details of incidents which had taken place that the provider is required to send us by law. We contacted Commissioners of the service to see what information they held and used this in the planning of our inspection.

As part of the inspection we spoke with six people, one relative, two members of staff, the deputy manager, the registered manager and a visiting professional. We looked at two people's care records. We observed care in the home throughout the inspection.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Yes I feel safe". A relative commented, "Everyone always appears happy when we visit. I know [name of person] is safe and secure at the home".

Staff were able to explain to us how they kept people safe. Staff were knowledgeable about how to recognise abuse and what to do should they recognise any signs of abuse. Staff were aware where to go should no action be taken by the provider to protect people. Staff told us they were aware of the whistleblowing procedure and who they could contact if they the situation should arise. The registered manager knew how to alert the local authority of any potential allegations of abuse.

Risks to people were managed well by staff and as a result people were protected from possible harm. We saw risk assessments were in place which identified risks to people and we saw when people's needs changed, risk assessments were updated to reflect their current needs. Care staff were knowledgeable about how they managed people's risks and gave us an example of an alarm being fitted to alert staff of a person leaving their room. We spoke with the person who told us it had been fitted so staff were alerted to the fact they had left their room. They explained to us because they liked to go out and sometimes they forgot to mention to staff where they were going they thought it was a good idea and staff would know they were safe. We saw staff working together and informing other staff if they left the room to support a person so staff were always available to meet people's assessed needs. We saw staff had completed forms when people had had an accident or incident. The registered manager had reviewed these to ensure where any patterns had developed appropriate action was taken to prevent any reoccurrences.

People told us there were sufficient numbers of staff to support them. One person said, "There are always enough staff around to help you with things when you need them". Staff told us they were happy with the staffing levels and there was always a manager available who wasn't included in the staffing numbers if they needed any extra support. One member of staff gave us an example of when they supported a person to go to the doctors or hospital extra staff were on shift so they could still meet people's needs. We saw staff were always available when people needed support.

We saw the provider had a system in place to ensure staff they recruited were suitable to work with people who lived in the home. Staff confirmed they had been asked to bring in suitable paperwork before they had commenced in their role. This included legal checks the provider had to carry out to ensure the person was safe to work with people who lived in the home. We saw in staff records, references from previous employers to ensure they were of a suitable character to work in the home.

Systems were in place to ensure people got their medicines when they needed them. People told us they got their medicines on time. One person said, "I have one tablet at the same time every day". Another person told us, "I have tablets every four hours. At 8, 12, 4 and 8 o'clock". We saw people were offered a choice of where they would like to take their medicine. We saw staff explained to them what their medicine was for when they supported people with their medicine. Staff confirmed they had received regular training in

medicines and manager's regularly checked their competency. We saw there was a system in place to audit medicines when they came into the home which ensured there were always sufficient amounts of medicine available for people. Staff checked on a daily basis people had received their medicine. Staff had completed regular audits to ensure people's medicines were available. These audits showed people received their medicine when they needed it.

## Is the service effective?

### Our findings

Some people told us they enjoyed the food. One person said, "The food is very nice". Another person told us, "The food is alright. They (staff) find out what you want". However some people expressed concern they weren't always offered a choice. One person said, "We don't see much fresh veg. I'd like a bit more variety". Another person said, "They haven't asked me about a choice today. Usually there isn't a choice". We saw people weren't always offered a choice of food. On the day of our inspection staff had purchased food from a local café across the road which they told us they did on a regular basis one day per week. Although people had been offered a choice of what was on the café menu on the day of our inspection the café had run out of one of the choices. This meant some people did not have the food of their choice on the day of our inspection. People were all offered their food in the plastic containers from the café. We did not see people being given a choice of how they would like to eat their food. Staff told us they had not offered a choice because they thought it was how everyone preferred to eat their take away meal. We heard staff telling a person salt had already been added to their food which meant it was not the person's own choice. We spoke to the deputy manager about the food choices and they told us it was what people liked. We discussed how this did not promote a personal choice for people. The deputy manager acknowledged improvements needed to be made to ensure people got more choice to support a more personalised approach and healthy eating was promoted. Staff told us there was no one who lived in the home at the time of our inspection who had any special dietary requirements.

We saw people were offered hot and cold drinks throughout the day. Some people were able to make their own drinks and we saw staff encouraged them to do this or supported them if they needed it.

People commented they were happy with how the staff cared for them. Many of the staff had worked in the home for a number of years and told us they were supported to access any training they required. One member of staff told us they were being supported by the provider to complete a leadership and management qualification. A new member of staff told us their induction had helped them get to know people and the job well and they were always on shift with a more senior member of staff which had "set them up well to do the job". They went on to explain they had been supported by senior staff to complete ongoing training. Staff told us if they had not understood any of the training they would be offered it again to ensure they understood all their responsibilities. For example, if staff did not score highly on the on line training further training was offered. We saw many staff had not received training in basic food hygiene and we highlighted this to the deputy manager as staff had told us they prepared all the food for people. We spoke to the deputy manager about this who said they had not recognised this and would organise the training for staff following the inspection.

We saw staff asked for people's consent when delivering care. For example, we saw when people were given their medicine their consent was gained prior to staff supporting them to take it. We saw in some of the records we looked at where people had capacity to consent to their care they had been asked to sign consent forms agreeing to their care.



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.

Staff confirmed they had received training with regard to the Mental Capacity Act and they were able to explain to us how it affected people's care when they lacked capacity to make decisions for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us one person was being deprived of their liberty. We saw a capacity assessment had been completed and an application to the local authority had been completed but no authorisation had yet been returned as yet.

People told us they had access to healthcare professionals when they needed extra support to manage their health needs. One person told us they had been supported to have surgery to help them see more clearly. Most people who lived at the home told us they had not needed extra support but thought when they did staff would help them to access the support they needed. We saw in the care records we looked at when people's health needs changed advice from healthcare professionals had been sought and a treatment plan was in place and staff had followed the advice given.

## Is the service caring?

### Our findings

People told us the staff were caring and kind. One person said, "When I am a bit down I tell the staff and they tell me to talk to them". Another person said, "They take their time to talk to you". A relative told us, "Staff are friendly and caring towards all the people in the home". We saw staff chatting and helping people with activities. We heard staff offering choices to people with regards to what they wanted to do and when they made a choice staff listened. For example, one person asked for their lunch an hour after everyone else. We saw this person eating their lunch after everyone else had finished eating later in the afternoon.

People appeared happy and relaxed in the home. It was clear positive relationships had developed with staff and the people who lived there. Many of the people told us they had lived at the home for many years. We saw staff were quick to respond to people and because they knew them well were able to respond to any questions they had. We saw staff supported people in kind and considerate ways. People were acknowledged by their first name and staff always had time to talk and chat with them.

People told us they had regular meetings with staff to discuss their care and to ensure they were getting the care they needed. A relative confirmed staff involved their family member as it was their choice that was important as they were able to make decisions for themselves.

People told us and we saw staff respected their privacy and dignity. One person told us they could have a key to their room if they wanted, but chose not to. Another person told us, "I always see the nurse in my bedroom, it's private in there". A relative commented they were always offered a room to speak to their relative in private if they chose to. We saw staff supported people with personal care in a discreet way. For example, we saw one person who needed the bathroom and staff supported them in a discreet manner to protect their dignity.

We saw people were encouraged to remain as independent as possible. Some people told us they did their own laundry and did not need support with their care. One person said, "I shave myself and I have a shower every day. I do it myself". Another person said, "I can do my own laundry".

## Is the service responsive?

### Our findings

People told us they were happy with the care they received and were supported by staff who knew their own needs and preferences well. One person said, "I can have a shower when I want. I have my own room; it's nice and my own things". A relative told us "Staff are always asking people what they want". We saw staff responded to people when their moods changed. For example, we saw one person who had begun to show signs of agitation on a couple of occasions. Staff were quick to respond to them and ask what they needed. We saw the person then was more settled and less agitated.

We saw people were dressed how they chose, some preferred to be dressed more casually and some more formally. Some people told us staff had supported them to attend hair salons of their choice. We saw people could choose how they decorated their rooms and choose their own colour scheme and furniture. We saw people were offered choices throughout the day. For example, what to drink, where to eat their lunch and how they chose to spend their time. People were supported by staff who understood their individual needs. People were offered choices about areas of their care and we saw staff respected them.

Staff were able to tell us about people's preferences and how they supported people on an individual basis. This was further supported by information we saw in people's care records. For example, we saw in one person's care record details of when they liked to get up and when they preferred to go to bed. Personal information and any known routines were also recorded. We saw staff supporting one person with their care needs and acknowledged their personal preferences in the delivery of their care.

People were able to access leisure activities and told us how they spent their leisure time. One person told us about how staff had organised a special trip for their birthday and supported them with their hobby of stamp collecting. People gave us examples of how they spent their time. One person said, "I like going out. We went to the cinema". We saw staff supported people throughout the day to follow their interests. We saw staff playing games with people and encouraging people to join in. For example, we saw one person playing on their own computer for most of the day. Another person told us they had been out shopping that morning to buy seeds and gardening items as they were going to do some gardening after lunch. People were supported to follow their hobbies and interests.

People told us they had no complaints about their care but they knew how to complain if they did. One person said, "If I was worried I would speak to the manager". Another person said, "I would speak to staff if I had any concerns or worries". A relative told us they had not had reason to complain but they would speak to the manager if they did. The deputy manager told us they had not received any complaints over the previous twelve months. They explained when people had raised minor issues with them they "had sorted them out at the time". People knew how to complain should they need to.

# Is the service well-led?

## Our findings

People told us and we saw they were happy living in the home. One person said, "I get on with the staff and the residents. There's nothing I don't like". Another said, "I like living here". Staff told us they were happy working in the home. One member of staff told us, "I like working here, it's a good team and the managers are nice, it's like a home".

We saw people were involved in the running of the service and felt they were listened to. We saw the registered manager held regular meetings for people to attend and the minutes from these demonstrated people were asked for their opinions on how the service was run. For example, how often they would like the meetings to be held. Staff told us they were involved in the running of the home and when they made suggestions they were listened to. One member of staff told us, "I feel included as part of a team. If something is discussed I feel able to put my opinion forward".

We saw people and staff were given the opportunity to comment on the service by completing regular questionnaires. Completed questionnaires had highlighted there needed to be an improvement in activities. We saw as a result of the questionnaires the topic had been discussed at the next meeting held with people to decide on what they wanted to do. Staff questionnaires had not highlighted any areas of concern.

The registered manager understood their responsibilities as a registered manager. They had sent us notifications about incidents which had taken place in the service. They are required to send us notifications by law.

Staff told us they were supported by the provider, the registered manager and the deputy manager. They told us they were supported by regular one to one meetings and felt able to question any practice in the home. Staff told us if they felt they needed further training they could ask and they would be listened to and where possible it would be delivered.

We saw people were at ease talking with management throughout the inspection. Managers were seen guiding staff and chatting to people about their day. There was a happy and relaxed atmosphere in the lounge whilst people were watching television or chatting with each other.

A system was in place which looked at the quality of the care being delivered in the home. These included care plan audits, regular infection control audits and an audit completed by the registered manager which involved regular checks of the environment and regular medicine audits. We saw where audits had highlighted any areas of concern an action plan had been drawn up and action had been completed to resolve the problem. For example we saw gaps in people's medicine records had previously been highlighted and staff had received further training and this was now resolved. The deputy manager acknowledged that there needed to be some improvement in the system as it had not highlighted the areas of concern we had picked up during our inspection and they would look at improving this following our inspection.

