Care Quality Commission

Harpers Villas Care Centre Ltd

Harpers Villas Care Centre

Inspection report

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Willenhall
West Midlands
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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

This unannounced inspection took place on 12 and 13 November 2015.

Harpers Villas Care Centre accommodates up to 26 people most of whom have dementia related conditions. At the time of the inspection there were 25 people living at the home.

The home had 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 were protected from harm by staff who understood their responsibilities in identifying and reporting potential abuse. Most staff considered there were enough staff to meet people's care needs. People did not always receive the support they required at meal times. Some staff felt that people would benefit from an increase in staffing numbers as this would provide people

Summary of findings

with opportunities to take part in activities that interested them outside of the home. People's medicines and given as prescribed and stored safely. However, people did not always receive their medicines at a time that suited them.

People were supported by staff who had the skills and knowledge required to meet their care and support needs. Staff felt supported in their work. Staff gained people's consent before providing care and support and people were involved in making decisions. People's healthcare needs were monitored by staff and referrals were made to appropriate healthcare agencies when required.

People and their relatives spoke highly of the staff. Staff had a good understanding of people's needs. People's privacy and dignity was protected by staff.

People and their relatives were involved in the planning of their care. Most people felt they were supported to take part in activities that interested them. Where people's needs changed staff responded appropriately. People knew who to speak with if they were not happy with the service they received.

Systems to gain people's feedback about the service were not effective. Audits were regularly completed to monitor the quality of the service, but these were not always used to drive improvement. People knew who the registered manager was; and people, relatives and staff expressed confidence in the registered manager and provider.

Summary of findings

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 not always safe.

Some people told us there were not enough staff to support their needs. People were protected from harm by staff who had a good understanding of how to identify and report potential abuse.

Requires improvement

Is the service effective?
The service was effective.

Staff had received appropriate training to meet people's needs. People's consent was obtained prior to receiving care and support. People were provided with adequate food and drink and were supported to access healthcare services.

Good

Is the service caring?
The service was caring.

Staff treated people as individuals and were friendly and kind. People were supported in a way that maintained their dignity and privacy.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of people's needs and encouraged people to make their own choices. People knew how to complain if they were unhappy about the service they received.

Good

Is the service well-led?
The service was not always well-led.

Systems used to gain feedback on people's experiences were not effective. Audits carried out to monitor the quality of the service were not always effective. People, relatives and staff expressed confidence in the registered manager and provider.

Requires improvement

Harpers Villas Care Centre

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 12 and 13 November 2015 and was unannounced.

The inspection was carried out by 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 care service. Their area of expertise was older people and dementia. During the inspection we carried out observations of the support and care that people received. 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 looked at information we held about the service. This included statutory notifications which are notifications the provider must send to inform us about certain events. We also contacted the local authority safeguarding team for information they held about the service. This information helped us to plan the inspection.

We spoke with six people who used the service, three care staff, three non-care staff, three relatives, the registered manager and the provider. We looked at three people's care records, records relating to the management of the service, records relating to health and safety, two staff files and the medicines records for three people. We also spoke with a visiting healthcare professional.

Requires improvement

Is the service safe?

Our findings

People expressed mixed views about whether there were enough staff to meet their care and support needs. One person told us, "Sometimes (there are enough staff) and sometimes we have to wait a bit longer and the dinners are going a bit cold." Another person said, "No, it's understaffed. It always has been as long as I've been here." A third person told us, "They [staff] don't often talk to me…I reckon they're short of staff." Relatives we spoke with told us they felt there were usually enough staff available to respond to people's needs. Other people had a more positive view. One person told us, "I heard in passing that they are a bit short staffed here, but I've never had a problem." Another person said, "Yes, there are plenty [of staff]." Staff we spoke with told us there were usually enough staff to support people effectively but some staff felt that resident's activities away from the home and outings were limited due to staffing numbers. One staff member told us, "Sometimes there are enough staff, but there could be more for activities [outside of the home]." During the inspection we saw staff responding to people in a timely manner when they needed assistance with their personal care needs. However, during lunchtime people who required support with their meals had to wait for someone to support them, which meant that by the time they ate their food it had gone cold. We discussed this with the registered manager who told us staffing levels were based on budgets; however the provider told us staffing levels were based on people's individual needs. We found that the staffing levels met the provider's own criteria; however during the inspection there were not enough staff to meet some people's individual needs.

People at the home expressed mixed views about their medicines. Some people told us they didn't receive their medicines at the same time each day. One person said, "No, they [medicines] can be anytime." Another person said, "They're not very good on the tablets. I don't get them until 9pm and I wanted to go to bed at 8pm." A relative told us, "They [family member] has said they don't get them at a set time." We discussed this with the staff who administered medicines and they told us that times could vary according to the amount of people who required their medicines at any given time. Other people we spoke with told us they received their medicines on time. During the inspection we observed people were being supported with their medicines at the appropriate times and saw that staff assisted people in a dignified and caring manner.

We looked at the way in which medicines were stored and found they were kept safely in accordance with best practice guidelines. There were detailed medicines profiles for each person which staff told us helped them ensure they gave people the right medicines. We saw that where people's needs had changed in relation to their medicines their information had been updated to reflect this. Where people received their medicines covertly the provider had taken appropriate action to ensure this has been agreed by all parties involved. Staff told us they had received the appropriate level of training before they were allowed to support people with their medicines. One member of staff told us, "I did two different types of training in medication, and then I was observed by the registered manager who signed me off to say I was competent." Another staff member told us, "I am reviewed by the registered manager or the deputy manager every six months; to make sure I am still competent."

People told us they felt safe. One person said, "I feel safe because of the whole environment. The staff are brilliant, I mean that. They work hard." People were supported by staff who knew how to recognise signs of potential abuse and were aware of their responsibility to report any concerns. All of the staff we spoke with knew how to raise concerns about people's safety and felt confident that they could raise concerns with the home's management team. One staff member told us, "I would go to the manager or the deputy manager or the area manager. I would feel confident raising issues with any of them." Another staff member said, "I would go to the manager to discuss any concerns, if they didn't act I'd contact CQC." Staff told us they had experience of dealing with safeguarding concerns so were confident in the process the home used.

People were protected from harm by staff who knew how to assess and manage any potential risks. One member of staff told us, "If I saw something that I thought was a risk I'd put a risk assessment in place to try and minimise the risk." We saw that the registered manager shared information about potential risks with the staff team through a key worker system and updates in people's care plans. One staff member told us, "We try and deal with risks before they occur, in terms of people's behaviour; we try and

Requires improvement

Is the service safe?

diffuse the situation. It's about having a person centred approach." We saw that where incidents or accidents had taken place the registered manager had taken action to ensure that the likelihood of something similar happening again was reduced. We saw that the provider routinely carried out risk assessments in relation to health and safety matters, including an annual fire risk assessment.

We looked at the recruitment records for two staff and we found that appropriate pre-employment checks had been carried out. This included the provider requesting references from staff member's previous employers and well as checks carried out by the Disclosure and Barring Service (DBS). This helped to ensure staff were safe to support people who lived at the home.

Good

Is the service effective?

Our findings

Most people we spoke with told us they felt they were supported by staff who had the training and skills required to meet their needs. One person told us, "The staff who work here are very good." Another person said, "The carers are alright, they come and help me to get my jumper off, I have a nice bath and they come and help me." All three relatives we spoke with felt the staff were knowledgeable about their family member's needs and had the appropriate skills to support them effectively. Staff told us they were given an induction when they first started working at the home and this had helped them to develop in their role providing care and support to people. All of the staff we spoke with felt they had received training that enabled them to effectively support people. We saw that where staff had specific responsibilities they were given training in this area. For example, the deputy manager took lead responsibility for the management of medicines. They told us they received additional training in this area, and this gave them confidence in their role.

Staff told us they felt supported by the provider's management team, and one-to-one meetings with the registered manager did take place, however we found that these meetings were infrequent. One member of staff told us, "I can have supervision with the manager every two months if there's a problem, but usually it's every six months." The registered manager and staff told us that daily handovers took place between staff members however group staff meetings no longer took place. Staff we spoke with felt they would benefit from regular group meetings as this would allow them to share ideas about people's care and support, and contribute to the development of the home. We spoke with the registered manager about this and they told us that although staffing levels made meetings difficult to arrange, they were considering re-starting group staff meetings.

We saw that volunteers worked at the home and this complemented the staff team. During our visit we observed people being supported by a volunteer to take part in activities that interested them. We saw they had the skills required to effectively support people and they told us they enjoyed their role, and were gaining valuable experience by volunteering.

People told us they or their relatives were involved in decisions made about their care and support. We saw that staff asked people for their consent before providing them with care and support. 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 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). We checked whether the service was working within the principles of the MCA and found that it was. Although not all staff had a good understanding of the MCA we found that appropriate assessments had taken place and the registered manager was able to tell us about their responsibilities in relation to decision making and best interests decisions for people who lacked capacity. However, not all staff we spoke with had received training, or understood their responsibilities in this area.

We asked people about the food and one person told us, "We normally have two choices and they come round with a list asking what you prefer." Another person said, "We are given a choice. You can talk to the staff and they'll leave any food out for you straight away." We saw that there was a menu and people were offered a choice of two main meals at lunchtime. Staff who prepared the food shared with us how they communicated the choice of meals with people whose communication was limited. Meals offered reflected people's healthcare needs and took in to consideration people's dietary requirements. Throughout the inspection visit we saw staff responded to people who asked for drinks as well as offering drinks to people who had not indicated they were thirsty. Some people we spoke with told us they found the portion sizes small and others felt there wasn't enough choice. One person said, "We don't' always get a choice, the sandwiches are the same every day." A relative told us, "I don't visit at meal-times, but my family member has said they are small portions." We asked the cook about portion sizes and they told us they were determined by people's appetite and preferences. We saw that portions sizes for the main meal were acceptable, however dessert portions were small.

Good

Is the service effective?

People's healthcare needs were monitored by staff and they were supported to visit healthcare professionals in response to a change in their health care needs. Where healthcare professionals had given advice about a person's diet or health needs we saw that staff had followed their guidance to ensure that people's needs were met. We spoke with a visiting healthcare professional who told us that their advice was followed up by the home, although they sometimes had to repeat the same information to different staff members. People and staff we spoke with explained that a range of healthcare professionals regularly visited the home in response to people's needs and to carry out routine healthcare checks, however some people told us they did not have access to a dentist. We discussed this with the registered manager who told us arrangements would be made to ensure people who wanted to could see a dentist.

Good

Is the service caring?

Our findings

All of the people we spoke with told us they felt the staff were kind, caring and friendly. One person told us, "They are very good here; they look after me very well." Another person said, "The staff are attentive and they're on the ball." We asked a relative what they thought and they told us, "I think the staff treat [name of person] like they are their own. The staff have always been here for us, they take an interest not just in [name], but in us as a family." Another relative told us, "We are made to feel more than welcome when we visit; all of the staff are really approachable."

Most people we spoke with felt staff took time to talk to them and responded appropriately. One person told us, "There's never a problem speaking to any of the staff. They help me with a lot of small minor problems and I can carry on." Three people told us staff were sometimes too busy to spend time with them. One person told us, "Some I've never spoken with, they never bother with me."

Where people indicated they were in discomfort or distress we saw staff responded appropriately to them, discussing their concerns and following up with information in responsive to any questions they had. One member of staff was asked by a person about the timing of their visit from the doctor. We saw that later on in the day the staff member returned to them with the information they had requested.

Staff we spoke with demonstrated a good understanding of people's needs and preferences and could explain to us how people liked to received their care and support. One member of staff told us, "I ask people before I do anything. If I'm not sure I refer to their care plan." We saw people being offered choice throughout the inspection. People were asked by staff how they preferred their personal care, where they would like to sit at meal times, and if they wanted to take part in activities. A member of staff told us, "We give people daily choices, and recognise that not everyone likes the same things."

People told us staff respected their privacy and dignity. One person told us, "The staff are brilliant, they know my routine." People told us how staff encouraged them to be as independent as possible. One person said, "I have a lovely bubble bath, I can climb in myself, but staff say 'you do what you can'." Staff we spoke with shared with us examples of how they protected people's dignity and we saw throughout the visit how staff ensured people's privacy. People were encouraged to do things for themselves whenever possible, and we saw staff prompting people to be involved in their care and support as much as they were able.

Relatives told us they were made welcome when they visited their family members. One relative told us, "We are made to feel welcome when we visit, if I wasn't happy with the home I've have moved [name of person] to somewhere else."

Good

Is the service responsive?

Our findings

People and their relatives were involved in the planning of their care and support. One person told us, "I was asked about things and so was my daughter." One staff member told us, "Families are welcome to see the care plans anytime. They are all asked to sign a form to say they agree with the information." We looked at people's care records and saw they contained information for staff about people's life histories and interests. We saw that where possible people and their family members had contributed to them.

Most people we spoke with felt there were suitable activities for them to join in with. One person said, "They bring in a music bloke, you can get up and dance. There's a lady who helps me and makes sure I don't fall." Another person told us, "This morning, I did some colouring. The singers are good; they make those who can't do a lot happy." Staff we spoke with had a good understanding of people's individual interests. One person's relative shared with us how pleased they were to see that staff encouraged their family member to sing. They told us, "[Name of person] loves singing and the staff encourage them to sing. The staff really praise them." On the second day of our inspection people were asked to take part in music and singing activity. We saw that people were keen to participate and there was a light-hearted, fun atmosphere. We saw that people felt comfortable spending time in their rooms as well as in the lounge and other communal areas.

Where people's health or support needs changed, the staff and registered manager had systems in place to ensure that people received care relevant to their current needs. Staff shared with us the methods they used to pass on important information about people's changing needs to the rest of the staff team and to other relevant professionals if appropriate. This helped staff to keep up to date with changes to people's needs so that people always received the care and support they needed at the right time. Relative's felt they were kept up to date with the family member's changing needs. One relative told us, "As soon as we come here, if there is anything they want us to know, they tell us." A member of staff told us how they ensured people's likes and dislikes were included in their care plans, "It's about person centred care. We ask as many questions to the person or their family member about their preferences. Getting to know a person is on-going; when we learn something about a person we add it to the care plan."

People and their relatives knew how to make a complaint if they were unhappy about the care and support they or their family member received. One person told us, "[If I have a complaint] I go to the office. Problems are sorted the same day." One relative told us, "If we voiced any concerns they would listen." Another relative shared with us some concerns they had and explained how the registered manager had met with them to discuss them. They now considered the matter resolved and expressed their confidence in the registered manager. Staff we spoke with were knowledgeable about the home's complaints procedure and knew what action to take if they received a complaint.

Requires improvement

Is the service well-led?

Our findings

The provider had not always offered people and the staff team opportunities to be involved in the development of the service. People we spoke with told us they had not been invited to give feedback about the service they received. We asked people if they had been invited to attend a resident's meeting, or respond to questions about the home. One person said, "No, I've never been to a meeting, I've been here two years." We spoke with the registered manager about this and they told us they did hold resident's meetings but no-one attended them and they did not have any other formal way of gaining people's feedback. The provider had however recently carried out a relative's survey to gain feedback from people's family members.

All of the staff we spoke with felt supported in their role, however some felt that a regular team meeting would give them more opportunity to share ideas about the day-to-day aspects of the home, as well as ideas for development and improvement.

We saw that the registered manager and senior staff carried out regular audits and made checks on the essential aspects of the service including; care records, medicines records, infection control checks, monitoring of accidents and incidents and matter's relating to people's health and safety. However, we found that where shortfalls were identified, action had not always been taken to make improvements in these areas. For example, the registered manager shared with us action plans in relation to infection control. We saw that while the provider had made the improvements described in some areas, there were other things that we witnessed during the inspection that had not been actioned as described. We found that while regular auditing had taken place, this was not always used to drive improvement. We found that the monitoring of people's fluid intake was not effective. Although staff recorded the amount people drank throughout the day, amounts were only audited at the end of each month. This meant that changes to support people's hydration may not be implemented quickly enough. The registered manager acknowledged this and told us that changes would be made with immediate effect.

People and their relatives knew who the registered manager was and told us they felt comfortable to approach them. Staff we spoke with felt the home was well-managed and told us they had received information about the provider's values when they first started working at the home. Staff told us they were able to contact the registered manager if and when they needed them, and there were senior staff who supported them in the absence of the registered manager. We saw throughout the inspection that people, their relatives and staff had regular contact with both the deputy manager and the registered manager. Relatives expressed confidence in the registered manager and told us they were available when they needed to speak with them. One person's relative told us, "Yes, [name of manager] is always around." We spoke with the provider who told us about the plans they had to make improvements to the home. Plans included a redecoration schedule, which was underway at the time of our visit. Staff expressed confidence in the provider and felt they were supported when they asked for resources to help them in their work. The registered manager and provider were open with us about areas where improvements needed to be made.