

Mrs Gail Fraser

Harper House - Wolverhampton

Inspection report

1 Moathouse Lane West
Wednesfield
Wolverhampton
West Midlands
WV11 3HB

Tel: 01902731732

Date of inspection visit:
27 March 2019

Date of publication:
16 April 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 that was providing accommodation and personal care to 15 people aged 65 and over at the time of the inspection.

Harper House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

People's experience of using this service:

- ☐ The provider had processes in place for recruitment, staffing levels, medicines management, infection control and upkeep of the premises which protected people from unsafe situations and harm.
- ☐ Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.
- ☐ Staff were trained and supported to be skilled and efficient in their roles. They were very happy about the level of training and support they received and showed competence when supporting people.
- ☐ Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were very kind and caring and people using the service were happy with the support they received.
- ☐ Support plans were detailed and reviewed with the person and staff who supported the person. Staff looked to identify best practise and used this to people's benefit. Staff worked with and took advice from healthcare professionals. People's health care needs were met.
- ☐ People had a variety of internal activities (such as games and karaoke) and external activities which they enjoyed on a regular basis.
- ☐ 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 the service supported this practice.
- ☐ The premises provided people with a variety of spaces for their use with relevant facilities to meet their needs. Bedrooms were very individual and age and gender appropriate.
- ☐ The provider sought the views of people and took opportunities to improve the service. Staff were supervised, supported and clear about what was expected of them. Audits and checks were carried out, so any problem could be identified and rectified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

At the last inspection the service was rated Good (08 October 2016). At this inspection, the service remained Good.

Why we inspected:

This was a planned inspection to confirm that this service remained Good.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Harper House - Wolverhampton

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 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:

This inspection was carried out by one adult social care inspector and one 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 care service. The expert by experience had cared for people with dementia with long term health conditions and older people who used regulated services.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided; both were looked at during this inspection.

The home accommodates 15 people in one adapted building. At the time of the inspection, 15 people were living in the home.

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

Notice of inspection:

This was an unannounced, scheduled inspection.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Before our inspection we looked at the Provider Information Return (PIR) and reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us.

During the inspection we spoke with six people, one relative, one visitor and four healthcare professionals to help form our judgements. We spoke with a GP, a Community Psychiatric Nurse, a Podiatrist and an Optician. We observed the care and support provided and the interaction between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy manager and two staff members. We looked at the following records:

- two people's care records and associated documents
- two staff files
- previous inspection reports
- staff rotas
- staff training and supervision records
- health and safety paperwork
- accident and incident records
- statement of purpose
- complaints and compliments
- minutes from staff meetings
- a selection of the provider's policies
- quality audits
- fire risk assessments
- safeguarding records
- infection control records.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and when staff supported them. People said, "They (staff) look after us. There is no reason not to feel safe. They are good to us" and, "I trust them (staff)."
- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this topic area.
- People and their relatives could explain how staff maintained their safety.
- Staff knew how to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risks associated with the environment and equipment were identified, assessed and managed to ensure that people remained safe.
- There was a programme of maintenance and safety checks in place which covered areas such as fire safety, water temperatures and safety.
- There were audits and checks in place to monitor safety and quality of care. Where the provider had identified shortfalls in the service, appropriate action had been taken to improve practice.

Staffing and recruitment

- The provider had safe recruitment procedures that ensured people were supported by staff with the appropriate experience and character.
- People were involved in the recruitment process. Potential staff met with people, who were able to share their views with the registered manager. One person told us about this and said, "A new male carer is starting soon. I have met him. He seems alright. It will be good to have a man carer."
- The provider and registered manager kept staffing levels under review dependent on people's needs. Staff were prepared to work flexibly and would cover staff illness or planned events.
- Staff and visitors told us there were always enough staff on duty. A healthcare professional told us, "There are always enough staff on duty, they're very well organised."

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Where errors were found during checks we saw they were investigated. There had not been any errors in the past year.

- People told us they were happy with the support they received to take their medicines. People said, "They make sure we take our medications."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment such as gloves and aprons to help prevent the spread of healthcare related infections.
- People told us and we saw the home and people's own rooms were kept clean.

Learning lessons when things go wrong

- Staff understood how to report safeguarding concerns, accidents and incidents.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Staff reviewed risk assessments and care plans following incidents to reduce the likelihood of recurrence.
- Learning was shared with staff during staff meetings, handovers and during supervisions.
- The registered manager monitored accidents and incidents to identify any patterns or trends. No trends had been identified.

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

- People's physical health, mental health and social needs had been assessed to meet their individual requirements.
- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. Care plans were regularly reviewed to understand people's progress.
- People's preferences were documented and consideration had been given to people's diverse needs under the Equalities Act 2010, such as age, culture, religion and disability.
- Where needed, staff worked with other agencies such as the mental health team, to ensure people's needs could be met.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training and by a staff team who had worked at the home for many years.
- Staff knew and understood the people they supported.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff were given opportunities to review their individual work and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans.
- People were supported to monitor their weight and diet. Staff offered people advice to help people make good choices. One member of staff said they could only advise people of their options because they had the right to make their own decisions.
- People told us they liked the food and could make choices about what they had to eat.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided.
- Healthcare professionals confirmed they were given the information they needed. One professional told us, "The records give me all the information I need. They know what they're doing, messages from staff are very clear."

- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment. The service supported people's independence using technology and equipment. Risks in relation to premises were identified, assessed and well-managed.
- The environment met the needs of the people who lived at the home.
- People and relatives had access to different communal rooms and areas about the home, where they could socialise. People's own rooms gave them a quiet and private area to enjoy. One person told us, "I love my room. My room feels like home."

Supporting people to live healthier lives, access healthcare services and support

- People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People told us, "The doctor visits me", "The mental health team come and see me" and, "The optician comes around quite often. I will see him again soon."
- People's changing needs were monitored to make sure their health needs were responded to promptly.
- Staff arranged for people to see health care professionals according to their individual needs.

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.
- People's capacity to make their own decisions had been assessed in line with the MCA.
- The provider followed the requirements of DoLS. Four people had authorised DoLS in place. No-one had conditions attached to their DoLS. Related assessments and decisions had been properly taken.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. Staff had received training about the MCA and DoLS and were able to put this into practice.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Records were clear where decisions had been made in people's best interests.
- People were always asked for their consent before staff assisted them with any tasks.

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; equality and diversity

- One healthcare professional told us, "This is a genuinely lovely home with positive vibes and a family atmosphere. Staff don't do the job for money, they genuinely care" and, "The place is brilliant, I'd rate them outstanding; they're great. I spend a full day here and have been coming for years so I know staff and people."
- We observed people were treated thoughtfully and kindly. We received feedback from people and professionals which supported this. One person told us, "I am much better since being here. I am calmer and I know they will look after me. I don't have to worry. They always say don't worry, we'll sort it." Other people said, ""They do a lot for us", "They really do look after us" and, "They are good people."
- Staff used people's preferred names and greeted them with bright smiles. Interactions between staff and people were caring and considerate. Staff had developed positive relationships with people, knew them well and the support they needed.
- People told us staff were caring and had a positive attitude towards them. One person told us, "I talk to staff if I'm worried, they help." Another person said, "On birthdays I get clothes, chocolates and days out. They make a fuss of you on your birthday."
- Staff had developed positive relationships with people, knew them well and the support they needed. Staff said, "We know people really well, their likes and dislikes, when someone is feeling under the weather. People know they can approach us any time."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. One person told us, "When my Mum died and I had to go to the funeral they came with me. When I was grieving they were grieving with me like family."

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

- Staff enabled people to make decisions about their care and knew when people wanted help and support from their relatives.
- Where needed staff sought external professional help to support decision making for people such as advocacy.
- There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions.
- People were supported to express their individual likes and dislikes and these were known by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff offered people assistance in a discreet and dignified manner. Staff said, "It's important we knock on people's doors, call them by the name they want, make sure they've made their own choices, not

patronising them in any way."

- People who used the service confirmed that staff respected their needs and wishes and they felt that their privacy and dignity were respected. People said, "I love the girls who shower me and do my hair. They did my hair in braids today. It is lovely" and, "The staff put my makeup on and put powder on top."
- Healthcare professionals told us, "Staff are always kind and attentive, always respectful and they always take us to the person's room for treatment, not in a communal area."
- People were supported to focus on their independence in all areas of their lives. They were supported to be independent in their ideas and choices and this meant people enjoyed freedom and control of their life. For example, one person told us, "They helped me get my tattoos. They didn't stay with me all the time. They took me to the tattoo shop and they went off for a coffee. [Name] (deputy manager) took me to get the one on my back done." Another person said, "They (staff) treat me like a human being."

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

- People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences.
- People's information and communication needs were identified and recorded in their care records. The registered manager told us this enabled information to be presented in a way people would find accessible and in a format they could understand. They confirmed no one living in the home required information in any alternative formats but this would be arranged if required.
- People were empowered to make choices and have as much control and independence as possible. People said, "I went to Bentley Bridge (local shopping centre) with the staff. When I get better I might go on my own", "I am never bored" and, "We play fun games in the evenings."
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Staff had an excellent understanding of people's needs and could make suggestions to people around how they could develop their skills and independence. One relative told us, "When [name] came here she was too ill to do much. Now she does go out" and, "Since she has been here she has gotten better. There is a great improvement in the way she dresses and she is sleeping and eating alright now. She is taking care of herself."
- People were supported to prevent ill health and promote good health.
- The registered manager started work early every morning because they found people were more settled during the day if they had a daily chat. Throughout the inspection, people were able to come and go in the office and staff always engaged people in meaningful conversations.
- When one person was upset, staff reassured the person, gave them a hug and spent time with them. The person told us they appreciated this and it made them feel better.
- The registered manager explained reasons why people were changing their dentist. As a result, people were given more information about the consequences of refusing dental treatment. Dental treatment was also made more accessible for people.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns or complaints, but they did not need to. People told us, "If there's a problem I would talk to the staff. I can't think there has been a problem. I don't think there is a problem. It would be a surprise if there was a problem here" and, "I would talk to any of the staff. I have never been worried, I've never had a problem since I have been living here."
- The provider had a complaints policy which was available to people and visitors. There had not been any complaints.
- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.

End of life care and support

- Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- At the time of the inspection, no-one was receiving end of life care.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care.
- Staff told us they felt listened to and the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.

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

- Regular checks were completed by the registered manager and staff to make sure people were safe and were happy with the service they received.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Staff were clear about the values of the service. They gave us examples of how they put these into practice, such as how they ensured they gave people choice and respect.
- Staff told us they felt supported in their roles. Staff said, "Managers are a phone call away any time of the day", "Staff morale is good. We've got a good staff team; all the staff are really nice. This makes a difference to the people we look after" and, "Management are very supportive, we can pick the phone up if they're not on shift."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged and able to speak up freely, raise concerns and discuss ideas.
- People's feedback had been used to continuously improve the service. For example, people said they wanted different activities; these were provided. The registered manager told us, "The more people get to do a variety of things the better. Sometimes people don't want to repeat an activity, sometimes they do."

Continuous learning and improving care

- All feedback received was used to continuously improve the service.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.