Takepart Limited

Heliosa Nursing Home

Inspection report

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Date of inspection visit:
16 July 2018
17 July 2018

Date of publication:
24 August 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was unannounced and took place on 16 and 17 July 2018.

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.

Heliosa can accommodate 42 people who require support with nursing needs. 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. At the time of our inspection there were 33 people living in the home.

The service was last inspected in January 2017 when we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we looked to see if improvements had been made and these breaches of regulations had been met.

We found improvements had been made and four of the previous breaches had been met. Although we highlighted areas for further improvement we found that people living at Heliosa were receiving safe care which also enhanced their quality of life. The management and leadership of the service was more established and consistent.

The home had a manager who was in the process of being registered at the time of our inspection visit. Following the inspection the manager was registered. 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.

We found mostly good systems in place for monitoring peoples medicines. However, we were concerned that insufficient safeguards were in place for people with swallowing difficulties who required 'thickening' agents to be added to drinks to reduce the risk of choking. There were also some recording issues with medicines which made it difficult to make an accurate check of medicines in stock. Some people who required extra administration and support plans for their medicines did not have these in place.

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 had been further developed by the manager since the last inspection and evidenced ongoing improvement to the service. We found however they did not fully identify or effectively monitor some of the issues we found. Some clinical records were not fully completed or were confusing.

You can see what action we told the provider to take at the back of this report.

Staff members we spoke with confirmed that they received regular training throughout the year and that this was up to date. The managers kept training statistics which confirmed this. We reviewed the induction training for staff and saw this did not meet the standards in the 'Care Certificate' which is the governments blue print for induction of staff working in care.

We made a recommendation regarding this.

At the last inspection we found a breach of regulations because risk assessments had not been completed in relation to environmental hazards which put people at potential risk of harm. We found improvements had been made to the assessments and monitoring of these risks. We did find two-bedroom fire doors propped open which had not been noted on the daily safety audit. This was addressed on the inspection. Daily audits were changed to include this check. 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. The previous breach had been met.

Previously there was breach of regulations as there were insufficient qualified, competent, skilled and experienced staff deployed to meet the needs of the people living in the service. We found this had improved and staffing numbers were now sufficient. Staff numbers were matched to the dependency levels of people living in the home. We found the staffing levels overall were consistent. Observations of routine care evidenced people getting appropriate support. We noted a continued high use of agency staff which also made communication difficult at times as they did not have English as a first language. There were plans in place to recruit more permanent staff on-going. The breach had been met.

At the last inspection we had found a breach of regulations because there were instances where safeguarding procedures were not followed when the manager was absent. This had improved. 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 and had received ongoing training regarding this. The manager had effectively liaised with safeguarding authorities to investigate any concerns. The breach had been met.

At the last inspection there had been a breach of regulations because 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 found improvements. Our observations and feedback we received from people living at Heliosa and their relatives was positive about this aspect of care. The breach had been met.

There were people being supported on a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom and ensures that any restrictions are appropriate and in the person's best interests. We found these were being monitored by the manager of the home.

People told us they enjoyed the food. We saw that there were sufficient food and drinks and anybody at risk of malnutrition was appropriately supported. 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 staff worked with dieticians to consider supporting people with additional needs.

People we spoke with said they were satisfied living at Heliosa. They spoke about the nursing and care staff positively. When we observed staff interacting with people living at the home they showed a caring nature.

Activities were organised in the home. There was a designated member of staff employed to support this who was motivated to provide meaningful activities and these continued to be developed. We observed that more activities could be devised which linked to peoples past interest and hobbies.

We looked at how staff were recruited and the processes in place to ensure staff were suitable to work with vulnerable people. We saw checks had been made to help ensure that staff employed were 'fit' to work with vulnerable people.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines and prescribed substances were not always administered safely. People who required thickening agents added to drinks to reduce the risk of choking needed better monitoring. The provider's policies and procedures were not always followed.

There was improved assessment and monitoring of environmental risks, however, we found continuing failure to ensure there were checks made of fire doors to ensure they closed satisfactorily.

Sufficient staff were deployed in the service. We observed people getting necessary support at all times. This was an improvement.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. This was an improvement.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff told us they felt supported through the services training and supervision programme. We found the induction programme did not meet the standards in the Care Certificate. We made a recommendation regarding this.

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. Staff were seen to gain consent in relation to day to day tasks and choices. This was an improvement.

We found the home supported people to access support for their health care needs.

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.

Is the service caring?

Good

The service was caring.

When interacting with people staff showed a caring nature with appropriate interventions to support people.

People told us their privacy and dignity was respected.

There were opportunities for people to provide feedback and get involved in their care and the running of the home

Is the service responsive?

Good

The service was responsive.

Peoples care plans showed good detail and evidenced they had been regularly reviewed. They recorded peoples' preferences and preferred routines.

There were arrangements in place for group social activities. There was an activity co-ordinator who provided one to one activities and organised outings. We saw that activities could be continued to be developed with respect to people's background and interests.

The provider had a complaints policy and process. Complaints had been responded to in line with the providers policy. Some aspects of the policy needed reviewing and updating.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems for auditing the quality of the service had been embedded and were consistently carried out. These had helped ensure improvements in the service. However, we saw that some of the issues that we identified on the inspection had not been picked up by the provider's audit system and where not effectively monitored. There were inconsistencies in the records regarding clinical input.

There was a manager in post to provide a lead for the home. The manager was in the process of being registered with the Care Quality Commission at the time of our inspection visit; they were registered soon after. The consistency of management and leadership had provided improved stability for the service.

We found there was a more positive and responsive culture in the home and the quality assurance system in place included consultation and feedback from people living at Heliosa and their relatives.

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 and 17 July 2018 and was unannounced. The inspection was carried out by two adult social care inspectors and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 and health care commissioners to provide us with any information they held about Heliosa. We received some information to the effect that the home was under regular monitoring and they felt the home was more settled than previously.

We could access and review the Provider Information Return (PIR) as the manager sent this to us as part of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used different methods to help us understand the experiences of people living in the home. 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 spoke with a total of seven people living at Heliosa, five visiting relatives and friends and 13 staff members including the manager, the owner, the deputy manager, activities co-ordinator, chef, domestic staff and care staff. We also spoke with two visiting health and social care professionals who gave some feedback about Heliosa.

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

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 records. 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.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with said that they felt Heliosa was a safe environment. A relative commented that, "There is always staff around. My [relative] had a problem with falls at home but [they] have had none since being here." People and their relatives told us that the increase in staffing levels was an important factor in feeling safe in the home. The manager reported that since staffing levels had increased the rate of recorded falls in the home had decreased.

At the last inspection in January 2017 we found the home to be in breach of regulations because the provider was not assessing the clinical risks to the health and safety of people as well as not ensuring the premises used by people were maintained safely. On this inspection We found improvements in monitoring of clinical risk but there were some aspects of the homes environment that continued to require increase vigilance.

There were improvements to the way staff assessed and monitored clinical risk. We looked at five people's plans of care and these included the management of risks associated with people's health and well-being. Risk assessments had been completed in areas such as, falls risk, diet, choking, weight and nutrition, medication, skin, bed rails and personal safety. These were monitored, reviewed and linked with each person's plan of care to support them safely.

Similarly, when we looked at environmental risk we found environmental risks assessments were completed. There were regular checks made on potential hazards such as risk of scalds from hot water and the manager or a senior staff made a daily check of the environment by conducting a 'walk about' and completing a daily audit. An assessment of the grounds safety had also been made including any potential risks from the pond which was fenced off. There were also well-maintained records showing various safety checks such as gas, electrical, legionella, fire safety equipment was all maintained safely.

There were aspects of environmental safety that were not being effectively monitored. People living in the home had an individual personal emergency evacuation plan (PEEP) for safe evacuation in an emergency. These were in people's care files. The registered manager informed us they were 'regularly' reviewed however the PEEPs we looked at did not have a review date or staff signature to evidence when the review had taken place. The registered manager was unable to find a PEEP in one persons' file and therefore completed one during the inspection. The registered manager confirmed they would evidence a review date for the PEEPS.

Following the last inspection, the provider had fitted release mechanisms to all the doors within the home linked to the fire alarm system. However, when touring the home, we found the store cupboard door did not close properly, as there was a piece of equipment in the doorway. All doors should be able to close effectively for the purposes of fire safety. We brought this to the registered manager's attention and the hoist was removed. The door however did not shut to the rebate and this we also found in respect of a person's bedroom door. The provider stated the doors would receive immediate attention to comply with fire safety. We found a similar issue with the monitoring of fire doors on our last inspection.

These issues constitute a breach of Regulation 12 (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with respect to safety of premises.

We found there were systems in place for the management of medicines but we found the providers policies and procedures around medicines where not always followed. When we looked at people who were on PRN medicines (these are medicines which are administered as needed) we found they did not have support plans in place to support consistent administration. We asked about one person who was on pain relief 'when needed' but the staff member we spoke with was not sure of the details of the persons pain and what indicated administration. A support plan for PRN medication helps maintain consistent administration and regular review.

Whilst being shown round the home we saw a tablet on the floor outside a person's room. We brought this to the manager's attention. They informed us they would complete an incident report and notify the local authority of the error in accordance with the agree protocol.

Some people required a thickening agent adding to their drinks to enable them to swallow safely. We saw thickening agents were listed on the Medication Administration Records (MARs) though there was no record of their administration by the care staff. Therefore, we could not be assured that the thickeners were being given as prescribed following an assessment of their nutritional needs by a dietician. This is of importance as thickeners can differ depending on people's nutritional requirements, for example the consistency required for people to swallow safely so the risk of choking is minimised. We discussed the use of thickeners with staff. Not all staff were clear as to the consistency required for people. One person's thickener was being used for communal purposes rather than staff administering the thickener that had been prescribed for each person. A staff member showed us a list of people who were on thickening agents for staff to refer to. This was out of date with two people receiving thickened fluids not actually listed on the chart.

We found some anomalies with the recorded stock of medicines available for people. We saw that regular stock checks were undertaken but these were not accurate when we checked. We checked four separate medicines and the stock did not tally with what had been administered. In one instance the amount of medicines was incorrect because previous stock had not been brought forward onto the new MAR chart. On one MAR we were unsure as to a code used and whether the medicine had been given. We discussed the need for records to be more accurate.

Following the inspection, we received reassurances from the manager that the issues had been addressed.

These issues constitute a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with respect of safe management of medicines.

Medicines were stored safely and kept at the right temperature. Both the temperature of the clinic room and the fridge temperatures were recorded and safely monitored. If medicines are not kept at the temperature advised by the manufacturer they may become less effective or even harmful.
Medicines that are controlled drugs (medicines subject to stricter legal requirements as they can be misused) were stored and handled safely. The stock balances of the controlled drugs we checked were correct.

The home had a medicine policy describing how staff should manage medicines in the home. We saw that regular audits (checks) were carried out to see if staff followed the policy. Nurses administered medicines in a safe and respectful way. We observed that people did get their medicines at the right times. For example, medicines that were needed before food where given by night staff prior to breakfast.

At the last inspection in January 2017 we had found there was insufficient staff available to ensure people could receive safe and effective care; this was a breach of regulations. On this inspection there was improved staffing numbers. The manager had introduced a new staffing tool linked to the dependency of care needs of the people living at Heliosa. Staff over the two days of our inspection consisted of two nurses and ten care staff to support the care needs of 33 people at Heliosa. In addition, the manager was supernumerary and there was sufficient ancillary support including administration, domestic and kitchen staff. The laundry was also staffed separately. An activities co-ordinator was also employed. On nights there was a nurse and 4-5 care staff.

Care staff we spoke with confirmed the increased staffing had improved care as staff now had more time to spend with people and felt less pressured when delivering care. We carried out SOFI observations during the morning which confirmed the continual presence of staff members and their positive interactions with people living at the home.

We found there was a high proportion of agency care staff used [between three and five daily] and this effected communication as some did not have English as a first language. This meant that when speaking with inspectors we were not able to communicate effectively and these staff were not able to tell us about the people they were caring for or understand what we were asking. We discussed this with the manager with respect to ongoing communication with, and about, people living at the home. The manager had continued to recruit permanent staff however and there was more care staff due to be made permanent employees which would further improve the consistency of the care. The breach had been met.

Previously the home had been in breach of regulations because they had not reported incidents of possible concern or abuse. We found this had improved. the manager was fully aware of the home's safeguarding policy and had communicated this to staff. 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 with understood the need to report to the manager any concerns. During our inspection, a safeguarding concern was reported as part of our feedback around medicine management. This was reported through to the local authority under local safeguarding protocols and a notification was also sent to CQC. Prior to our inspection we checked similar notifications and found they were completed in detail and appropriate action taken in terms of any follow up and lessons learnt.

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. The breach had been met.

Accidents and incidents were recorded and these were analysed monthly in order that any patterns could be identified and appropriate action taken. We saw that the rate of accidents to people at Heliosa had fallen since our last inspection.

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.

We found the home to be clean and hygienic. This included communal areas, toilets, bathrooms and bedrooms. Staff had access to personnel protective clothing, such as aprons, gloves and hand gel. These were being used appropriately during the inspection. The governance arrangements for the home included infection control audits to maintain good standards of cleanliness.

Requires Improvement

Is the service effective?

Our findings

We received positive feedback from people who were very pleased with the effectiveness of the support offered. One relative commented that the "Care is very good and they [staff] organise any treatment or follow up appointments." Two people described how their care was being proactively managed with the care team who were working towards rehabilitation goals. One person said, "They have done more in few weeks than the hospital managed in all that time." Another person said they wouldn't have made progress without the help and direction of the care team in organising physiotherapy and speech therapy which had given them hope of returning home.

At the last inspection the provider was in breach of regulations because staff had not received appropriate support, training and professional development to enable them to carry out duties they are employed to perform. We found this had improved and the breach was now met.

People and relatives felt that staff had the skills and competencies to carry out effective care. 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. Induction programme was a period of 'shadowing' a more experienced member of staff. new staff were required to read through all the providers' policies and procedures during their first three weeks in work. When we checked some of the staff files we found two of the induction programmes had not been signed off as completed. The staff induction and ongoing mandatory training included key subjects such as identifying and reporting abuse [safeguarding], moving and handling, food hygiene, challenging behaviour, dementia care, fire training, health and safety and infection control. The PIR for the service told us 'Training impacts on the moral of the staff therefore impacts on the clients and the area. Giving staff knowledge empowers them and give a greater understanding of the individual and their needs'.

We discussed how induction training needs be referenced in terms of the standards in the 'Care Certificate'. This is the governments blue print for all staff induction into care work. Currently the induction programme at Heliosa does not reference all the applicable standards. Care staff we spoke with had not heard of the Care Certificate. The manager told us that the deputy manager had completed some updates and training around assessing the care certificate with a view to introducing this.

We would recommend that the homes induction programme evidences the standards in the Care Certificate.

The manager sent us a training matrix which showed a record of staff training ongoing and this supported an ongoing programme in the home. Nursing staff told us they had received updates in various clinical practice such as catheterisation and venepuncture.

When we spoke with staff they felt they were supported through training and supervision by the manager and deputy. Staff stated that the training was mainly based around DVD and workbooks and lacked variety although training records did evidence external face to face training on occasions.

Care staff were also encouraged to gain qualifications in care such as, QCF (Qualifications and Certificates Framework). On this inspection 40% of care staff had such a qualification [or equivalent]. The manager recognised the need to improve this figure ongoing as it provides good evidence of staff having a sound knowledge base for care.

People were supported to maintain their health and well-being with the support of a range of community health professionals. This included local GPs, tissue viability nurse (skin care) and speech and language team (SALT). Appointments were recorded in the care files we looked at and staff were following treatment plans where applicable. For example, for a person who had a wound, we saw staff had completed a wound assessment and were following a prescribed treatment plan with the support of a tissue viability nurse (skin specialist).

We spoke with two visiting professionals who gave some feedback about Heliosa. We were told that the home was more settled over the past six months and the manager had made improvements to the service. They felt the care at Heliosa was safe and people were getting decent care. We were told that both professionals had recently received positive feedback from a relative of a person living at Heliosa who had been pleased with the care offered.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

An assessment tool was used to assess people's capacity to make 'key' decisions such as, use of bed rails, care and treatment. Where appropriate, people had signed to indicate their consent and it was clear to see people had been involved in the day to day decisions which were taking place in relation to the care being provided.

We saw evidence of 'best interest' meetings which had been held and 'best interest' decisions were recorded; consent had been sought in line with good practice and guidance. We saw a good example where a 'best interest' meeting had been held with a person's family and their GP to discuss their nutrition. This was in respect of the person being assessed as needing thickened fluids due to poor swallowing and risk of choking. At the meeting the decision was made for the person to have 'normal' fluids as they did not like fluids thickened and were therefore not drinking enough. The risks around this decision, for example, the risk of choking, were fully documented and the person's relatives were supportive of the 'best interest' decision. The dietician involved with the person's care was informed of the decision and they and the staff were continuing to closely monitor the person for any emerging risks or deterioration in their health, with emphasis on their dietary intake.

Staff had applied for many people to be supported on a Deprivation of Liberty (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The applications were being monitored by the registered manager.

In discussion with the chef we found that menu choices were discussed with people daily and recorded using a form which also identified their specific dietary requirements and preferences. Menus were not displayed in the dining rooms.

In addition to the main meals drinks and snacks were served mid-morning, afternoon and evening and we observed staff offering drinks in addition to these usual times both in the communal areas and in individual rooms. We joined people for the main meal of the day at lunchtime and observed that choices were offered. One person said, "I only have a small appetite" and was offered a variety of choices by a staff member who understood their usual preferences and eventually, with assistance from the catering staff, the person then enjoyed their meal.

Meals were served from a bain marie though this did not contain all the meal items, vegetables were served from a tea trolley which was not heated. One relative and another person living in the home told us meals were frequently served 'cold'. We advised the manager of this for further consideration. We observed staff assisting people who required help with their meals; this was both in the communal areas and individual rooms. People appeared relaxed and interacted with the staff members. People commented, "Good, I look forward to mealtimes," "Varies, depends on what we have," The food is good," "Sometimes it's not hot enough" and "I'm always offered a choice, and they will get other food if I don't like what is on offer."

Adaptations to the building and equipment included call bells, specialist beds, accessible bathrooms and moving and handling equipment. These made it easier for people to be as independent as possible and receive support with their mobility, personal care and health.

We looked at the environment and saw there were adaptations to support people's orientation. This included appropriate signage, colour schemes, uncluttered corridors, landmarks for people to follow, different communal spaces and suitable lighting. The communal lounge and dining areas were comfortable and allowed for access and manoeuvre of mobility aids. The bedroom corridor in the more adapted building had interactive décor in keeping with current dementia care practice. We discussed with the registered manager the use of memory boxes which could be placed outside people's rooms as an aid to finding their way round and recognition of each person's life and personality before living at the home. Recently the registered manager had introduced the 'Butterfly Scheme'. This scheme enables people with the support of their family and the staff to choose a different coloured butterfly to request the level of support they need. The butterfly is placed outside each person's room and this discreet aid indicates people have a memory impairment and require support.

The registered manager told us general maintenance and refurbishment was ongoing. In respect of the main bathroom on the ground floor, the floor needed to be repaired or replaced, this was the same for the grouting in the shower cubicle, which was stained. The bath panel was also broken and needed to be replaced. The provider informed us work was commencing as soon as possible to improve the standard and appearance of the bathroom. We also saw a curtain pole which was not attached to the wall in a person's room. We brought this to the registered manager's attention to rectify. There was access to the enclosed garden area from the lounge areas. The outside environment was in need of some upgrading to make it a more welcoming area to engage with. Consideration to the use of the area by those living with dementia also needs to be addressed. The Activity Co-ordinator informed us of their plans to develop this.

Good

Is the service caring?

Our findings

At the last inspection of Heliosa we found the provider was in breach of regulations because we found examples of people not being treated dignity and respect. This included observations where people were not approached in a caring and compassionate way. On this inspection we found improvements had been made and the breach was now met.

People we spoke with and their relatives spoke positively about the care provided and the caring approach by staff. The number of staff on duty helped to ensure people received good support throughout the day and no one was left waiting for attention. Staff were observed demonstrating reassurance, kindness and patience throughout our visit. Staff had time to sit and chat with people and we noted a good rapport with people and visitors.

We observed two instances where people living with dementia had become distressed. On both occasions staff interacted positively and returned the person to a place of wellbeing; in one instance through holding hands and singing a favourite song recognised by the person concerned which showed a knowledge of the person's past life being effectively used to provide caring support.

People's communication needs were considered throughout their care plans. This included details about any sensory loss and included clear guidance to staff about how to support each person's individual care needs. For example, the use of hearing aids, gestures and touch to support them. For one person we saw a quiet environment was needed as if too noisy this could affect the way they communicated. This was recorded in their plan of care.

Staff supported people's rights to independence and choices around how people wished to spend their day. For example, some people wanted to walk round the home and to sit in the different lounges. At other times we saw people wanting to join in with the social activities but only for short period of times. We saw staff supporting them with this on an individual basis. For a person who benefited from the use of a beaker with a lid this was provided by the staff to help them to independent with their drinks.

We saw visitors being warmly greeted by the staff and the home had a 'snug' area where visitors could make tea and coffee.

We saw on the day of our inspection that the people living in the home looked clean. Those people being nursed in bed also looked clean and comfortable. A relative told us that their loved one was 'Always clean and dressed well." Some people nursed in bed preferred to keep their bedroom doors open; when spoken with they preferred the reassurance of easier contact with passing staff. The doors were closed during personal care. Toilet doors were closed appropriately and steps were taken to ensure the dignity of people who required hoists for mobility using a sheet to cover any areas exposed whilst using the hoist. We observed staff knocked on bedroom, bathroom and toilet doors and gained permission before entering.

Relatives spoken with visiting as being "Open at any time." There was an obvious presence of visitors

throughout the day who also involved themselves in the activity session and with lunch.

The quality of the décor, furnishing and fittings provided people with a homely comfortable environment to live in. Bedrooms we saw 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 last CQC inspection report.

Good

Is the service responsive?

Our findings

At our last inspection we found failings in care because the provider was not providing care and treatment for people that met their needs and reflected their personal preferences. We found this had improved and the breach of regulations was now met.

Peoples' preferences were recorded. For example, their preferred routine, meals, how they would like to be addressed and whether they would like to receive care from a female or male member of staff. Talking with staff confirmed their knowledge about people' preferred day-to-day choices and how they wish to be supported. We saw people sitting in different areas of the home and staff asked people where they would like to have their lunch.

People's physical and social care needs were assessed. Where a need for support was identified a care plan was put in place to guide staff on how to provide this safely and well. This included people's mobility, nutrition, communication, sleep, medicines and emotional support. People's care documents were reviewed to report on any change of care and treatment however these were not always clear or accurate and are commented on further under the 'Well led' domain of this report. Most care records were accessible and contained relevant information however. We spoke with the manager about the need for continued monitoring of care records to ensure they were up to date and accurate. Talking with staff confirmed their knowledge regarding the people we discussed with them and any recent change in their health and support.

At the time of the inspection there was no one at the home receiving end of life care. We saw however that decisions for end of life and in respect of final wishes were recorded. Advance directives provided information regarding contact with family, funeral arrangements and whether a person would like to remain at the home rather than going into hospital should their condition deteriorate.

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. 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.

People's records were stored securely to maintain their confidentiality in a locked office.

During our inspection social activities took place. Some of these were staff led and others organised by the home's activities organiser. All were well received and there was a very good level of engagement between the staff and the people who took part. Singing 'old time' songs was very much enjoyed and the activities organiser also took time to also provide 'one to one' support for people. For example, a person was distressed and they were calling out for their relative to come to the home and to sing to them. The activities organiser sat with the person; they held their hand and sang the songs they wanted to hear. The person joined in with the singing and this instantly helped them to feel relaxed and comfortable in their

surroundings.

People were encouraged to participate in a sing along also using percussive instruments, one of the person was proud to announce they had been a drummer in the army. The relatives of another person used the songs to prompt memories. One staff member undertook one to one support with a person in completing a jig saw accompanied by another person, actively engaging them both for over an hour.

The activity co-ordinator advised us they undertake one to one activity with those for whom group activity is not appropriate or those who are cared for in their rooms. One person who stays mostly in their room, said the activity co-ordinator "Helps me with my crosswords, it's good for my brain."

A complaints' policy and procedure were available for people and visitors to refer to should they wish to raise a concern. We noted that the policy did not contain the address of the local authority who people should contact if they wish to speak with some outside of the home. With reference to CQC the address was incomplete and had not been updated to reflect Regulation 16 of the Health and Social Act 2008 (Regulated Activities) 2014; receiving and acting on complaints. We brought this to the registered manager's attention to review and update accordingly.

We looked at some complaints which had been raised over the last six months. A complaint log recorded the complaint and the registered manager's response. This showed any concerning information was taken seriously and responded to in accordance with the complaints' procedure. A summary of how to raise a complaint was displayed in the main entrance of the home for people to refer to.

Requires Improvement

Is the service well-led?

Our findings

There was a manager in place who was going through the process of becoming registered with CQC. There was also an assistant manager, who worked alongside the registered manager providing support to all care and nursing staff. staff told us that the manager had worked well to ensure continued development of the service and had promoted better staff support and continuity of care. Staff told us, "She's a really good manager; we get plenty of support," "I really enjoy coming to work," and "There's been so many changes and the home is much better."

Following the inspection the manager was registered with CQC.

At the last inspection the provider was in breach of regulations concerning overall management and governance of the service. This was because 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.
We found improvements had been made in that regular audits were now undertaken and had identified areas for improvement that had been acted on. These included developments with the dementia care environment, staffing, activities and providing more person-centred care for people. The improved management systems had helped the provider to meet some outstanding statutory requirements.

However, we continued to find areas that required improvement and these had not been identified or monitored effectively. Failings in medication management, some environmental risks and inconsistencies in records were still evident. There was further scope for improvement and we would need to see that the improvements the new manager had made were effective and sustainable.

When looking at people's care records we found these had not always been completed accurately or records were missing. We found one person's assessments for mobility under 'moving and handling' confusing as we viewed five assessments which gave conflicting information. One assessment was not dated. Another example was a person who had their diet and fluids given via a tube into their stomach, their diet and fluid chart did not always record when this had been given. It was also not clear as staff were signing with a tick rather than recording the volume of feed given. Staff were also unable to locate the person's diet and fluid charts for two dates this month. The person's plan of care recorded nil by mouth, however following a recent review by the SALT team, staff had been advised the person could have syrup thick fluids up to three times a day. Their original plan of care had not been updated to reflect this change in treatment. Staff could tell us about people's care however, there was a risk they did not have the information they needed to support the person safely and effectively as there was a failure to maintain an accurate, complete and contemporaneous record in respect of some people.

We spoke with the manager who felt that progress had been made and the home had improved overall but there was realisation that some areas still needed more work. This included developing audits to include issue we had identified on inspection such as fire door closures, monitoring of fluid thickeners and quality of care records.

These findings are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a quality assurance system and carried out audits on care files, staff training, accidents and incidents as well as medication. These audits had increased in frequency since the last inspection to monthly, some weekly and daily routine checks.

The manager told us that they sought feedback from the people who used the service and their representatives, including relatives and friends where appropriate in a variety of ways. People living in the home and families told us 'residents' meetings were held regularly by the manager. We could view the minutes from the last meeting held in April 2018. Issues discussed included the improvement plan for the service and the development of the dementia care environment.

The registered manager also sought feedback from people living at the home and families and via a questionnaire. We could view the questionnaires completed from April – June 2018, the results of which were displayed in the home. Some of the feedback included the development of activities which had been addressed.

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. They said that they could raise any issues and discuss them openly with the manager. We saw notes from staff meetings which further evidenced this. All the people we spoke with felt that there was a more positive culture in the home and this had been developed with people's needs to the forefront. An example of this was when discussing peoples access to information; the PIR for the service stated: 'The home works on being open and honest…. open level access signage for visually impaired equipment for the disabled individualised care plans and cognition care plans with communication aids identified in the care plan'.

The registered manager had notified CQC (Care Quality Commission) of events and incidents that occurred in the home in accordance with our statutory notification requirements.

From April 2015 it is a legal requirement for all services who have been awarded a rating to display this. The rating from the last inspection for Heliosa was displayed at the service for people to know how the home was performing. The rating was not displayed on the provider website.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines and prescribed substances were not always administered safely. People who required thickening agents added to drinks to reduce the risk of choking needed better monitoring. The provider's policies and procedures were not always followed. There was improved assessment and monitoring of environmental risks, however, we found continuing failure to ensure there were checks made of fire doors to ensure they closed satisfactorily.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance We saw that some of the issues that we identified on the inspection had not been picked up by the provider's audit system and were not effectively monitored. Their were inconsistencies in the records regarding clinical input.