

Takepart Limited

Heliosa Nursing Home

Inspection report

54, Boundary Lane
Congleton
Cheshire
CW12 3JA
Tel: 01260 273351
Website: www.example.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was unannounced and took place on 14 October 2015. This location was last inspected in January 2014 when it was found to be compliant with all the regulations which apply to a service of this type.

Heliosa Nursing Home (Heliosa) is a 42 bed home with nursing for older people. All rooms have en-suite facilities. The home has two separate units with one providing care and support for up to nine people who are living with dementia and may display behaviour that is challenging. The second unit provides care and support for up to 33 people who may be living with dementia or

require nursing care. The property is detached and set in substantial private gardens and is two miles from Congleton town centre. There were 35 people living in the home at the time of our visit.

There are two floors with a passenger lift and staircase between floors. There are a variety of aids and adaptations around the building to allow people who use the service to move about independently.

There is a dining room, two lounges and a conservatory sitting area which overlooks the private gardens.

Summary of findings

There is a registered manager at Heliosa. 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 that care was provided by a long term staff group in an environment which was friendly and homely. People were well supported by experienced well trained staff. All staff spoken with said they had received good training to help them to understand and care for people who lived at Heliosa.

The relationships we saw were caring, respectful and dignified and the atmosphere was one of calm and comfort. Everyone in the service looked relaxed and comfortable with each other and with all of the staff.

Staff members developed good relationships with people living at the home and care plans clearly identified people's needs, which ensured people received the care they needed in the way they preferred.

Activities were provided informally when people wanted them and reflected the hobbies and interests of the people living at Heliosa. However, staff were unable to provide a full activities programme due to their care commitments. The home was in the process of employing an activity co-ordinator to ensure activities were formally arranged.

Staff knew about the need to safeguard people and was provided with the right information to do this. They knew what to do if they had a concern. There were sufficient staff to meet the needs of the people who lived in the home.

The home was well-decorated and maintained and adapted where required. People had their own bedrooms which they could personalise as they wished.

The registered manager has been registered as manager with CQC since 2013 and was fully conversant with the policies and practices of the home. Staff told us that they were very well supported by the management team who were transparent, knowledgeable and reliable and that the home was run in the best interests of the people who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff told us they understood how to recognise abuse or potential abuse and knew to whom to report concerns.

There were enough staff to meet people's needs.

There were effective systems in place to provide people with their medicines as prescribed and in a safe manner.

People were provided with a clean and hygienic environment to live in.

Good



Is the service effective?

Staff were trained and supported to meet the needs of the people who used

the service. The principles of the Mental Capacity Act 2005 (MCA) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People had their privacy and dignity respected and staff supported them to maintain their independence.

People experienced positive, caring relationships with staff.

People were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People were provided with personalised care that was responsive to their needs.

People had access to a clear complaints procedure and had the opportunity to talk about their experiences of care and/or concerns about the service.

Good



Is the service well-led?

The service was well led.

There was an established registered manager in post and staff told us the registered manager and her deputy were supportive.

Good



Summary of findings

The procedures in place to monitor and improve the quality of the service were effective and actions were taken to address any issues that were found.

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 was 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.

The inspection was unannounced and took place on 14 October 2015.

The inspection was undertaken by two adult social care inspectors.

Before the inspection we checked with the local authority safeguarding and commissioning teams and the local branch of healthwatch, for any information they held about the service. Before the inspection the provider completed a Provider Information Return (PIR). This 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. We viewed this together with reports from one local authority which commissioned services from the registered provider. We reviewed all this together with information already held by the Care Quality Commission (CQC) such as notifications of important incidents or changes to registration.

During the inspection we talked with 15 of the people who used the service and two of their relatives. People were not always able to communicate verbally with us but expressed themselves in other ways such as by gesture or expression. We talked with nine staff members as well as the registered manager and deputy manager.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records including five care files as well as five staff files and audit reports.

We looked around the building and facilities and by invitation, looked in some people's bedrooms.

Is the service safe?

Our findings

People told us that they felt safe and at home in Heliosa. Comments included: “I feel safe here”, and “This is my home and the staff look after me and keep me safe”.

The staff rota, our own observations and what people and staff told us confirmed that there were sufficient suitably qualified members of staff on duty for every shift. The rota identified that the registered manager and her deputy worked flexible hours to ensure management support was available. People told us that there was always enough staff on duty to provide care and support.

We saw that staff responded quickly to call bells and to any unexpected events such as people becoming anxious or upset. We observed that staff took appropriate action to minimise the risk of avoidable harm. Discussions with staff identified they knew the importance of keeping people safe, including from abuse and harassment. There were posters on display to remind staff and visitors how to report any suspicion of abuse. Staff told us they had been provided with safeguarding training and discussions with staff identified that they understood the mandatory requirements around adult safeguarding. We saw the home’s whistle blowing policy and staff spoken with demonstrated their understanding of the process involved. One staff member said “I know what to do if I saw or suspected something was not right”. Discussions with staff demonstrated that they understood the process to follow to alert external organisations if necessary.

The five staff files looked at identified that recruitment procedures ensured that applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. We saw records that showed arrangements were in place to monitor staff performance and carry out formal disciplinary procedures if required. In all the files we looked at we saw that either a Disclosure and Barring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was present. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Two references were also seen on each file, in line with the provider’s policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks

were completed. Application forms and interview questions were also seen. The interview included questions related to safeguarding of vulnerable people. Staff were provided with a copy of the staff handbook and an induction log.

The registered manager had completed individual risk assessments for each person living at the home in respect of evacuation in the event of a fire. Risk assessments had also been completed in respect of responding to accidents and near misses, the control of substances hazardous to health, electrical appliances, office safety and manual handling for staff. A detailed contingency plan was in place, providing staff with access to phone numbers to ring in the event of foreseeable emergencies. Monthly audits were also undertaken on equipment in the bedrooms of the people who used the service. This showed us that actions were undertaken to ensure the service was maintained, and equipment used in ways that were intended to keep people safe.

Medicines were kept safely in a lockable trolley within a locked room. Controlled drugs currently prescribed to people living in the home were stored in a special cabinet. Controlled drugs are prescribed medicines that are controlled under the Misuse of Drugs Act 1971. They require specific storage, recording and administration procedures. There were appropriate arrangements to store medicines within their recommended temperature ranges and the expiry dates of medicines were checked. The administration of medicines was recorded including the administration of creams as part of people’s personal care. Records showed that a local pharmacy supplied the medicines for the home and medication training had been provided for all the staff who were responsible for the management of medication. We spoke with the deputy manager who was responsible for the medication administration at the time of our inspection. She was able to demonstrate clear knowledge and understanding of all aspects of medication management. We looked at the administration and recording of medicines. We looked at a sample of the medicines and checked them against the Medication Administration Records sheets (MARs). We saw evidenced which indicated that medicines had been administered and recorded correctly. Staff spoken with knew the importance of giving medicines at the prescribed time, for example, some medicines were given once a week and others were required an hour before food.

Is the service safe?

Effective infection prevention and control measures were in place to minimise the risk of the spread of infections. Systems were in place for managing cleaning materials and laundry. The home was visually clean and free from any unpleasant smells. We saw staff using disposable aprons and gloves as appropriate. There were adequate supplies of gloves and aprons available to ensure they could be disposed of between specific tasks. We asked about cleaning checklists and the registered manager told us that the checklists were in the process of change. She said that a new tick list was to be used to ensure that all cleaning work undertaken was more easily audited.

The home employed a maintenance person who carried out all essential service checks and dealt with any maintenance issues. We spoke with the handyman who was able to provide all documentation including fire detection and alarm equipment, fire drills, water testing,

room temperature checks and legionella testing. We saw that there was a policy in place for supply failures such as gas or electricity and emergency contacts identified in the event of essential service failures.

We saw that signage was in place around the home to ensure clear orientation for the people who lived there. Staff told us that Heliosa accommodated and supported some people who were living with dementia and they tried to make the environment as homely and comfortable as possible as people thought of it as their home.

Records showed that accidents and incidents were reported and investigated and feedback given to staff. We saw that the registered manager had introduced on the spot supervisions for any incidents that occurred. This included discussion with the staff member involved and an action plan and timescale identified for review if required. This enabled the registered manager to undertake an immediate audit, establish if there were any trends and take appropriate action in order to minimise risks.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone is deprived of their liberty, the least restrictive option is taken. We discussed the requirements of the MCA and the associated DoLS, with the registered manager and her deputy. They were fully aware of the legislation and had received training to ensure they were fully up to date with all requirements. We saw staff had taken appropriate advice about individuals to make sure that they did not place unlawful restrictions on them. At the time of our visit the registered manager told us there were four people needing to be subject to a DoLS authorisation. We saw records that showed the relevant documentation had been submitted and approved by the local authority.

We looked at the records of staff training. We saw that training was available and relevant to staff roles and responsibilities. This included keeping people safe including MCA and DoLS, moving and handling, challenging behaviour, mental health awareness, food safety, health and safety, infection control, emergency procedures and fire safety. The staff training matrix identified that all staff had been provided with training to help to ensure they were able to be effective in their various roles. However the registered manager told us that access to training had become more difficult as training providers, including the local authorities, had drastically cut down on their training provision. She told us that both she and her deputy had undertaken train the trainer training to enable them to carry out some training within the home. This is a system that enables trained staff to cascade training to others. Records showed that most staff had achieved National Vocational Qualifications (NVQ) level 2 or above. Three newly appointed staff were currently undertaking the Care Certificate.

We found that the registered manager had an induction training programme that was designed to ensure any new staff members had the skills and knowledge they needed to do their jobs effectively and competently. Following this initial induction and when the person actually started to

work, they shadowed existing staff members and were not allowed to work unsupervised until the registered manager considered them competent to work on their own.

Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are competent and confident enough to work on their own. Staff spoken with told us that that had completed their induction and shadowed a senior member of staff until they were confident to work alone. Staff were able to tell us about the individual needs of people they were supporting. For example, what time of day people preferred to shower or have a bath, how they liked to be dressed and what they enjoyed doing during the day. We saw that all new staff had to complete all the service's mandatory training within 12 weeks of commencing their employment at the home.

We spoke with nine staff and asked them about staff supervisions and annual appraisals. Staff told us that supervisions were conducted by the registered manager or the deputy manager. The timing of these meetings had recently been reviewed and were now planned to take place four times a year. Staff said the meetings provided them with the opportunity to discuss any issues or concerns they may have and any further training or development they may wish to undertake. We saw evidence of these meetings in four of the five staff files we looked at. We noted that the file which did not hold information about any supervision meetings was for a newly appointed member of staff who had only been employed by the service for the past three months. We saw that the staff member had attended an appraisal meeting and therefore the supervision meeting had not yet taken place.

We looked at five care records, which provided evidence that people had access to health care professionals such as GPs, podiatrists, opticians and dieticians. We saw that staff monitored people's nutrition and hydration and if any concerns were identified food and fluid charts would be implemented to monitor food and fluid intake.

People told us that they liked the food. Comments included; "Food is fine" and "It is tasty and I like it". We observed people during the lunch time meal. The menus were displayed in written form in the dining room, choices were available. Most of the people dined in the dining areas; however people if they wished, could dine in the privacy of their own room as was their choice. One person told us, "Drinks and snacks are always available and you

Is the service effective?

can generally get anything you like at any time you want it". Staff told us that the dining experience was flexible to suit the needs of the people who lived in the home. They said that most of the people ate what they wanted, when they wanted it. However, they also said that the lunchtime and evening mealtimes were served at a given time to enable people to have a structured approach to dining if they choose to do so. We observed people enjoying drinks and snacks throughout our visit. Staff told us that although jugs of juice and water were not left on display around the home for safety reasons, they knew when people wanted a drink and would ensure they were provided with a drink whenever they requested one.

Staff understood people's dietary preferences and people's dietary needs were assessed so people were offered a suitable diet. For example, people's likes and dislikes were requested on admission as well as any allergies or special dietary needs. This information was held on the care files and in the kitchen.

We saw evidence of MUST (Malnutrition Universal Screening Tool) assessments and monitoring, which included regular checks on nutritional requirements, BMI (Body Mass Index) checks and weight recording on a monthly basis.

We looked around the home and found the environment to be conducive to the needs of the people who lived at Heliosa. Rooms were bright and decorated to a good standard. People had been encouraged to bring in personal items from home to personalise their room to their own tastes. The environment was homely and people appeared to be comfortable within their surroundings. We observed people sitting in the communal areas chatting with staff. Some people were in their rooms reading or watching television. We noted there was a relaxed and friendly atmosphere within the home.

All the bedrooms had en-suite facilities. There was also a choice of communal toilets and bathing facilities which had been adapted to suit the needs of the people who lived in the home.

Is the service caring?

Our findings

People said they were happy living in Heliosa. Relatives told us that they felt the staff were kind and caring and treated people with respect. We saw a report of recent comments received about the home via Carehome.co.uk on the notice board in the foyer of the home. It included “We chose the home for its wonderful atmosphere and caring approach”, “We are very satisfied with the home, the standard of care is excellent” and “Staff are welcoming and reassuring, home from home”.

Relationships between staff and people living in the home were friendly and supportive. People told us they were treated with kindness and were supported to maintain their independence. We observed that staff assisted people in a kind and positive way and offered reassurance. We noted that one person became a little agitated and a member of staff was sitting alongside and talking to them, continually offering support and encouragement by asking: “Are you ok? Would you like a drink?” They then engaged the person in meaningful conversation about how they felt and gave reassurances that staff were around to make sure everything was alright. Reassurances also included staff making sure people were wrapped in their fleecy blankets for therapeutic reassurance and had access to objects such as dolls, cuddly toys and memory boxes that gave them comfort.

We saw that staff used respectful language to promote dignity in relation to interactions, communication and record keeping. Notes from team meetings showed respect, dignity and person centred support were frequently discussed.

We saw that staff spoke gently with people, smiled, encouraged and provided reassurance when needed. Staff consistently supported people throughout the day to be as independent as possible in a calming, friendly and reassuring way. People were provided with information both verbal and non-verbal cascaded in a way that people would understand. Staff also spoke with people to help ensure they were able to make choices about how they spent their time.

People’s privacy was respected. People had freedom to move around the home and spend time in their rooms. Some people chose to spend quiet time alone. We saw one person watching a video of a vintage film from the comfort

of their bed. Another person was reading in their room. Bedrooms were personalised with people’s belongings, such as photographs and other small personal effects to assist people to feel at home. Staff told us that most of the people who lived at Heliosa were unable to attend to their own personal care needs and we observed that staff were always mindful of the need for privacy in respect of all areas relating to personal care.

Records showed that verbal and written staff handovers happened at the end of each shift and staff told us this assisted to ensure continuity of care.

Feedback from visiting health care professionals was positive about the caring attitude of the staff of Heliosa. Comments received provided evidence that people living in the home were treated with respect and staff acted very positively to ensure that people’s wellbeing was maintained. We were told by a visiting Gp that feedback to healthcare professionals from the relatives of the people who lived in the home was also very positive about how they felt their loved ones were cared for and supported.

The registered manager told us that end of life care was discussed with the people who lived at Heliosa and their families. She told us that staff were trained in end of life care to help people have a comfortable, pain free, dignified and respectful death. Records showed end of life care was based on the ‘Gold Standard Framework’ (The GSF Care Homes Training Programme. A framework to enable a gold standard of care for all people nearing the end of life) which the home was working towards accreditation. The registered manager told us that more staff training would be available to care staff to enable them all to gain a qualification in end of life care. Records showed that extra training had been planned for dignity in care and understanding dementia.

We were told that advocacy services were provided by external agencies if required. We saw records in people’s care files of advocacy services being provided by Age UK.

We were told that people were provided with a full guide to the services provided by the home when they made an initial enquiry. Staff told us that this provided full information about the home and explained the services provided to include the aims and objectives of the service, philosophy of care and how to raise a complaint. We asked for a copy of this document and were told that it was currently being updated. However we were given a copy of

Is the service caring?

the one that had been in use and noted that it held outdated information about CQC ratings. We discussed this with the registered manager and she advised that this information had been removed from the updated version.

Is the service responsive?

Our findings

One person spoken with during our inspection said they were happy regarding the standard of care provided to their relative. They said that the home did not use agency staff and as a consequence there was continuity of care and effective communication between staff. Other comments were positive about the care planning and care provision provided.

We saw that prior to admission the registered manager or her deputy visited any person who wished to live at Heliosa to undertake an assessment of need. This assessment identified what the person's needs were and whether the home could meet those needs.

We also saw that if a person was interested in living in Heliosa they and/or their family were invited to visit the home for a look around and a chat.

Staff told us that when a person was admitted to the home a care plan was developed. We were told each person had a care plan and the records we looked at confirmed that. Records showed that the plans identified people's choices, needs and abilities. The plans were used to guide staff as to how to involve people in their care and how they could support them to achieve a good quality of life.

The registered manager told us that all plans were person centred. She said that information gathered before admission to the home from the person, their family and any other professionals who were involved with the persons care would be recorded in a care plan prior to admission. She said that this information was added to following admission to include likes and dislikes, hobbies, interests, their wishes for their future care and end of life wishes.

We looked at people's care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed the care plans were updated so that staff would have information about the most up to date care needed.

Care plans held details of background, external agencies who had been consulted, specific needs, meaningful

events, family social contact, relationships, personal care, physical and mental health and emotional support. Staff told us that they were given time to read people's care plans and risk assessments to help them understand the needs and support requirements of people using the service. Care files we looked at included a staff signature list which confirmed that staff had read care plans and other supporting documentation.

Staff told us that updates on people's needs were discussed at the handover during shift changes, via the daily reports and informally with the nurse on duty or senior carers.

Staff demonstrated a good understanding of the people they supported in relation to their changing behaviours and changing needs. Records and discussions with staff demonstrated that people who use the service had access to a variety of health services such as local GPs; dieticians, speech and language therapists (SALT) opticians, social workers, hospital consultants and clinical specialists.

Staff told us that most of the people who lived at Heliosa did not want to take part in community activities but spent most of their time within the home. However staff told us that they had lots of interaction with the people who lived in the home and enjoyed playing board games, watching television or just chatting. Staff told us that until very recently the home had employed an activities coordinator who arranged daily activities for the people who lived in the home. They told us that this person had left but another activity coordinator was due to start soon. During our visit we saw staff singing and dancing with people who lived in the home, and enjoying a chat. We noted that two people were playing chess and others were watching the game with interest. Staff told us that they did their best to provide activities but sometimes they just did not have the time as they were busy undertaking their caring duties. Staff told us that they were passionate about the happiness of the people who lived at Heliosa and as a consequence they had raised funds to enable them to purchase some items which they thought would be useful to entertain them. One staff member had their head shaved and the money raised enabled the home to purchase items including a karaoke machine and a bingo machine. Staff told us that the people who lived in Heliosa loved both singing and playing bingo and they were delighted to have provided both items to enhance people's lives.

Is the service responsive?

Arrangements were in place to encourage feedback from people using the service. Informal meetings were held with people on a regular basis. Records showed that issues discussed included the food and activities. People told us they were encouraged to make any suggestions which may improve the care and support provided.

The provider had developed a complaints policy to provide guidance to people using the service, their representatives and staff on how to raise and / or manage a complaint. A copy of this was given to all the people who lived in the home and was displayed on the notice board in the foyer.

We reviewed the complaints file and noted that no formal complaints had been received since the last inspection.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

Is the service well-led?

Our findings

We noted that systems were in place to seek feedback from people using the service, their representatives and staff on an annual basis. This process had last been completed during January 2015 and the results were displayed in a chart in the reception area of the home for people to view. A written summary of the findings of the survey to accompany the chart was also available and held information to include comments about staff 75% excellent 25% good and food provision 75% good and 25% excellent. Comments from people who used the service included “Staff and excellent and kind, patient and warm”, “Staff are helpful and very approachable”, “Families are made to feel welcome” and “The home is very well run”.

We saw questionnaires which had been completed by staff. Comments included “My work is rewarding”, “I feel valued”, “Any problems within the home are dealt with quickly by the manager who is most supportive”.

Staff told us that the registered manager was a qualified RGN who regularly worked in the home as a nurse to cover holidays and sickness. They said she was most supportive as both a manager and a colleague. One staff member told us that the registered manager was excellent and managed the home really well. Other comments from staff showed that the registered manager and her deputy led by example and were respected in their roles.

The registered manager told us that she undertook nursing duties in the home and worked with other staff which enabled her to audit the level of service delivery and the

individual needs of the people who lived in the home. She showed us records which identified she completed a daily check of the home and reported any issues or areas of concern to the directors and passed on any immediate issues to the staff concerned. We saw records of instant individual supervisions and clinical supervisions that had been carried out which ensured that issues were dealt with promptly and efficiently.

Records showed that staff meetings were held regularly to pass on information and also to enable staff to voice their opinions and concerns. Staff told us they were also able to speak with the registered manager or her deputy if they wished.

The registered manager told us that she used information from CQC National Institute for Health and Care Excellence (NICE) guidelines and the Social Care Institute for Excellence (SCIE) website to ensure the staff were up to date with current practices.

We saw that all staff had a job description to ensure they understood what was expected of them. The registered manager told us that some staff had more than one role and the job description enabled staff to fully understand their responsibilities and what was expected of them.

Staff told us that the strategic management of the home was provided by the directors who had over 25 years of experience in the care industry. Records showed that they were in direct contact with the home and visited once a week at a minimum and arranged formal management meetings every three months.