

Takepart Limited

Heliosa Nursing Home

Inspection report

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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 

Summary of findings

Overall summary

About the service

Heliosa is a residential care home providing personal and nursing care to 40 people at the time of the inspection. The service can support up to 40 people in one adapted building across three separate areas, each of which had separate adapted facilities. One secure nursing unit specialising in dementia care and one mixed nursing unit.

We found that improvements were required in the way the service identified, assessed and reduced the risk of injury presented to people who used the service. Whilst pressure relieving equipment had been provided for people at risk of developing pressure ulcers this was not always being used effectively so people had remained at increased risk of injury. A sensor mat had been provided to alert staff when a person assessed at high risk of falls was attempting to mobilise, but this was not in place, so risk of injury was not always mitigated. Care plans had not always been updated when a person's needs changed, and care records did not always reflect the level of care provided.

The systems in place to monitor the quality of the service were not always effective and had not highlighted the concerns identified during this inspection. Records needed for the safe management of the home were not always in place or kept up to date

The provider and registered manager were open and transparent and took immediate action to make necessary improvements and ensure people received safe and effective care.

Effective safeguarding systems, policies and procedures ensured people were safe and protected from abuse. People living at Heliosa and their relatives told us that their experience of using the service was good. People told us that they felt safe and their relatives and friends told us that they were confident that their loved ones were safeguarded from avoidable harm. Safeguarding concerns were responded to and managed effectively.

People told us they were supported and treated with dignity and respect. All people and their visiting relatives and friends had something positive to say about the home, the staff and the standard of care provided.

The atmosphere in the home throughout our inspection was warm welcoming and friendly. People had access to a range of activities that interested them and felt they were supported to maintain relationships with people that were important to them.

There was enough suitably trained and experienced staff who had good relationships with the people who used the service.

Medicines were managed safely and effectively.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises.

New staff were recruited safely and received induction training before they could provide care and support. They benefited from ongoing training including the nationally recognised qualifications in health and social care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain a balanced diet and were able to access health care services as and when needed.

A visiting health care professional spoke highly of the staff and management team, reporting that they worked in partnership with them to ensure that people's health care needs were met.

Morale amongst the staff team was good. Staff told us that they appreciated support, guidance and direction of the management team.

The provider and management team demonstrated a commitment to improving the service and delivery of person-centred, high quality care by engaging with everyone using the service and stakeholders.

Concerns and complaints were responded to effectively and managers and staff learned from experience.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 24 August 2018) and there were two breaches of regulations on Safe Care and Treatment and Good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made or sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, and well-led sections of this report.

The provider took effective action to mitigate these risks during and after the inspection.

Enforcement

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Heliosa Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, the administrator, the

deputy manager, two nurses, four care staff, a kitchen assistant and an activities coordinator. We also spoke with a visiting doctor and the registered provider's representative who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 reviewed a range of records. This included multiple people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager which included confirmation appropriate recruitment checks had been completed and other information not available at the time of the inspection due to technical issues.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems were in place to identify, manage and mitigate risk but these were not always being used effectively.
- Pressure relieving mattresses had been provided for people assessed at high risk of developing pressure ulcers. We found that a number of the pressure relieving mattress pumps were set on the incorrect pressure for the person's weight. This meant that people were at increased risk of developing pressure ulcers.
- We found that staff were checking pressure mattress pumps on a regular basis but lacked knowledge on how to set the pressure on the correct setting for the person's weight.
- A person assessed at high risk of falls had a pressure sensor mat to alert staff when they attempted to get out of bed. We found that this had not been put in place when the person was in bed. This meant the person was at increased risk of falls.
- A person assessed at high risk of developing pressure ulcers had not had their care plan on skin integrity or risk assessment reviewed or revised in over one month even though their condition had deteriorated. However, we could see that staff had responded to this person changing needs to ensure their care needs were met.

We found no evidence that people had been harmed however, the provider was not doing all that is reasonably practicable to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12: (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded immediately during and after the inspection. They instructed staff on how to set pressure mattresses on the correct setting for the person's weight, updated risk assessments and instigated quality checks to ensure people were safe. They ensured that care plans and risk assessment were updated. They also held a staff meeting and reminded staff to be vigilant and always ensure pressure mats are in place as required.

- There were a range of risk assessments in place to direct staff as to how to provide safe care.
- Where risks had been identified, management plans were in place. For example: if a person was not able to use a call bell, additional checks were in place.

Staffing and recruitment

- There was enough suitably qualified and trained staff on duty to meet people's needs and to ensure their safety and wellbeing.
- A dependency tool was used to ensure staffing levels were appropriate.

- People who used the service and their visitors told us that there was always enough staff on duty to meet their needs. Some people told us that there had been a lot of agency staff used in recent weeks. The registered manager showed us that to ensure continuity of care the same agency staff were used routinely. All agency staff benefited from induction training and familiarisation with people and their needs. All nursing staff vacancies had been filled pending recruitment checks.

- The provider had effective policies and procedures for the safe recruitment of staff. However, the registered manager was not able to demonstrate that all required recruitment checks had been completed because satisfactory records had not always been made.

- The registered manager addressed these issues during and after inspection and provided evidence that staff had been recruited safely.

- When agency staff worked in the home, information was received from the agency to ensure they had been recruited safely and had the necessary skills to support people safely.

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Using medicines safely

At our last inspection medicines and prescribed substances were not always administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and had access to relevant guidance regarding the administration of medicines on an as and when required basis.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe.

- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted abuse and what action to take if they saw any incidents of concern.

- The manager reported any safeguarding concerns to the local authority and CQC as required.

- A representative of the local safeguarding authority provided information which showed us that the registered manager and staff worked in partnership with other professionals to ensure people were safe and protected from abuse and avoidable harm.

Preventing and controlling infection

- The environment was clean and well-maintained. Staff had clear schedules to follow to maintain standards of cleanliness.

- Staff received training in infection control and we saw them wearing appropriate protective equipment during our inspection.

- The provider carried out regular checks and audits to see that effective infection control measures were safely followed.

Learning lessons when things go wrong

- All accidents and incidents in the home were clearly recorded along with the action taken.

- These were analysed by the manager and deputy manager to look for trends. Records showed action was taken when things had gone wrong to ensure people were safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider the introduction of the Care Certificate. The provider had made improvements.

- New starters completed induction training which included shadowing experienced staff to ensure they were competent before they could work unsupervised. Staff who did not have an appropriate National Vocational Qualification (NVQ) were offered opportunity and supported to complete the care certificate. The 'Care Certificate' is an identified set of standards for health and social care workers
- All staff spoken with presented as skilled and knowledgeable. The training records showed that staff received training in a variety of appropriate and specialist topics to guide them in their role
- Staff told us that they were well supported and appreciated the support and direction of the management team. Records showed that staff received regular group and individual supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care needs, and personal preferences had been carried out with the person or their representative and were reviewed and revised periodically or when the person's needs had changed.
- The home was making improvements to the care planning systems that was in place and were in the transition period.
- People were involved in discussions about their care and their outcomes were good. All the people we spoke with had something positive to say about the staff and the standard of care provided. For example, one person said: "I am very well cared for, the staff are excellent, my health care needs are met, they respect my wishes, I'm involved and I'm very happy here. A visiting relative said: "The care is second to none".

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

- Records showed that people were offered and where necessary supported with sensitivity and care to eat a balanced and nutritious diet.
- People had access to drinks and snacks throughout the day.
- Nutritional assessments, risk assessments and care plans were detailed with each person's individual needs and kept under review.
- A visiting doctor told us that staff were very good when it came to encouraging people to eat. Some people who were frail had been able to put on weight due to staff being proactive.
- Comments about the quality of food varied. Some people told us that the food was good where others said the food was repetitive. The registered manager told us that they had themselves received such comments and in the interests of making improvements were consulting people about their preferences at

residents' meetings and conducting meal time satisfaction audits.

- As part of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We carried out the SOFI over a meal time and could see that the dining experience was relaxed, pleasant and sociable.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.
- People were supported to be involved in daily decisions about their care and staff sought their consent.
- We saw examples of completed mental capacity assessments for specific decisions and appropriate DoLS applications to the local authority.
- Nursing and care staff had a good working knowledge of the MCA and were aware of those people who were subject to a DoLS and those who had legally appointed representatives.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People told us that their health care needs were met.
- We spoke with visiting doctor who spoke highly of the management and staff teams and the standard of care provided.
- People had routine access to healthcare professionals and had been referred to specialists when required. People told us that their health care needs were met and a visiting relative told us how they had been involved in discussions with the doctor about their loved one's health care needs.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.

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

- The design and layout met the physical needs of people living at the home.
- Technology and equipment was available to meet people's care and support needs.
- The home was suitably decorated throughout.
- Improvements to the home were made during the inspection including replacement of a fence and a gate to keep people safe. We could see that other improvements were scheduled to take place including the refurbishment of one of the bathrooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; respecting equality and diversity.

- Staff continued to be consistently caring. They treated people with kindness, respect, promoting choice, seeking consent and offered emotional support when needed.
- We observed an isolated incident where a person was transported in their wheelchair from one bathroom to another covered with a sheet, which did not look dignified. The person who had capacity told us that they were happy with this procedure, however the manager agreed with us that it was inappropriate and spoke to staff accordingly.
- People's needs were assessed and identified prior to moving into the home. Protected characteristics (such as age, gender, disability, cultural and religious support needs) were identified.
- The atmosphere in the home was warm and welcoming. We could see that staff had developed good relationships with people.
- People who were able to make their views known praised the standard of care provided describing the staff and the care as "excellent". We could see from our observations that staff were caring and kind when providing support.
- All visitors, family members and friends had something positive to say about the home and the standard of care provided. One visitor who described the staff and the standard of care as "exceptional" told us that staff had a natural aptitude for working with older people which had positive outcomes for their loved one.
- People's information was kept confidentially in locked cupboards or on encrypted computerised systems.

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

- People, along with family members, were encouraged to share their views about the care provided in care plan reviews, surveys and meetings with the manager and staff.
- People were supported to retain as much independence as possible. For instance, one person showed us how they had been enabled to administer their own eye drops keeping a chart so staff could see they received their medication as their doctor intended.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was in the process of transferring care plans to an electronic system.
- We found some care plans were personalised and reflected the needs of the individual as well as their history and preferences. However, other care plans lacked specific information on how the person's current and presenting needs were being met.
- The registered manager and nursing staff were in the process of rewriting care plans with the involvement of each person and by the end of the inspection we could see that significant progress was being made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information of how to support individual communication with people.
- Staff were familiar with each person's communication needs and were observed to encourage and enable people to express their needs and wishes.
- Pictorial menus were used, when necessary, to enable people to make an informed choice.
- People were provided with a copy of the home's statement of purpose and service user guide which provided detailed information on the aims and objectives of the home and facilities and services provided. Both these documents could be made available in various formats including easy read, audio, large print, and various languages to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The atmosphere in the home was always sociable, welcoming and friendly and on one day the activities organiser was playing an electric organ and singing popular songs which many people seemed to enjoy.
- There was a range of activities on offer on a group or individual basis and people's hobbies and interests were supported.
- People were supported to maintain relationships and relatives were welcomed into the home.

End of life care and support

- End of life care plans were either in place or in the process of being developed with the involvement of the person and their families and loved ones.

- Staff had received training in end of life care and a doctor had worked closely with the people who lived at the home and staff in the development of sensitive and effective end of life care plans.
- A visiting relative told us how they had appreciated being involved, along with the doctor, in the development of end of life care plans for their loved one.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had.
- Relatives told us they had never had a reason to complain but would not hesitate to do so if it was needed. People told us they would speak to staff if they had any issues.
- Complaints were recorded, investigated and responded to appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the providers audit systems were not sufficiently robust or operated effectively to ensure compliance with the requirements of the regulations including maintaining an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found that people who were assessed at risk of developing pressure ulcers were not always safe because their pressure mattress pumps were set on the wrong setting for their weight.
- The provider audit processes did not include a system to ensure pressure relieving mattress pumps were on the correct setting therefore safety issues had been left unnoticed.
- A person's care records indicated that they had not been given pressure relief and their continence pad had not been checked within a six-hour period. It transpired that staff had given the person pressure relief and checked their pad but failed to record the care they had provided.
- Another person's care plan was not revised and updated when their needs had changed as had the care they were receiving. It transpired that staff were meeting this person's needs but had not revised the person's care plan and risk assessment. A new care was plan put in place the day before our inspection, but this did not detail the changes made.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety and care was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Good governance) Regulations 2014.

The provider and registered manager responded immediately during and after the inspection. They ensured pressure mattresses were set on the correct setting for the person's weight, care plans and risk assessment were updated, and affective quality assurance checks instigated to ensure the safety and well fare of people and compliance with the regulations.

- We could see that the provider and registered manager were working to make improvements to the home

and the delivery of care. For example, since our last inspection an automated medicines system had been installed. This had helped to eradicate recording errors and ensured that people always received their medicines as their doctor prescribed. Improvements were also being made to the premises in accordance with a development plan.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was person centred in their approach and actively promoted a culture of person-centred care by engaging with staff, everyone using the service, their family members and loved ones.
- People and their visitors spoke highly of the management team, commending them on the improvements that they had been made in the home since our last inspection. One visiting relative said that the registered manager had "improved the home massively" and listed improvements in the standard of care, staffing and the presentation of food. They said, "There are always enough staff, staff are well trained they always treat us and (person) with respect."
- Records showed that routine and regular observations of care practice were carried out by the registered manager and other senior staff. Good practice was highlighted, and staff commended and areas for improvements were addressed positively with staff being enabled to reflect and learn from experience.
- Morale amongst the staff team was high. Staff told us that they appreciated support, guidance and direction of the management team and all without exception said they were proud to be associated with the service and the standard of care and support provided.
- Learning took place from accidents and incidents to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The service continued to involve people and family members in discussions about the quality of care provided.
- Family members and other visitors were welcomed and there were no restrictions for visitors creating a warm and inclusive environment.
- We could see that the registered manager was inclusive in their approach and involved people in finding solutions to issues and problems. For example, when visiting relatives raised concerns about changes in continence care, the registered manager involved them in training provided by the continence advisor, so they would be better informed.
- Staff told us that they felt involved in decisions made about the service; and were confident sharing their ideas and views and felt they were listened to.
- Managers and staff worked in partnership with other agencies to ensure good care. A visiting doctor spoke highly of the management team commending them on being strong advocates for the people who lived at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest with us when our inspection identified areas for improvement.
- Where complaints investigations had identified areas for improvement an apology was given and course of action to rectify issue confirmed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate safety was effectively managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate safety was effectively managed and contemporaneous records of each person care were not always maintained in the appropriate detail.