

Takepart Limited

Heliosa Nursing Home

Inspection report

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Date of inspection visit:
28 April 2021
07 May 2021
13 May 2021

Date of publication:
10 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heliosa Nursing Home is a residential care home providing personal and nursing care to 38 people at the time of the inspection. The service can support up to 40 people in one adapted building across two separate areas, each of which had separate adapted facilities.

People's experience of using this service and what we found

Required improvements identified at our last inspection had been made, sustained and built upon. Safety and leadership had improved significantly. People received safe and effective care and outcomes were good.

Risks to people's health, safety and welfare, were identified and managed safely with the involvement of the person or their representatives.

Safeguarding systems, policies and procedures ensured people were safe and protected from abuse.

People told us they felt safe and well cared for and made positive comments about the staff and standard of care. Comments included "They look after me 200% nothing too much trouble". "I am so well looked after in every way". A visiting relative said, "We have no doubt (relative) is safe, overall if I were to rate the quality of the care I'd say excellent".

We were assured by the additional measures in place to help prevent the spread of COVID-19. Risks relating to infection prevention and control (IPC), including in relation to the COVID-19 pandemic were assessed and managed. Staff followed good IPC practices. Safe visiting was supported and enabled. Visitors were invited to take rapid COVID-19 test just before their visit, were provided with appropriate personal protective equipment as in accordance with government guidelines and best practice.

Medicines were safely managed, and systems were in place for reporting accidents and incidents and learning from them.

There were sufficient numbers of suitably trained and experienced staff on duty and safe recruitment procedures were followed. Staff presented as well trained, caring professionals.

The management team and staff were clear about their roles and responsibilities and they promoted a positive, person-centred culture. Staff worked well together as a team, and there was good partnership working with others to meet people's needs.

Effective systems were in place for checking on the quality and safety of the service and making improvements where needed.

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 November 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The provider notified us of concerns relating to the management of people's finances. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heliosa Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Good 

Is the service well-led?

The service was not always well-led.

Requires Improvement 

Heliosa Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out one inspector.

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 is required to have 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.

The registered manager's post was vacant at the time of the inspection. The home was being managed by a temporary manager supported by the registered provider's Lead Operations Manager.

Notice of inspection

We announced the inspection visit 24 hours before it took place. This was because we needed to give the acting manager time to prepare in advance of our visit due to the COVID-19 pandemic. Inspection activity started on 28 April 2021 and ended on 12 May 2021. We visited the service on 28 April 2021.

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 seven people who used the service and a relative about their experience of the care provided. We spoke with a visiting health care professional and eight members of staff including the acting manager, the business administrator, the deputy manager/clinical lead nurse, a nurse, three care staff, and the lead operations manager. 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 a medications check, looked at the recruitment files for two staff employed since the last inspection and checked financial records for two people.

After the inspection visit

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit and continued dialogue with the acting manager and lead operations manager by telephone. We reviewed a range of records. These included several people's care records, assessments and risk assessments. A variety of other records relating to the management of the service were also reviewed. We also spoke with a visiting doctor on the telephone and sought their views on the management of the home and the standard of care provided.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider was not doing all that is reasonably practicable to mitigate risks. 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.

- Risks to people's health and safety including those presented by COVID-19 pandemic were identified and well managed so people were safe and protected from avoidable harm.
- The service had contingency plans in place to manage unforeseen emergencies and each person had an up to date personal emergency evacuation plan.
- Regular safety checks were carried out on the environment, equipment and utilities to ensure people were safe and protected from harm.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the home told us that they felt safe. Comments included "They look after me 200% nothing too much trouble. I am so well looked after in every way" and a visiting relative said "We have no doubt (relative) is safe, overall if I were to rate the quality of the care I'd say excellent".
- The registered provider had acted swiftly and decisively when an internal audit identified safeguarding concerns. Working collaboratively with safeguarding professionals including the police, effective action was taken to ensure vulnerable people were protected from abuse.
- Staff were aware of how to raise concerns and most staff had completed safeguarding training.
- A whistleblowing policy was in place and staff were aware of the procedures to follow.
- Referrals had been made appropriately to the local safeguarding team and detailed records were maintained.

Using medicines safely

- Medicines were received, stored, administered, recorded and disposed of safely.
- Staff involved in administering medicines had received training around medicines and had access to relevant guidance regarding the administration of medicines which may be required on an 'as and when required' basis.
- Medicines audits were carried out regularly.

Preventing and controlling infection

- The provider's infection prevention and control (IPC) policies, procedures and practices had been reviewed and revised in the light of the COVID-19 pandemic so staff knew what to do to minimise risk in the event of an outbreak.
- Risks relating to IPC, including the COVID-19 pandemic, were assessed and well managed.
- Staff followed good IPC practices. Increased cleaning schedules had been developed, implemented and maintained and "Whole home testing" was in place for people and staff in accordance with government guidelines.
- All areas of the home were seen to be clean, hygienic and odour free.
- Sufficient supplies of personal protective equipment (PPE) were available and staff knew how to wear and dispose of it safely.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People had detailed individualised visiting care plans which outlined how they could receive visitors during the pandemic. We observed visiting relatives coming into the home to spend time with their loved ones. Testing was in place for all visitors, PPE was provided, and government guidelines were adhered to.

Staffing and recruitment

- There were enough suitably, skilled and experienced staff on duty to meet people's needs safely and consistently.
- The number of staff on duty and skill mix were determined based on people's needs and dependency levels.
- The provider followed safe procedures for the recruitment of staff and all appropriate checks had been completed before new staff were employed in the home.
- All people and relatives spoken with praised the staff for the standard of care provided. One relative said: "There is always enough care and nursing staff. The care is excellent, they always treat (relative) with respect and kindness".

Learning lessons when things go wrong

- Records of accidents and incidents were maintained and analysed to help identify any patterns or trends.
- Where patterns were seen, action was taken to see if lessons could be learnt or whether additional action needed to be taken. For example: One person told us that there had been occasions when staff had not responded promptly when they had used their call bell. In response to this the lead operations manager instigated call bell monitoring to ensure timely response to people's calls for assistance.

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.

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 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. This was a breach of regulation 17 (Good governance) 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 17.

- Effective systems for checking on the quality and safety of the service and for making improvements were in place and were being followed.
- There was no registered manager at the time of the inspection. The management team which included the acting manager, the provider's lead operations manager, clinical lead nurse and business manager were clear about their responsibilities to act in an open and transparent way when things went wrong.
- Incidents and accidents were analysed, and arrangements in place to ensure learning was shared with the staff team, to help ensure people received safe and effective care.
- Managers and staff had completed training and kept up to date with the law and current good practice guidance, including that relating to the COVID-19 pandemic to update their knowledge and learning.

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

- The management team promoted a culture of person-centred care by engaging with staff, everyone using the service and relevant others such as family members, health and social care professionals and outcomes were good.
- Our observations of the standard of care throughout our inspection were positive. Staff were engaging and showed skill and sensitivity in the way they responded to people often initiating conversation and reinforcing a positive, social atmosphere.
- Staff told us that they felt well supported and involved in decisions made about the service; and were confident in sharing their ideas and views and felt they were listened to.

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

- Managers and staff worked effectively and cooperatively with other health and social care professionals to develop practice and improve outcomes for people who lived at the home.
- A visiting pharmaceutical professional told us how the clinical lead nurse had worked collaboratively to solve problems with the electronic medicines monitoring system.
- A visiting doctor who was the home's clinical lead in the local Primary Care Network spoke highly of the management team and told us how they had worked in partnership to ensure people's health care needs were met.
- The management team regularly engaged with people using the service, their relatives and staff through meetings, informal discussions and quality surveys.
- A relative told us that they appreciated the way they had been kept informed throughout the COVID19 pandemic via telephone calls and emails. They said: "Communication is excellent, and the nurses and care staff are so caring and attentive, I'd say excellent".

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 provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The Care Quality Commission had been notified about incidents and events which occurred at the service, in accordance with the regulations.
- The ratings from the last inspection were clearly displayed at the service and on the providers website.