

Takepart Limited

Heliosa Nursing Home

Inspection report

54 Boundary Lane
Congleton
Cheshire
CW12 3JA

Tel: 01260273351
Website: www.heliosacareandnursinghome.co.uk

Date of inspection visit:
16 January 2017
17 January 2017

Date of publication:
16 March 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 16 and 17 January 2017.

Heliosa Nursing Home (Heliosa) is a 42 bed home with nursing for older people: 39 of which are en-suite. The home has two separate units with one providing care and support for people who are living with dementia and may display behaviour that is challenging. The second unit provides care and support for people who may be living with dementia or require nursing care. The property is detached and set in substantial gardens and is two miles away from Congleton town centre.

The service was last inspected in October 2015 when we found the provider was meeting all the regulations and the service was rated as good.

The home has a registered manager. 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. At the time of our inspection there were 37 people living in the home.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

Risk assessments had not been completed in relation to the pond and we found that fire doors were propped open putting people at potential risk of harm. The provider had not considered the potential risk that these issues presented.

Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to meet the needs of the people living in the service. We observed that people were left in bed as they were not sufficient staff to assist people out of bed and staff did not have time to respond appropriately to people living in the home.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns; however we found instances where safeguarding procedures were not followed when the manager was absent.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw that applications had been made appropriately and consent to care was considered in the written documentation, however staff were not seeking consent for day to day tasks and always giving people

choices in relation to their care. Staff were not treating people with dignity and respect.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date, however some staff did not feel that the standard of the training always provided them with knowledge and skills to do their jobs effectively. Our observations confirmed that staff members did not always have the appropriate knowledge to carry out their jobs effectively.

People living in the home and their relatives gave us mixed feedback about the staff and the home. Some felt that the standard of care they received was good, whereas others felt that the care and compassion shown by staff was not consistent across the staff team.

People had care plans which were personalised to their needs and wishes. Most care plans contained information to assist support workers to provide care in a manner that respected the relevant person's individual needs; however we found that the care given did not always reflect what was recorded in the care plan. People told us and we observed that there were very few activities taking place in the home that reflected people's preferences.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents. However, despite these being in place, they did not identify many of the issues highlighted within this inspection.

There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was good. The home were working closely with dieticians to consider portion sizes as well as supporting people with additional needs.

The registered manager was working hard to make improvements to the service. Staff members, relatives and people living in the home were positive about how the home was being managed and felt that the manager was supportive and approachable and that things had improved since she had been in place.

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.

Risk assessments had not been completed in relation to the pond. Fire doors were propped open putting people at potential risk of harm.

Sufficient staff were not deployed in the service. We observed that people were left in bed as they were not sufficient staff to assist people out of bed and staff did not have time to respond appropriately to people living in the home.

Whilst we found that there were safeguarding procedures were in place, we found instances where safeguarding procedures were not followed when the manager was absent.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicine was safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Managers and staff were acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making. Whilst they were recording consent, they were not gaining consent in relation to day to day tasks and choices.

Staff members had received regular training, however some staff felt that the training did not always give them the skills and knowledge to do their jobs effectively. Staff were now receiving supervision, however appraisals had not been completed.

There was a flexible menu in place which provided a good variety of food to people using the service. People living at the home told us that the food was good.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

We received a variety of comments from people living at Heliosa about whether they were well cared for and were treated with kindness and compassion. Some people felt that the care was good whereas others felt that the quality of care varied. Our observations were that people were not always treated with dignity and respect and their privacy was not maintained.

Visiting relatives also gave varied feedback about the standard of care, the staff and the atmosphere in the home.

Is the service responsive?

The service was not always responsive.

The care being provided did not always meet the needs and preferences of individuals. Whilst the care plans did record these preferences, the care given did not take account of these. We saw that most plans were personalised but there were some inconsistencies and some areas that did not provide enough detail to staff to understand what steps needed to be taken to keep people safe. We saw that care plans were not always reviewed on a regular basis.

There were no arrangements in place for group social activities. There was an activity co-ordinator who provided mainly one to one activities but people and their relatives felt that activities did not reflect the interests of the people living in the home.

The provider had a complaints policy and process. They had received one complaint which had been dealt with appropriately and everyone we spoke to knew who they could complain to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. However we saw that many of the issues that we identified had not been picked up by the provider's audit system.

The registered manager was working hard to make improvements to the service and people living in the service, relatives and visiting professionals were positive about the improvements that had been put in place since she had been appointed.

Requires Improvement ●

Heliosa Nursing Home

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 16 January 2017 and was unannounced. The inspection was carried out by two adult social care inspectors. The provider was aware of our visit on 17 January 2017 to conclude the inspection. This was carried out by one adult social care inspector.

We reviewed information we already held about the service. This included statutory notifications we had received. A notification is information about important events which the service is required to send us by law. We invited the local authority to provide us with any information they held about Heliosa. They advised us that Heliosa were subject to an improvement action plan in relation to documentation, staffing, training and supervision, social activities and security. We viewed the most recent Healthwatch enter and view report. Concerns were also raised with us about staffing, documentation, wound care as well as security and food portion sizes.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of nine people living there, seven visiting relatives and friends and thirteen staff members including the registered manager, the owner, the deputy manager, activities co-ordinator, chef, domestic staff and six care staff. We also spoke with a visiting GP and two visiting dietitians. We did speak to more people living in Heliosa but they found it difficult to tell us what they thought of the care in the home due to their health conditions.

Throughout the inspection, we observed how staff supported people with their care during the day.

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 to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of five care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Heliosa was a safe environment and all family members said that they were happy that their relative was safely cared for. Comments included, "I certainly feel safe" and "I'm happy enough". One relative told us, "She's definitely safe here".

We conducted a tour of the home and we noted that there were a number of doors propped open with either door wedges, doorstops, tables or walking frames. On the second day of our inspection, we counted that nine doors were propped open upstairs, five on the dementia unit and five on the lower ground floor of the nursing unit. Later that day, there was a false fire alarm. The doors which were fitted with specialist fire fittings closed in order to protect people from the effects of smoke or fire, however where doors were propped open, people were at risk of potential harm if this had been a real fire. We spoke to the provider about this and were told that the doors were going to be fitted with the specialist closings.

We conducted a tour of the outside of the building and noted that there was a pond in the gardens. We asked both the registered manager and the provider whether there was a risk assessment in place to consider the potential harm to the people living in the home. They advised that they did not have an environmental risk assessment for the home in place, however they stated that there was orange netting in place around the pond and that people did not visit the garden alone. We looked at individual care plans and found that there were no risk assessments in relation to this issue.

On the second day of our inspection, we noted that an external door had been left propped open on the downstairs corridor. This was clearly marked stating that it needed to be kept secure. This led out into a courtyard and the gates to the road were also open. We have previously received notifications from the provider to notify us that someone living in the home had left the premises, who would be at potential risk. We asked a passing staff member to close the door.

We looked at risk assessments which were carried out for people living in the home. We noted that no risk assessments had been updated since the date they had been completed. For instance we saw in one care plan these had been completed in June but had not been reviewed since that date, although the registered manager told us they should be reviewed monthly. We also noted that some of the risk assessments contained conflicting information. For instance in one file we noted that the person did not have the capacity to understand and make decisions, but in the risk assessment, it stated that the risks had been explained to the person. Furthermore the risk assessment did not contain sufficient detail to make staff aware of how the risks to the person should be minimised.

Following our inspection, concerns were raised with us that the call bell system in the home was not working in the home and there were not sufficient staff to carry out additional checks on people that could not call for help. Furthermore we were told that on one night, the home did not have sufficient numbers of staff. We contacted the provider who confirmed that the call bell system was not working and they were taking action to address this. They confirmed on one night there were not sufficient staff as a staff member

had not arrived and they had been unable to replace this staff member. The provider also told us that additional risk assessments for people living in the home had been carried out in relation to the lack of call bells and that they would deploy an additional member of staff at night to offer extra support. The local authority carried out a visit to the home shortly afterwards. They checked rotas as well as care plans for some of the people living in the home. They told us that no additional risk assessments were present on the files that they looked at. They checked the staff rotas and could see that the staffing during the day had remained the same and at night, there were six nights when the staffing remained the same whilst the call bell system was not working, however they confirmed that at the time of their visit an extra staff member was in place and had been on the previous three nights.

These issues constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not assessing the risks to the health and safety of service users receiving the care or treatment and doing all that was reasonably practicable to mitigate such risks. Furthermore the provider was not ensuring that the premises used by the service provider were safe to use for their intended purpose and used in a safe way.

Following our inspection, we have been informed that door release mechanisms have been fitted to all the doors within the home and they are being linked to the fire alarm system.

On the day of our visit, there were 37 people living in the home. There were seven carers between the hours of 7.30am and 7.30pm and two nurses. There were three carers and one nurse between 7.30pm and 7.30am. The registered manager was in addition to these numbers. We looked at the rota and could see that this was the consistent pattern across the week. In addition there were separate ancillary staff including a cook, a housekeeper and 1 domestic staff member as well as a maintenance staff member and activities co-ordinator.

We received a variety of comments from the people and relatives living in the home. People living in the home told us, "I shout if I need anything and they come quite quickly", "Sometimes the buzzer doesn't work but generally I don't have to wait" and "Staff come relatively quickly when I ring the bell. There are not as many staff at night and they don't have as much time. Occasionally there are not enough during the day". Relatives told us, "There are adequate staff, but they are sometimes tight" and "We have asked for help for [name] when we've come in, but told we needed to wait".

We spoke to staff and they all felt that there were not enough staff to meet the needs of the people living in the home. Comments included, "There are not enough staff, sometimes people are not even getting bathed", "Staffing is a problem. Sometimes you can get to people with call bells, not always", "There are never enough staff in the mornings and if you are short in the morning, then you are playing catch up all afternoon" and "Staffing varies, sometimes it feels like there is less and other times it's okay".

On the first day of our inspection, we noted that five people in the dementia unit were still in bed at 11.05am. We asked staff members whether they had had a drink and breakfast and when we checked the records could see that people had not received anything that day. We then saw a carer bringing four breakfasts through at that time. We questioned why people had not received anything prior to this time and we told that they had not had time to assist those people yet. We observed one person requesting assistance and being told that they would need to wait until there were sufficient staff. This person was agitated and subsequently fell out of bed and needed to be assisted by staff back into bed until later when they were able to assist the person with personal care.

We noted in the morning and during lunch time that people were shouting out for assistance and staff were

rushing past people and did not stop to assist them. During the morning we noted that one person was stating that they felt sick and shouted out a number of times, we alerted staff and the person was then offered assistance.

We did observe that things were calmer and more organised on the second day of our inspection, however we noted that there was an additional staff member on duty that morning. When we spoke to staff, they advised that this was not usual and on checking the staff rota we could see that this was not consistent with the normal staff levels.

We spoke to the manager about staffing and she advised that she did not use a dependency tool, but she completed shifts on the floor and spoke to staff regularly about whether there were enough staff. She also advised that she had recently extended the nursing hours and the deputy manager had additional supernumerary hours to complete some of their duties. However she acknowledged that there had been staffing issues and that they had been using agency staff, but that they tried to use the same staff to offer consistency. She acknowledged that she was still working on the skills mix of staff.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not always deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the requirements of the people using the service.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any possible concerns that arose were dealt with openly and people were protected from possible harm. Staff we spoke to understood the need to report to the manager any concerns. During the course of our inspection, a safeguarding concern was brought to our attention that had been raised the previous week when the manager had been absent. The registered manager acted upon this when she became aware. We noted that other safeguarding incidents had been correctly reported to the local authority and to the CQC. Providers such as Heliosa are required to notify the CQC and the local authority of any safeguarding incidents that arise. When we checked through our records, we found that another safeguarding incident had not been reported to the local authority when the previous registered manager was absent.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was up to date. The staff members we spoke with told us were able to give examples of what constitutes a safeguarding incident and advised that they would speak with a member of the management team if a safeguarding incident occurred. We saw that the provider had a whistleblowing policy in place and staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or to the owner. All staff we spoke with confirmed that they were aware of the need to escalate concerns in relation to protecting vulnerable adults, however we found examples of safeguarding incidents that had not been reported when the manager was absent.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems and processes must be established and operated effectively to prevent the abuse of service users.

Accidents and incidents were recorded and these were analysed monthly in order that any patterns could be identified and appropriate action taken. However, we did note that an accident that we observed had not been recorded in the accident book when we checked the next day. Another incident that we observed later in the day had been accurately recorded.

We saw the provider had a policy for the administration of medicines, which included the disposal and

storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made of the fridge and storage rooms. It was clearly recorded on creams and other ointments when they had been opened, ensuring that they would be disposed of when necessary. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked three MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home and if necessary disposal of any medication.

Staff members were kept up to date with any changes during handovers that took place at every staff change. This helped to ensure staff were aware of any issues and could provide safe care. We were able to view the notes from previous handovers and could see that they provided an overview of how each person living in the home had been for the duration of the shift. The provider also had a nurses' diary and communications book which contained daily appointments, any referrals that needed completing and any visitors to the home that day. Concerns were raised with us about the frequency of wound dressing changes, however we noted in the nurses diary that records were kept of the frequency that dressing needed changing and that these were being completed.

We looked at the files for three staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

The manager provided an on call system in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The provider had received a four star rating in food hygiene from Environmental Health on 17 October 2016. Five stars is the highest rating for food hygiene, therefore they were mainly observing the correct procedures and practices in this area and needed to make some minor improvements.

We checked some of the equipment in the home, including bath hoists and saw that they had been subject to recent safety checks.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user.

We noted on our tour of the building that whilst, in general, the environment was fresh smelling and clean, that a number of the communal carpets and some chairs in the lounges and dining room were stained. We raised this with both the registered manager and provider to address.

Is the service effective?

Our findings

We received conflicting feedback from the people living at the home who we spoke to and their family members in terms of whether their needs were met by staff who were caring and knew what they were doing. Comments included, "Staff know what I like and don't like", "They do talk to me about my care plan." Whereas other people told us, "I want Dad treated with respect" and "The quality of care is mixed". They went on to provide us with examples of when their relative was not treated with respect.

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). 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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that recent applications had been completed appropriately. We saw that twelve applications had been granted and an additional nineteen applications had been submitted but no outcomes had been received from the local authority.

We spoke with staff. None of them had received training on MCA and DoLS, although some of the staff were able to tell us the general principles of this legislation.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that people's consent to care was recorded in the files or best interest decisions had been recorded where people were not able to consent.

During our visit we saw that staff did not always take their time to ensure that they were fully engaged with each person or check that they had understood before carrying out any tasks with them. We saw that staff sometimes assumed consent or did not ask permission before doing something. On both days, we saw staff members putting clothing protectors on people at lunchtime without asking permission and in one instance someone kept removing this and the staff member kept insisting that this was worn. At no point were the people asked if they would like to wear these.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as when people receive care and treatment all staff must treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way and we found that this was not happening at all times.

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. The registered manager told us that they had a twelve week induction programme where staff needed to complete all their mandatory training. The staff member would then work supernumerary and shadow a more experienced member of staff for at least a week. They were also required to read through all the providers' policies and procedures during their first three weeks in work. We looked at the induction programme for the newest member of staff and the mandatory training included fire safety, moving and handling, food hygiene, health and safety care planning and safeguarding. Staff members confirmed that they had undertaken an induction on starting in post. One person told us, "I hadn't worked in care before, so I did my training and shadowing, then the senior carers observed me and gave advice continually before I started work and continued to observe me".

We asked the manager and staff about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. We checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, health and safety, infection control and fire training. Nurses also had medication training and competency checks annually. We were able to view the training records and could see that these were all up to date. Some staff members did comment that they felt the standard of training was not good. Comments included, "Only training I've had is DVD" and "You watch a DVD for 40 minutes then write answers". Our observations were that staff did not always have the necessary knowledge and skills, for instance in relation to dementia, to provide effective and compassionate care.

This is a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not received appropriate support, training and professional development to enable them to carry out duties they are employed to perform.

Staff members we spoke with told us that they received on-going support, supervision and appraisals. The manager told us that staff received an appraisal annually and supervision bi-monthly. We checked records which confirmed that whilst supervision had not been held bi-monthly, it was taking place regularly since the new manager had been in post. She advised that the appraisals were due in April 2017, and when we checked the files we could not see any recent records of appraisals. The manager was aware of this and intended to complete them all in April.

Visits from other health care professionals such as GPs, district nurses, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to people living in the service about whether they had access to health services. They told us, "They get the GP quickly if I need this" and "I see the GP every Monday and can request to see her at other times". We spoke with a visiting GP and two dieticians. Comments included, "It's hugely better but there is still room for some improvement. They refer appropriately and communication is good" and "Generally things have been improving and they act on advice given".

The provider employed two chefs who prepared the food and the home followed a four week flexible menu. Menus were supplied the day before so people could select their preferences. There were two main meal options at lunchtime and a light meal in the evening. The menu provided a good variety of food to the people using the service. The menu was not displayed anywhere in the home. The chef confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day. We saw on the second day of our inspection that two people had requested alternatives and one person was offered an alternative dessert as they were not eating the one that they had been given. People we spoke to also confirmed that they could ask for an alternative. We noted that few people ate in the dining room and a

large amount of people were assisted to eat in the lounge chairs or in their rooms, but we did not see people being asked where they wanted to have lunch. We also noted that the seating in the dining rooms was insufficient if everyone wanted to eat in there. We raised this with the registered manager and the provider. They advised that if everyone wanted to eat in the dining room, they would either need to rotate or have a number of sittings for lunch and supper.

The people using the service told us, "The food is very good", "The food is excellent" and "The food isn't bad, quite good really and you can have breakfast in bed if you want". Concerns were raised with us in relation to portion sizes and we did note that these appeared small. However we noted on the second day of our inspection where someone requested a second helping, this was provided and we spoke to the registered manager who advised they were working with the dieticians in relation to portion sizes. The dieticians confirmed that they were working closely with the registered manager on all aspects of nutrition and that they had found her to be responsive to all their recommendations.

We undertook a SOFI observation in the dining room over lunch on the first day of our inspection and saw that the food smelt tasty and appetising and was well prepared. The tables were set with table cloths and cutlery so the meal times were distinguished from other times of the day. We saw that staff were rushing about as they were supporting people in the lounges and bedrooms and the people in the dining room were not always assisted. We noted in the nursing lounge that one person was shouting out "I wish you'd help me, but you won't" and the staff member did not attend to them for over five minutes. When they did acknowledge them, they did not ask what drink the person would like, they just placed one in front of them. No encouragement was offered to people eating in the dining room and we saw a staff member whilst standing up and clearing away plates, gave someone a spoonful of food saying "eat up" which was done in an undignified manner. Drinks and food were placed in front of people without them being asked for choices. We also observed in the dementia dining room that someone kept shouting out for a drink and the carers were busy and did not attend to this person. We raised these issues with the registered manager to address.

This is a further breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as when people receive care and treatment all staff must treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way and we found that this was not happening at all times.

Furthermore, this is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not providing care and treatment of service users that met their needs and reflected their preferences

We saw that staff monitored people's weights monthly and this was recorded. Where any significant changes were noted, we saw that they had liaised with health professionals such as the GP and dietician and accessed additional support for people. We saw in care plans that where someone was identified as being at high risk, additional monitoring of fluid and food intake was undertaken. We viewed these records and we did note some inconsistencies. Some of the records were detailed and up to date, but we also noted on some people's files that they were not being recorded accurately. This is discussed further in the responsive section of this report.

The home was generally clean and homely. There were lounge and dining areas in each of the units and there was an enclosed garden which was accessible to people living in the home. Issues raised about the safety of the building are in the safe section of the report. The majority of the people living at Heliosa were living with various stages of dementia. The décor throughout the home whilst pleasant and co-ordinated in

places, did not support people living with dementia to orientate them to get around independently. We noted that there were some pictorial signs on the communal rooms and the registered manager had introduced some personal signage on each person's room within the dementia unit but from the outside of the bedroom there was little that distinguished one bedroom from another. Decoration throughout the home did not help people to orient themselves by the use of contrasting colours. We could see that further improvements were needed to the physical environment to make it suitable for people living with dementia.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames to help maintain independence.

The laundry within the service was well equipped and had the necessary guidance for staff completing these tasks.

We recommend that the home seek to implement National Institute of Clinical Excellence guidelines on "Supporting People with Dementia and their Carers in Health and Social Care" including where appropriate environmental modifications to aid independent functioning, including assistive technology, with advice from an occupational therapist and/or clinical psychologist.

Is the service caring?

Our findings

We asked people living in and visiting Heliosa about the home and the staff who worked there. The views of people living and visiting Heliosa differed, some spoke of receiving excellent care and others spoke of the frustration about receiving poor inconsistent care. Comments included, "I'm treated alright", "I'm treated very well" and "Most of the staff are alright. Some speak to me well, the odd few could be a bit more helpful". Visiting relatives told us, "There is variability in the standard and compassion of staff. Some of the carers are amazing, but attention to detail is lacking in some members of staff" and "Their treatment of [name] has been excellent, I'm damned glad I chose it".

Our observations throughout the course of inspection of staff interactions with the people living in the home were also varied. We saw that relationships between the people living in the home and the staff that were supporting them were not always warm, respectful or dignified. During our inspection, we saw there was not always good communication and understanding between members of staff and the people who were receiving care and support from them. Staff did not always take their time with people and rushed. They did not always seek their permission before undertaking a task. We observed that staff did not always use a dignified approach to people. For instance, we noted on the first day of our inspection that a staff member moved someone's wheelchair slightly from behind, however they did not acknowledge the person or explain what they were about to do. We also observed someone being told loudly across a room to go and wash their hands when they had come out of the bathroom. We observed when someone was sick that the staff member cleaned the person, but did not demonstrate any compassion for how the person was feeling and until prompted by the inspection team did not offer this person a glass of water. We did see a few kind and caring interactions for instance where one staff member was stroking someone's hand encouraging them to eat at lunchtime.

This is a further breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as when people receive care and treatment all staff must treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way and we found that this was not happening at all times.

It was evident that family members were encouraged to visit the home when they wished. They told us, "We can come at any time".

We viewed recent thank you cards that had been sent into the home. One person's relatives wrote, "Thank you so very much for all you do to keep your residents in a positive environment, well cared for and much loved". Another person's relatives wrote, "Thank you so much for the care and kindness you showed Mum during her time at Heliosa. For my part, I was made to feel part of the "family" at Heliosa and enjoyed visiting such a wonderful environment".

Some of the staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. We were told by people living in the home and their relatives that there were often agency staff and they were not knowledgeable about people's needs.

The regular staff team told us that they enjoyed working at Heliosa and had positive relationships with the people living there. Comments included, "I like it", "I really like it at this home, the people and the place. Its warmer and kinder" and "The majority of the staff all care, but feel they are not doing their job properly due to staffing".

We saw on the day of our inspection that the people living in the home looked clean. Those people being nursed in bed in general also looked clean and comfortable. However we noted that people's privacy was not always respected as many of the doors in the home were propped open, where people were being nursed in bed, which meant everyone walking past could see into the room.

This is a further breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not ensuring that each person's privacy was maintained at all times including when they are asleep, unconscious or lack capacity.

The quality of the décor, furnishing and fittings provided people with a homely comfortable environment to live in. Rooms were all personalised, comfortable, well-furnished and contained individual items and photographs belonging to the person.

The provider had a range of information available for people living in the home available in the reception area. There was their mission statement, feedback questionnaires as well as copies of the last relatives and residents meeting. The complaints policy was displayed in the reception area along with the most recent CQC inspection report.

In the care files we viewed we could see that some discussions had taken place with people about their end of life care, which included preferred place of care. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information about people was kept in a locked office to maintain people's confidentiality.

Is the service responsive?

Our findings

Those people who commented spoke about not having choices in relation to daily living activities and that there was not much going on at the home. Some people and their relatives also commented that they felt the care they received was not always person-centred, however others felt that the care they received was reflective of their choices. Comments included, "I would like a bit more attention centred on myself", "There aren't many activities going on for everyone, they do one to one but not many group activities" and "I can choose what I want and I can tell them what I want". Relatives told us, "They have occasional activities, someone used to come in on a Tuesday but I'm not sure now about activities" and "If you point things out, they'll respond immediately".

We found that people were not always offered care that reflected their individual needs and preferences. For instance, we spoke to one person who told us that they had food allergies but that they kept being given meals including those items. When we spoke to staff, we were told that no-one in the home had any allergies. We later checked this person's care file and found that it was clearly recorded in the file that this person had the allergies that they told us about.

This constitutes a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not providing care and treatment of service users that met their needs and reflected their preferences.

Furthermore this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not doing all that was reasonably practicable to mitigate the risks to people.

At our last inspection in October 2015, we noted that activities were provided informally when people wanted them, but staff were not able to provide a full activities programme due to their care commitments. The home at the time was in the process of employing an activities co-ordinator to ensure that activities were formally arranged. The provider did now employ an activity co-ordinator who worked 40 hours a week. Their job was to co-ordinate activities for the people living in the home. The activities co-ordinator also supported care staff at meal times with people who needed assistance with eating. We spoke to them about how the activities were arranged. They acknowledged that previously they had not recorded people's preferences in terms of activities and hobbies in the care plans, however they were in the process of updating these and ensuring that these preferences were recorded. We noted on the first day of our inspection that there was an activities plan on the wall for the upcoming week, listing activities such as sensory time, arts and crafts and bingo to take place on the first day of our inspection. A hairdresser visit, musical memories and puzzles were advertised for the second day of our inspection. However on both days of our inspection, none of the activities listed on the plan took place apart from the visit from the hairdresser. We spoke to the activities co-ordinator in relation to this, who told us that if no-one wanted to take part, they would then do one to one activities with people. We did observe throughout both days that one to one activities such as armchair skittles and drawing activities took place in the home, but there were no other activities happening on both days with the majority of people sitting in chairs or in their rooms with

little stimulation.

When we spoke to relatives and people living in the home, they confirmed that there were very few group activities and that they would like to be involved in these. The provider had not made sufficient improvements in this area to provide people with activities that met their individual needs.

This is a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not meeting individual needs in relation to activities.

We looked at the care plans to see what support people needed and how this was recorded. We saw that most plans contained personalised information and captured the needs of the individual. However we saw that the plans were not always written in a style that would enable any member of staff reading it to have a good idea of what assistance someone needed at a particular time. For instance, we found in one care file, it stated that the person was at risk of choking and a risk assessment had been completed, however it was not detailed enough to show what steps should be taking to avoid the risk of choking. It noted that the person had been made aware of the risks, but in another section of the care plan, it made clear that the person lacked capacity to understand and make decisions in relation to their care.

We noted on another care plan that the person was at risk of dehydration and malnutrition and a Malnutrition Universal Screening Tool [MUST] had been completed in September 2016 and advised that they were weighed monthly. Although we could see that the person had been regularly weighed, the risk assessment had not been updated since September to see whether there had been any changes in their care needs. We saw that nurses were now recording weights and body mass index where people were at risk on a centralised chart to discuss weekly with the GP, but this information was not captured in the care plans. This was potentially confusing to any new members of staff. We spoke to the registered manager in relation to care plans. She advised that she had identified the care plans as an area for improvement as she had found via the audits that there was not sufficient detail and that they were not being updated regularly. She had met with the local authority and had an action plan in place in order to take corrective action to address this.

The five care files that we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the files contained information about important dates, which were important to people, the food they liked and in some their preferred social activities. However from our observations and discussions with staff, we found that people's individual likes and dislikes were not always catered for and there was inconsistency in staff knowledge about the people they were caring for.

We saw that a number of people required additional monitoring for instance of nutrition, hydration or pressure care and charts were provided in people's rooms for staff to record when these checks had taken place. We noted that these were not being completed consistently. For instance, we noted that one person should be checked every two hours for pressure care and needed to be assisted to change position. We checked the charts at 10.45am and noted that the chart had not been completed since 8am. We went back to check the charts at 11.30am and could see that the chart had been marked to say the person had been checked at 10am. Furthermore, the chart recorded that the person had their call bell with them on both the checks at 8am and 10am. On both occasions when we checked this room, the call bell was wound around the fitting on the wall and out of reach of the person. We saw staff completing and discussing these charts on the first day of our inspection and they were writing the records retrospectively, rather than at the time the care was provided.

This constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 as the provider was not maintaining securely an accurate, complete and contemporaneous record in respect of each service user.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork on the five care plans that we viewed and could see that assessments had been completed.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Copies of the complaints policy were displayed in the reception area of the home. They had received one formal complaint in the last twelve months and we could see that they had responded appropriately. Everyone we spoke with during the inspection told us that they were able to raise any concerns with the registered manager. Comments included, "When we made a verbal complaint, we got a very good response" and "I've not had to make a complaint, but would go to the manager".

Is the service well-led?

Our findings

There was a registered manager in place and they had been registered since December 2016. There was also an assistant manager, who worked alongside the registered manager providing support to all care and nursing staff.

Prior to our inspection we had received concerns from various sources about the staff and services provided by the home. We spoke with the registered manager who advised that she had identified a number of issues since she had been in post and she was working through each of these. Our observations of paperwork we reviewed indicated that the provider's quality assurance processes had not fully identified the shortfalls in the service, however the registered manager explained that there had been a number of changes of management in the past year which could explain the shortfall. Whilst we noted that some improvements had recently been made to the home, there was further scope for improvement and we would need to see that the improvements the new manager had made were effective and sustainable.

All the people living in the home, their relatives and visiting professionals that we spoke to regarding the current manager were positive and optimistic about the changes that the manager was implementing in the home. Comments included, "I've got a good response from the manager when I've made observations", "Things have hugely improved since Sarah has been in place" and "Sarah is very good at communicating about any changes".

The provider had a quality assurance system and carried out three monthly audits on care files, staff training, accidents and incidents as well as medication. They also completed three monthly audits on health and safety, and other checks on the environment. The registered manager advised that she had currently suspended the audits on the care files, as she was aware that they all needed to be re-written and had a clear action plan for completing this. However the quality assurance processes that were in place were not effective as many of areas for improvement that we identified as part of this inspection had not been identified by these systems and actions identified as part of a recent food safety inspection in October 2016 had not been completed.

We observed on the second day of our inspection that the majority of the care staff took their lunch break at the same time. This meant that there were less staff available to attend to the needs of the people living there. We saw in staff meeting minutes that the registered manager had spoken to staff about the language they used in relation to the people living in the home and the care they received. When we spoke to staff, we noted that some staff were still using terminology which was not respectful. The culture in the home sometimes met the needs of the staff rather than the people living in the home.

Furthermore, we noted that some of the systems and processes in the home were not as effective when the registered manager was not present, for example the safeguarding procedures. We received comments from one relative that the quality of care reduced when the registered manager was not present.

This is a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 as the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.

There were a number of maintenance checks being carried out weekly and monthly. These included the water temperature, safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations and portable electrical appliances.

The manager told us that she sought feedback from the people who used the service and their representatives, including relatives and friends where appropriate in a variety of ways. The manager also told us that she got involved in delivering care and she regularly worked a shift on the rota as a staff member. The manager conducted spot checks of the service at night but at present had not recorded these.

People living in the home and families told us residents' meetings were held regularly by the registered manager. We were able to view the minutes from the last meeting held on 15 December 2016. Issues discussed included the improvement plan for the service, staff recruitment, communication and activities in the home.

The registered manager also sought feedback from families and professionals via an annual questionnaire. We were able to view the questionnaires completed in August 2016. This asked about the cleanliness of the home, the food, whether staff were helpful and courteous and about communications. The responses were mixed with some respondents being completely satisfied and others feeling that the environment and the quality of care was not always of a good standard. We spoke to the registered manager about the questionnaire. She advised that she met with people where there were concerns and had been addressing other issues as part of the improvement plan. She had not yet been able to produce an overall analysis of the feedback to present to people. She had provided feedback to people via the relatives and residents meetings about the improvement plan and she had re-instated the home's newsletter and we saw a copy of this displayed in the hallway. This provided information about dates for your diary and information about the new manager.

Staff members we spoke with had a good understanding of their roles and responsibilities and were mainly positive about how the home was being managed, however they all raised issues about staffing levels, which they felt were not being addressed. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. One staff member gave an example of when they had raised a concern with the manager and felt that this had been dealt with appropriately. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included, "Sarah is a good manager, she is supportive" and "Sarah is lovely and really supportive". We did receive a couple of negative comments about the registered manager and provider not listening to staff concerns about staffing numbers and not being responsive or approachable.

Staff meetings were held every few months and we were able to view the minutes of the last meeting held on 17 November 2016. Staff had the opportunity to discuss a variety of subjects including the local authority visit, mandatory training, documentation and fundraising.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and they told us that the service remained subject to an improvement plan, but they had made some improvements from when this was implemented.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider was not providing care and treatment of service users that met their needs and reflected their preferences
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	When people receive care and treatment all staff must treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way and we found that this was not happening at all times
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider was not assessing the risks to the health and safety of service users receiving the care or treatment and doing all that was reasonably practicable to mitigate such risks. Furthermore the provider was not ensuring that the premises used by the service provider were safe to use for their intended purpose and used in a safe way
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	

Treatment of disease, disorder or injury

Systems and processes must be established and operated effectively to prevent the abuse of service users. We found that systems were in place, but were not always being used effectively.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not always deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the requirements of the people using the service. Furthermore staff had not received appropriate support, training and professional development to enable them to carry out duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.
Treatment of disease, disorder or injury	

The enforcement action we took:

We served a warning notice under Section 29 of the Health and Social Care Act 2008. We told the provider that they were required to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 31st May 2017