

# Enter And View

## Report

Harpers Villas Care Centre  
Carried out 25<sup>th</sup> October 2018  
Follow up visit 12<sup>th</sup> June 2019



**Local voices  
improving local  
health and social care**



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Healthwatch Walsall is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure that the views of the public and people who use services are taken into account.

At a local level, Healthwatch Walsall will work to help people get the best out of the health and social care services in their area; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of their services - not just for people who use them, but for anyone who might need them in the future.

Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Walsall Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Walsall safeguarding policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.



## Provider Details

**Name:** Harpers Villas Care Centre  
**Address:** 1 - 3 Bilston Lane, Willenhall WV13 2QF  
**Service Type:** Residential Care  
**Home Capacity:** Licensed to 26 presently  
**Date of Visit:** 25<sup>th</sup> October 2018

## About Harpers Villas Care Centre

Harper Villas is run by Harpers Villas Care Centre Ltd.

The last CQC inspection was 17th August 2018 and report published 30th October 2018.

The report stated that the home requires improvement in 4 out of 5 measures and good in one, 'Caring'. Please follow link below to access the full CQC report.

<https://www.cqc.org.uk/location/1-1521308255/inspection-summary>

## Authorised Representatives

<b>Name:</b> Tom Collins	<b>Role:</b> Healthwatch Employee and Authorised Representative
<b>Name:</b> Ross Nicklin	<b>Role:</b> Authorised Representative

## Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents.
- To listen to, observe and capture the experiences of service delivery from the residents and relatives.
- We carried out the visit at the request of Adult Safeguarding Walsall CCG.

## Physical Environment

### External

The building is well signposted.

There is car parking at the rear of the building and there is CCTV installed to the exterior.

At the time of our visit the home was undertaking construction work to include the provision of 9 further bedrooms, an orangery and an extension to the dining room.

The building work was clearly signposted to mitigate risk.

The gardens are temporarily affected by the construction work, so it was difficult to assess their suitability for residents at this point in time.

However, we were assured they will be returned to a user-friendly environment for the residents and visitors after the completion of the works. The residents will be able to access the gardens direct from the new orangery.

We were told by management that the garden area is normally an area which provides sensory stimulation for residents through the provision of hanging baskets etc.

## Internal

Entrance to the interior from the lobby is accessed via buzzer and keypad.

Visitors are requested to sign in using a visitor's book. Visitor tags are available to provide identification and authority to visit.

**Consideration could also be given to providing a tear off visitor/contractor signing in book which includes individual authorisation to be on site, imparts the relevant fire, health & safety information and meets legislative requirements.** Such signing in books are readily available at minimal cost.

The reception area notice board displayed the previous CQC report dated 3 March 2017, in which the home was rated good. **Note the revised report referenced above.** Also displayed were the complaints & fire procedures.

The lobby accesses an entrance corridor which the downstairs communal areas lead off from; these are the lounge and dining room. The kitchen connects directly to the dining room facilitating easy meal service for those residents using that area.

Also, off the corridor is the office and nurses' station in which medication is stored and distributed from.

The ground floor resident rooms are easily accessible from here. In addition, there is a downstairs bathroom and shower room with hoist, communal toilet and laundry room.

On the day of our visit the laundry room was held open with the fire extinguisher which is not best practice. It was corrected at our request.

We did not interview any residents in their rooms but did view a typical interior. It appeared clean and well appointed. All the rooms are partially en-suite with a WC and wash basin and flooring is non-carpeted and therefore more easily kept clean.

A number of the rooms had resident photographs on the doors; we were told that this was agreed in discussion with the resident/family prior.

The corridors seemed clear and free from hazards allowing residents to move around with minimum risk of trips. Handrails are fitted throughout.

At the time of our visit we saw a number of residents moving around the ground floor communal areas of their own volition. Staff were on hand however, if required.

In the main lounge area there was a TV and a few residents were watching at the time of our visit. Most of the seating was arranged facing the TV. Most of the soft furnishings appeared to be in good condition and clean.

The décor in general was adequate but perhaps could benefit from freshening up at some point. We could not detect any bad odours in the home.

There are two sets of stairwells to the upper floor which is also accessed by a lift. The provision of fire exits was more than adequate. In addition, hand sanitisers were very much in evidence.



Also displayed on the ground floor were the employer's liability insurance and organisational staff structure. The Healthwatch Enter & View poster advertising our visit was also prominent.

We also saw an activity wipe board and various pictures, photographs and memorabilia designed to stimulate sensory engagement.

The monthly activity board highlighted daily activities such as board games, bingo, cake baking, pamper afternoons and a visit to a local church. The monthly activities were supplemented by how morning, afternoon & evening activities are organised.

## **Resident Numbers**

At the time of our visit 23, plus 1 in hospital.

## **Staff Numbers**

26 total - 1 Manager, 1 Administration, 19 carers, 2 domestics, 1 maintenance, 2 catering.

## **Agency Usage**

We were told that agency staff are used at the moment, supplementing the night staff numbers from 2 to 3. There are 0 bank staff.

## **Resident Experiences and Observations**

We spoke to 3 residents about their experiences and observations.

All of the residents we spoke to gave positive feedback regarding their experience of the care provided by the home.

They were happy with the standard of meals provided; one resident told us there was a choice of meals and drinks and that if required they could request something in particular.

We were also told that residents felt that they had a choice in personal attire, the time they went to bed at night, able to watch TV later if they wished. The residents' needs appeared to be met by the care they were receiving, although one resident told us that they **weren't aware of their individual care plan**.

At least one resident told us that they felt they were treated with respect and dignity by the staff, for example using their names and asking them before carrying out tasks. One told us that they respected their privacy by closing the door when the resident required changing or washing.

At least one resident said the staff encourage residents to do things for themselves where practicable but were also on hand to assist with personal care such as showering and washing.

The residents we spoke to looked to be well cared for in terms of appearance. At least one resident was aware of visiting healthcare professionals such as a chiropodist or optician.

Residents were able to see a GP and one told us they felt able to ask to see one if required.

Generally, the residents were praiseworthy of the staff and that they felt safe & happy in the home. They also said that they felt there were more staff on duty. Another resident told us that they were checked 5 to 6 times each night.

We were told that staff would accompany residents to external healthcare appointments when required. One resident told us that every 4 weeks they went to the local medical centre.

At least one resident told us they were aware of the activities the home provided but generally chose not to participate in them. However, **another resident felt there weren't enough activities.**

Another told us they were aware that there was a complaints procedure.

One resident told us they knew how to use the call bells in their room and that they were easily accessible.

Residents felt happy in the home.

## **Family and Carer Experiences and Observations**

We were able to speak to one relative on the day of our visit.

They gave positive feedback about the home.

They felt the facilities were good and that their relative was well cared for. They can visit at any time and always felt welcome.

In addition, they are kept informed by staff and management regarding the care of their relative and involved in the process. Any episodes in the resident's care are communicated to the family quickly.

The relative was aware that there was a complaints procedure. But they were very happy with the care provided.

## **Activities**

There isn't a dedicated activities coordinator at the home. Activities are organised by staff and management.

Whilst the residents we spoke to were aware of activities provided they seemed not to participate greatly.

We saw the monthly plan referred to previously in this report and were told by management that external visits are also organised.

Physical activities using sensory material take place every two weeks. In addition, special occasions such as birthdays are celebrated and catered for.

**Given the extent of residents lacking capacity in the home, it may be preferable to engage a specialist coordinator to provide a more whole person-centered approach to sensory engagement. This does not have to be a permanent appointment but may help bring more structure to the provision of activities.**

It should be noted that the home has engaged an external care consultant to review how care and practices are organised and provided within the home. It may well be that the provision of activities will be encompassed within their recommendations.

## Catering Services

The home has a food hygiene rating of 4, which is good.

At the time of our visit we were able to observe the end of the lunchtime meal service. We saw a number of residents taking their meals in the dining room or lounge area.

There are two choices of main meals at lunch service. On the day of our visit the daily menu was as follows:

**Breakfast** - Cereals, tomatoes on toast, eggs.

**Lunch** - Corned beef hash or chicken burger and chips, followed by bread & butter pudding.

**Tea** - Pizza, assorted sandwiches.

**Supper** - Scones.

We were told that any individual resident requirements can be made up if requested. Special dietary needs are catered for, such as allergies, vegetarian and cultural requirements.

The kitchen looked to be well equipped and the meals we saw looked appetising. Management informed us that weight and hydration of residents are monitored and residents are weighed monthly.

Snacks are available to residents between mealtimes but these can impinge on main service. Residents are also able to eat in their rooms if they desire.

Staff are on hand to assist residents and user-friendly utensils are available to help eating.

We were told that control of the kitchen is difficult as there is one full time and only one other part time staff. They were also responsible for cleaning the dining area after meal service and indeed **some of the tables still required cleaning and wiping down sufficiently throughout the time we spent visiting. It should be noted however, that we were interviewing the kitchen staff for some of this time.**

## Staff Experiences and Observations

We were able to speak to 4 staff members, including the home manager and chef.

We were told by staff that there is a good level of teamwork in the home and that they felt adequately trained to carry out their roles. They also felt supported to acquire new skills through additional training such as mandatory updates, DOLS, mental capacity and safeguarding updates.

Management told us there is a training matrix and training is usually carried out online in house or externally for mandatory updates. The home also uses Redcrier Training Solutions.

**However, the staff members we spoke to on the day of our visit felt that at times, there wasn't enough staff cover to allow for adequate interaction on a one to one basis with residents.** Notwithstanding this, on the day of our visit we saw staff members supporting and interacting with residents in the communal areas.

We did not observe lifting equipment being used at the time of our visit.

We were told that staff are constantly having to work extra hours to cover shortages. This can obviously impact on service provision and indeed **one staff member told us that resident activities were also affected due to staffing levels.**

One staff member told us that knowledge of resident preferences and histories was reliant on good communication between colleagues and the relevant documented care plans/handover books. Management told us that care plans are currently paper based and are developed starting from resident pre-assessment. However, the home is considering moving to electronic records.

We were told that changes to resident needs and preferences are reported and recorded at regular frequencies and all resident rooms are divided between 4 carers for feedback to management on a daily basis.

Management told us they operate an open-door policy and that they are available for feedback. They are also visible and known to residents and take a hands-on approach within the home.

One staff member told us that staff meetings take place on a 'ad hoc' basis and usually in the event of a resident incident.

Recruitment is built around skill set, references and DBS/ identity checks. However, the home will also recruit and train up any prospective suitable carer candidates.

A Quality Management System is in place and the manager and office manager are responsible for its monitoring and audits.

We were told that complaints are recorded and followed through to conclusion and issues are fully communicated to family members.

Medication is secured and controlled by designated staff from their stations. It is administered as prescribed and is signed off prior. One local pharmacy under contract supplies the medication.

## **Summary, Comments and Further Observations**

Overall at the time of our visit the feedback received was mostly positive and the staff are striving to provide a good standard of care.

Residents appear happy and well cared for and staff seem to be adequately trained. However, feedback suggests that staffing levels could be increased to alleviate pressures on existing numbers and allow even more time spent with residents in the caring process.

Facilities are clean and comfortable and food standards are good.

The home is going through a process of change and review at this moment in time, not least with the structural alterations. It is hoped that when these processes have been completed the home can achieve a higher CQC rating.

In addition, a review of the provision of activities would be beneficial to the overall wellbeing of the residents and relatives.

**We thank the residents, relatives, staff, management and owners for their cooperation and contributions during our visit.**



## Recommendations and Follow Up Action

- Review the provision of a dedicated activities coordinator to ensure sensory stimulation and engagement for all residents.
- Review overall staffing levels to ensure adequate time and resources are available to individual staff members to facilitate adequate interaction with residents.
- Revisit accessibility and usability of garden/ outside area when all construction work is completed and garden has been returned to resident and visitor accessible.
- Ensure all residents/ relatives are aware of individual details of care plans.
- Achieve 5-star food hygiene rating.

## Provider Feedback

**The provider was asked for feedback relating to the report but did not supply any about 1<sup>st</sup> visit.**

**Harpers Villas update Short visit 12 June 2019 Manager: Annette Millard.**

A follow up semi - unannounced visit was carried out to review progress against our recommendations based on our previous visit dated 25 October 2018.

1. Construction work at the home is now in its final phase, mainly in the final fit of the 9 additional bedrooms. These en-suite rooms are being completed to a high standard encompassing user friendly flooring. The example viewed appeared bright, airy and well proportioned.
2. Both the new Orangery and the dining room extension have been completed. At the time of our visit the former was being utilised for resident dining as the dedicated facility is awaiting delivery of new furniture. In the longer term the Orangery will be utilised as a quiet sensory area for residents to use. Overall, the work undertaken reflects positively on the facilities provided. Notwithstanding this, whilst work is still being carried out the outside garden area is restricted. In this respect, the management and owners should not lose sight of the sensory benefits of available outside spaces to the residents.
3. A dedicated signing in book has now been implemented which clearly identifies persons on site and their purpose for visit.
4. A recent inspection has taken in an attempt to achieve 5 star food hygiene rating. We understand that this is still pending, albeit at the remedial action on a couple of minor points.
5. Robust record keeping is now in place and systems have been improved, for example to encompass audits, in particular of daily care plans.
6. The home has not employed a dedicated activities coordinator but now has someone coming in to help with organising such. In addition, a resident is also involved in the process. Activities such as music & movement and armchair exercise are now undertaken. Indeed, the home now affords a more simulative environment, with sensory boards and displays much in evidence.
7. Overall, improvements are being made and the communal areas appeared to be much more accessible for residents. These areas were clean, without unwanted odour and a great deal more spacious.

If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 “Experience Exchange”. Whether it’s a “compliment, concern or complaint”.

Use or web link or QR Code below.



Web link: <http://x2.healthwatchwalsall.co.uk/>



#### DISCLAIMER

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*



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