

Barchester Healthcare Homes Limited

Harper Fields

Inspection report

Kenilworth Road
Balsall Common
Coventry
West Midlands
CV7 7HD

Tel: 01676531800
Website: www.barchester.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The home provides accommodation with personal and nursing care for up to 80 people. At the time of our inspection 67 people were living at the home across five units although two of these operated alongside each other. At the last inspection in December 2014 the service was rated Good. Following this inspection the overall rating is Requires Improvement.

There was a registered manager in post at the time of our inspection. 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 and their relatives told us they were safe living at the home and were supported by sufficient staff. Staff were aware of how to keep people safe and who to report any concerns to if they suspected abuse. We saw nursing staff administer people's medicines although the records were not always fully completed for some items.

Risks to people were assessed. We were not always able to fully assure ourselves people had their wounds dressed in accordance with their care plan and wound assessment. Information from handover sheets was not always transferred to the daily records and as a result nursing staff were not always able to tell us about people's needs or events which had taken place.

Staff told us they were well supported by the management and liked their job. Management were available to offer guidance to staff and assisted in the provision of care as needed. Staff received training to assist them provide the care and support people needed.

People were supported by staff to maintain their independence and choice about daily living. Staff had knowledge about providing care in the least restrictive way possible and had an awareness of how to maintain people's privacy and dignity.

People enjoyed the food and had a choice available to them. Where people needed support from healthcare professionals for treatment this was arranged for them and advice and guidance given was followed by nursing and other staff members.

An extensive range of hobbies and interests were made available to many people who lived at the home and people enjoyed these opportunities. For people in one area of the home the amount of input was not so high and people were at times more withdrawn.

The registered manager was well respected. Relative's spoke of the improvements made and had confident they were listened to. Systems were in place to seek the views of people and their relatives as well as to assess the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was always safe

Risk assessments and care plans were in place however it was not always evident these were followed in relation to ensuring safe wound care.

People felt safe and staff knew of their responsibility to report concerns about potential abuse.

Sufficient staff were on duty to meet people's needs.

People received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service was well lead

People and family members told us they liked the registered manager and found them to be supportive.

The registered manager held regular meetings with other heads of departments within the home.

People and staff were able to share their experiences of the home for improvements to be made.

Good ●

Harper Fields

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 checked 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 24 and 27 May 2017 and was unannounced. It was completed by two inspectors. Prior to our inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they intend to make. We reviewed the information we held about the service and looked at notifications they had sent to us. A notification is information about important events which the provider is required by law to send to us. The inspection considered information shared by the local authority who have responsibility for commissioning services.

During the inspection we spoke with nine people who lived at the home and six visiting relatives. We spoke with eight further relatives on the telephone following the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with seven care staff members including senior care staff and activity staff. In addition we spoke with the registered manager and three nurses. We looked at care plans and risk assessments relating to five people plus medicine records for people. We also looked at records maintained by the registered manager such as audits, minutes from meetings and complaints.

Is the service safe?

Our findings

We looked at how people were supported when they had wounds to the skin which required regular care and attention from the nursing staff. We spoke with nurses about how they provided skin care to people with wounds. Due to not having details available to them or unfamiliarity with the home the nurses we spoke with were unable to assure us people's wound dressings had been changed as planned. As a result they could not give the assurance we needed to evidence people had not been placed at risk from further deterioration to their skin. Nurses were able to show us documents which were in place to inform staff of people's treatment plan and the frequency when dressings needed to be attended to. However, we saw these were not completed in line with the devised plan of care. We saw photographs of one person's wound and the nurse confirmed the wound had worsened during a timeframe when it was not evident the required treatment had taken place. One person's documents showed the wound to be in a different place to where it was. Another person sustained an injury to their skin following an incident but no wound plan was in place and an update on the condition of people's skin was not known. We spoke with an agency nurse who was required to change a dressing. They had no knowledge of the person's plan of care or what action was needed and they had been given no instructions. We brought our findings to the attention of the registered manager who undertook to look into these matters and discuss them with the nursing team to ensure improvement took place.

This was a breach of Regulation 12 (2) Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw risk assessments and care plans linked with identified care needs were in place. These were to provide staff with guidance regarding people's care and strategies to reduce risks and therefore keep people safe. Staff were aware of risk assessments and of measures to reduce risks such as the risk of people developing sore skin however these risks had not been minimised by ensuring the frequency of changes to the dressing. We saw staff used specialist equipment such as pressure relieving cushions. Other risks identified included people who were at risk of choking and of falls.

People told us they felt safe living at the home. Either verbally or by body language people indicated they were comfortable with staff who provided care and support. One person told us, "I feel safe" and told us Harper Fields was as good as anywhere. Relatives told us they believed their family member to be safe. One relative told us they believed their family member to be, "Very safe" when they left the home. Another relative told us, "We know she is safe and they [staff] love her." A further relative told us they would know if their family member did not feel safe and were confident therefore the person was safe living at the home.

We spoke with relatives about the staff and the continuity of staff working with their family member. Everyone we spoke with felt this was important and confirmed they regularly saw the same staff supporting their family member. One relative told us they liked the home for this reason and because they had found the management had managed to, "Keep the same staff". Another relative told us, "See the same faces every time I go in" and as a result believed their family member had settled well at the home. A further relative told us they had seen an improvement in staffing continuity over the last 18 months. The majority of relatives we

spoke with believed there to be sufficient staff on duty. One relative told us staff, "Work as a team" while another told us, "There seems enough staff."

Staff we spoke with were able to describe different types of abuse and were aware of their responsibility to report any concerns they may have regarding safeguarding people against actual or potential abuse. One member of staff told us they would expect the registered manager to take prompt action in the event of any abuse to ensure people who lived at the home were not placed at any further risk of harm. Staff spoke about their knowledge regarding the provider's whistleblowing procedures in the event of them having concerns about practices within the home.

Staff we spoke with told us they believed the staffing levels to be sufficient to meet the needs of the people who lived at the home. One member of staff told us, "Never feel under staffed" and added, "The nurse helps out" and "Never worked with any agency staff". The use of agency staff described as high in the past had been significantly reduced since our last inspection. Another member of staff described staff as, "Very capable". Staff told us as far as possible they liked to have a member of staff in the communal areas of the home. We found this was regularly the case however at times no interaction was taking place involving people.

The registered manager told us they had a dependency tool from which they were able to establish the number of staff needed to provide care. They told us they were able to deviate from the number of staff worked out as needed if the actual care needs of people could be shown to be greater.

Newly appointed staff told us they had needed to undertake a Disclosure and Baring Service (DBS) check prior to them starting work. This check was to see if people had any criminal convictions and whether they were unable to work with people who lived at the home.

A relative told us they had never had any worry about their family member receiving their medicines. We saw nursing staff checked records prior to administering medicines to people and complete the person's records to evidence these prescribed items were taken. Records maintained of medicines given and the application of creams and ointments were usually completed fully although there were some occasions when staff had not signed the record. Records for household remedies (items which can be purchased over the counter without a prescription) as well as medicines requiring additional storage requirements were accurately completed. Protocols were in place for medicines prescribed on an as required basis to guide nursing staff as to when they should be administered.

Is the service effective?

Our findings

Relatives we spoke with told us of their confidence in the staff team and their ability to meet the needs of their family member. One relative told us staff, "Know what they are doing." The same family member told us of their confidence in the ability of the person in charge of the unit where their family member was living. Another relative told us, "I have total confidence in the staff". We spoke with relatives of people living in different units of the home and they all praised the staff and the leadership of the unit concerned. One person described a unit leader as, "Exceptionally good" while another relative described another unit leader as "Excellent" and "Up to date with what she is doing."

Relatives were confident staff had received training. One family member was, "Confident" in the care their family member had received as a result of training undertaken.

Staff we spoke with told us they received suitable and sufficient training to enable them to meet the needs of people at the home. One member of staff told us about their induction training prior to them starting work at the home. They confirmed the training had provided them with a good foundation before they actually commenced work. Another newer member of staff told us they had gained an insight into people's needs while they had shadowed an experienced member of staff until, "I was confident to do care on my own." Staff told us they had undertaken training using a computer as well as practical training in caring for people in areas such as the risk of choking. Staff told us they felt supported by the nurses and management to do a good job.

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. We saw that where people had been unable to make a choice or decisions, a decision had been made in the person's best interest involving others such as family members and healthcare professionals.

People who lack mental capacity to consent to arrangements for the necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedure for this in both care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications under the DoLS and where these had been authorised staff were aware of these and the restrictions. Staff we spoke with confirmed they had received training regarding the MCA.

A family member was pleased with what they believed to be the freedom their family member had to do what they wanted within the home. Another relative told us they had been involved in best interest decisions regarding their family member. Throughout the inspection we heard staff gained permission from people prior to them providing care and support. Staff were heard and seen to provide guidance to people to both ensure they were aware what they were doing but also to keep people safe. For example by asking people to keep their feet on the foot rest when using a wheelchair. This protected people from the potential

risk of injury.

The majority of comments made about the standard of the food by people and their relatives were complimentary. One relative was pleased with the availability of snacks outside of meal times because the flexibility provided ensured their family member ate when they wanted to. We saw staff offered assistance to people with eating and drinking when this was needed as well as gentle encouragement to ensure people had sufficient amounts to eat and drink. We heard staff ask people if they wanted some support with their meal.

Staff visually showed people the choice of meals and drinks available to them where this was needed. This enabled people to select what they wanted to eat. Dietary needs such as for people who were vegetarian or needed their meals specially prepared to meet assessed needs to reduce the risk of choking were recognised by the staff. These meals were provided as required.

Menus were displayed around the home showing the range of food available to people at each meal. We saw staff had access to cards showing different meals. These cards were stored in such a way as to be potentially misleading to people regarding the next meal available. We brought this observation to the attention of the registered manager.

Relatives believed their family member to have their healthcare needs met by the staff at the home and by the involvement of other professionals. Staff worked alongside healthcare professionals such as doctors and specialists which included dieticians to provide the healthcare needed to ensure people's needs were able to be addressed.

Is the service caring?

Our findings

People told us they liked the staff and found them to be kind and caring. One person told us, "I am getting there" when they described the improvements they were making. Another person told us, "I like it here, they're all really nice. They do what I ask so I am happy." A further person told us, "Staff are genuine when helping with my various needs" while another person described the staff as, "Splendid". Throughout the inspection we heard staff spoke with people in a kind and caring way. We saw people responded to staff with smiles as well as engaging in conversations. When one person became anxious regarding their ability to pay for a meal we saw and heard a member of staff responded appropriately and managed to reassure the person.

Relatives told us their family member received good quality care from a caring staff team. We were informed about improvements in the management of the home since our last inspection and relatives confirmed they had not witnessed any poor or unkind care to anyone. One relative told us their family member was, "Well looked after". Another relative described the staff as, "Very approachable" while a further relative described the care provided as, "Amazing" and added, "I have no doubt of that." A further family member told us, "Every member of staff is professional and caring". They also assured us the level of good care we were likely to see on the day of the inspection was not put on and assured us the care provided was always of a good quality. Another relative described the care as, "Excellent".

Staff told us they believed they provided quality care. One member of staff told us, "Residents are well cared for" and, "This is a really good home". Another member of staff described the importance of involving people in their own care such as ensuring people had a choice of clothing worn. We saw people moved freely around the unit on which they lived and were able to retain independence. Staff were seen to guide people to where they may wish to go such as their bedroom or to a communal sitting area. Staff confirmed staffing levels were sufficient and as a result they could respond to people when they wanted care and supported to be provided. One staff member told us, "We don't rush them [people living at the home], some people get up later their choice." We heard one person talking about their wishes and a member of staff responded with, "Sounds like a plan."

Relatives told us they felt involved in the care of their family member and were involved in reviews of the care plan. We were also told they were made welcome at the home at any time to see their family member. We saw friendly interactions take place between staff and visitors to the home throughout our inspection. As a result of staff working alongside relatives we were told they knew what was important to people. One relative described how their family member always took pride in their appearance and confirmed staff continued to ensure this was maintained including the wearing of jewellery. Another relative told us they knew their family member was happy and as a result they were happy also.

We saw staff upholding people's privacy and dignity throughout the inspection. For example when using equipment to assist people to transfer from an armchair to a wheelchair staff ensured people were covered appropriately. One relative told us, "Staff are respectful. They talk with people as if they are real." Due to respect they had seen in place for their family member they told us they were able to visit, "With a happy

heart". We saw people were able to personalise their bedroom to reflect individual likes and dislikes.

Is the service responsive?

Our findings

Throughout our inspection we received positive feedback from people and their family members about the range of activities available for people to participate in. We saw people engaging in numerous hobbies and interests in different areas of the home. One relative told us they had, "Never seen anything like it" and told us of the attention their family member received in areas such as trips to the theatre and ballet. The same relative told us about the quality of life experienced by their family member and how this matched with what was important to the individual. Another relative told us, "Things for people to do" and described how they also joined in with events in the home along with their family member who enjoyed the entertainment and mini bus trips. A further relative told us the activities available were, "Excellent from the Christmas fayre to live music" and told us "Staff help to interest" people who lived at the home. The same relative told us as a result their family member had had an increase in their social activities.

During the inspection we saw people engaged in nail care, art work and making bread. One relative described to us events at the home to celebrate a significant birthday celebrated by their family member. They told us, "The day was perfect" and, "Unbelievable". As the person had enjoyed holidays in their younger day's staff transformed the room to look like a seaside. This included sand and rocks as well as a photo booth. People had eaten traditional fish 'n' chips with mushy peas. The relative told us the day was, "So memorable." We were told of other personalised activities such as a person who had requested seeing a white horse which was arranged.

We saw activity staff engaging with people and demonstrated an awareness of what was important to people. We heard a member of staff talked about some DVD's they had brought in of a popular situation comedy. The person they were speaking with smiled on their recognition of the series. We saw different denominations of the Christian church were represented by holding different services at the home. People were asked if they would like to attend a service. One person responded by saying, "I would like a good sing and prayer." We were told of themed events at the home to celebrate different cultures and different religions.

The activity organiser who had won a national award for the activities provided along with their team had established links with a local school. We were told of a project involving the school children and people at the home to write and illustrate a book on a 'magical care home.' We saw an article in a magazine about the activities provided. The activities organiser told us, "All the staff are as passionate as I am" about providing individualised care for people.

Information about activities available for people to participate in was displayed in the reception area of the home. This showed events such as the mini bus destinations planned for the week to places of interest such as a sea life centre and a National Trust property. We saw details of exercise groups, a swimming session, skittles, computer classes, cinema and pet therapy. Dates for your diary as well as details of weekly activities appeared in the Spring edition of the Harper Fields Herald.

Some people were seen to have a personal copy of national newspapers. Copies of newspapers were

available for people to read in the café area by the reception. The café area was seen to be used by people living at the home with staff members as well as with relatives and friends to enjoy a cup of tea or coffee.

Relatives told us they believed staff to know people well and were aware of what was important to them. One relative told us they had managed to fill in the gaps when staff told them about a conversation they had had with their family member. Relatives told us they believed the care provided to be individualised to their family member.

Although we saw good individualised attention to providing hobbies and interests for people we found the level of intervention and involvement to be better on some units than others. On some units the staff involvement was considerable while on one unit we saw staff working in a more task focused way and not actively involving anyone while they were in the lounge area. As a result we saw some people showing signs of withdrawal and were unconnected with their surroundings. We heard one person in this area ask if they could go out for a walk. A member of staff told them they would have to see as staff were busy. We brought our differing observations to the attention of the registered manager who was aware of the need to improve the social side of care in this area of the home.

Care plans were available and staff confirmed they were able to refer to these as well as attend daily handover meetings to make sure they were aware of people's current care needs. Care plans were detailed and regularly reviewed showing changes such as in people's dietary needs, fall prevention or medicines. We saw staff completed daily records however these did not always contain information we found on handover sheets and there was a risk of information not getting fully evaluated within the care plan. This was because nursing staff were not always aware of incidents we highlighted upon the handover sheets.

One person we spoke with told us they would speak with the registered manager if they had any concerns. This person was confident management would help to resolve any concerns for them. Relatives were aware of their right to raise concerns on behalf of their family member. They told us of their confidence in the management in putting things right in the event of any concerns they may have. One relative told us they had complained about an aspect of the support provided to their family member and had told us they had seen an improvement. Where complaints had been received we saw these were investigated by a suitable person within the organisation and where necessary a written apology was given. Where staff training or additional supervisions were recognised as a need following the investigation these were provided to reduce the risk of a similar incident or shortfalls taking place.

Is the service well-led?

Our findings

In order to ensure good communication within the home a daily meeting was held involving the registered manager, nurses, unit heads, activities, maintenance and catering. These meetings of representatives from around the home were an opportunity to discuss plans for the day as well as the needs of people living at the home and any staffing issues. Following these meetings the nurses met further to discuss people's clinical needs and any changes with these.

During our inspection we saw the registered manager throughout the home. We saw they were known to people who lived at the home and interacted appropriately to people. One person told us, "The manager is very down to earth" and told us they, "Help the staff and sometimes brings me a meal."

Relatives who spoke with us were complimentary of the registered manager and the improvements they had made at the home. One relative stated the manager had, "Turned the place around". Another relative told us, "Improved no end" and described to us the level of confidence they placed in the registered manager adding they were, "Very happy now" with the care their family member had received. The same person believed the home to be, "Managed extremely well". Other comments about the registered manager included, "Really pulled it up", "Exceptional" and "Lovely, always listens" while another person told us the manager's door was always open. We saw the registered manager involved on the units during the day.

Furthermore staff also made positive comments about the registered manager. One member of staff spoke of the trust they had in the registered manager and described them as, "Brilliant" and "Really supportive and approachable". Another member of staff described the home as "Well run". A further member of staff described the registered manager as, "Lovely" and told us it was nice that they were able to go and see them with any problems as they would be sorted. Staff working in different areas of the home and with different roles told us they enjoyed their job. One of the nurses told us, "I love it here".

Staff confirmed they were able to attend staff meetings and felt able to participate in these meetings to raise any concerns or make suggestions on improvements to the home and the quality of care provided. Meetings involving people who lived at the home had taken place during which people were able to make suggestions for improvements.

We saw evidence of the registered manager listening to comments and feedback received from people who lived at the home. People had asked for trips in the afternoon as well as in the morning. Information on display entitled 'You Said, We Did' showed this comment was to be taken into consideration and a trial was to take place. Other areas where people sought changes included a request for a choice of a hot and cold dessert at each meal time. During our inspection we received comments from some people about too many 'cakes' for dessert. The 'We Did' for this comment stated the kitchen will take action on this following a recent residents meeting.

Information about the home such as the previous Care Quality Commission rating, activities, staff photos and employee of the month were displayed for people to refer to. Information was available to people and

visitors demonstrated an openness in the management of the home. This was to involve and include people in the running of the home.

We saw a report from a specialist working for the provider who had found the care plans to be well written. Where any improvements were needed action plans were in place and completed such as a reminder for staff to complete training available on the computer. The registered manager reviewed accidents and incidents which had occurred within the home and had statistics available to them regarding staff training and the number of staff who needed to complete certain training courses. We saw the registered manager had made visits to the home outside of their normal hours to check people were receiving a quality service.

The registered manager was able to share their vision for the future and the further development of the home. These included changes to the décor and the introduction of staff champions to develop areas of practice. The registered manager spoke of her desire to make further improvements in the care and support provided for people living with a dementia such as themed areas and improved signage to assist people find their way around the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured identified risks to people's health and welfare were actioned inline with their care plan and risk assessment.