

Fraser Residential Limited

St Heliers Hotel

Inspection report

25-26 Clifton Gardens
Folkestone
Kent
CT20 2EF

Tel: 01303254980
Website: www.stheliersresidentialhotel.com






Date of inspection visit:
06 March 2019
07 March 2019

Date of publication:
30 July 2019

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

About the service:

St Heliers Hotel is a residential care home providing personal care to up to 30 older people most of who were living with dementia. At the time of our inspection 21 people were living at the service.

People's experience of using this service:

- People told us they were happy living at St Heliers Hotel, and they felt safe. However, we found action had not always been taken to keep people safe from known risks. Accidents and incident documentation was insufficient and did not show how the registered managers reacted to known risks or accidents when they occurred to reduce the likelihood of them reoccurring. Environmental concerns identified at the previous inspection had not been acted on in a timely manner.
- People and staff had positive feedback about the leadership of the service. However, we found concerns identified in the previous two inspections had not been prioritised and improvements had not been implemented effectively. For example, staff recruitment continued to be insufficient. There had been a lack of learning and knowledge of good practice implemented by the registered managers.
- The service was mainly free of odour and clean. Maintenance throughout the service varied; we identified some areas where improvements were needed, for example decorative improvements within two bedrooms, and on one staircase.
- People received their medicines as prescribed. Staff had received training in a range of subjects, including medicines administration and were competency tested. Staff were aware of their responsibility to safeguard people from possible abuse.
- People were supported to eat and drink enough to sustain a balanced diet. When people's needs changed, healthcare professionals informed us they worked closely with staff to ensure people's needs were met. Staff understood the need to involve people in their care and promote choice.
- People told us they were treated with care and compassion. Staff understood people's backgrounds and life histories and used this information to enhance their care. People were supported to keep their independence.
- People's opinion on the service was sought, however improvements could be to how the information could be used to improve the service.

Rating at last inspection:

The last inspection was carried out on 19 and 20 October 2017. The service was rated Requires Improvement.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found improvements had not been made in the areas identified at the previous inspection. We have rated the service Requires Improvement overall, and Inadequate in the Well-led question. This is the third time the service has been rated Requires Improvement.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe	Requires Improvement ●
Is the service effective? The service was not always effective	Requires Improvement ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was not always well-led	Requires Improvement ●

St Heliers Hotel

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector and one 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.

Service and service type:

St Heliers Hotel is a care home providing care and support to older adults, some of who were living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The first day of the inspection was unannounced.

What we did:

- Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities.
- We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.
- We spoke with six people and three relatives, and spent time observing staff with people in communal

areas during the inspection.

- We spoke with the provider, director, registered managers, deputy manager and three staff.
- We reviewed a range of records. This included four people's care records and medicine records.
- We looked at recruitment records, supervision and training records for staff.
- We reviewed records relating to the quality and management of the home.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

When we last inspected the service in October 2017 we found two breaches of regulation in relation to managing risks and the recruitment of staff. Although we found improvements had been made to some aspects of risk management, we found not all areas had been addressed, and the breach remained. We also found the breach in relation to safe recruitment practices had not been met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection, we identified risks to people had not been assessed and mitigated. Action had not been taken to reduce the likelihood of falls reoccurring. People were at risk of scalds as radiators were unguarded within the service. Windows at the service did not all have appropriate restrictors in place. Action had not always been taken to reduce the risk of scalds from hot water temperatures.
- At this inspection, we found some action had been taken to reduce the risk of scalds from unguarded radiator covers. Radiator covers had been put in place in the main lounge area, and in people's bedrooms. However, the radiators in the bathrooms and hallways did not have guards placed on them. The registered managers told us they prioritised the risk of scalding in people's bedrooms.
- There had been no consideration given to areas with increased risk. For example, when one person was known to become disorientated whilst walking around the service and was at risk of falls. There was an unguarded radiator outside their room, and also within the bathroom they were often found in. The provider informed us they had purchased further radiator guards; however, they had been the wrong size and had been re-ordered. Following the inspection the provider informed us the guards had all been installed. We will check this during our next inspection.
- Accidents were recorded by staff when they occurred. Staff told us accident forms were kept in people's files, however we found this was not always the case.
- There was some overview of falls completed by the registered managers, however this did not clearly detail what action had been taken to reduce the risk of the accident reoccurring. For example, the accident log did not analyse the time of the accident, the number of staff on shift, or if the person needed further input from healthcare professionals such as a referral to the falls clinic.
- One person's daily notes detailed that they were found on the floor on four occasions from 12 February 2019 to 5 March 2019. A registered manager informed us these occasions were not officially documented as accidents as they believed the person lowered themselves to the floor, rather than them falling. However, these occasions were all unwitnessed. Risk assessments for the person had not been reviewed or updated following the instances. The person had a sensor mat in place to alert staff when they were mobilising around their room. However, on two occasions during the inspection, the person was found mobilising outside their bedroom, with the alarm not having sounded. Staff told us this was a regular occurrence, and they tried to check on the person 'as often as possible,' this was not documented in the person's risk assessment or care plan, and the person was located on the fourth floor.

- One staff member told us "We should do more frequent checks when people are new."
- The registered managers were unable to inform us of action taken to mitigate the known risk of falls.
- Incidents or near misses were not recorded by staff, and therefore the registered managers did not review this information or analyse it for trends and patterns.
- One person was found to have become disorientated whilst walking around the service, including walking into other people's rooms on 22 occasions from 12 February 2019 to 5 March 2019, and these occasions included being found on one of the two possible stair cases which were accessible at all times to people. The registered managers were unable to tell us what action had been taken to reduce these instances and orientate the person at the service.
- Managers told us they had met with the person's loved one's to discuss if the service could meet the person's needs. Following the inspection, the person was supported to transfer to a more suitable environment.
- The failure to mitigate known risks to people and protect them from avoidable harm is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Since our last inspection the provider employed a water systems expert to complete a risk assessment and action plan to review the water temperatures within the service. There was now a detailed risk assessment and process to follow to check the water temperatures regularly.
- All windows were assessed and fitted with restrictors since our last inspection. The maintenance person was responsible for completing regular checks on the windows to ensure they remained safe and effective.

Staffing and recruitment

- At our last two inspections, we found staff were not consistently recruited safely. At this inspection, we found no improvements in this area.
- The provider information (PIR) stated that since the last inspection the 'staff files are more robust and in uniform with each other. All staff files have their photographic identification in place. Full employment history of new employees are required with explanations of any work history gaps ie: motherhood or unemployment.' However, we found this was not consistently the case.
- We reviewed three staff files that had been recruited since our last inspection and found that in two of the three files work history had not been fully explored to ensure all gaps in employment were understood. Two files did not have evidence that an interview took place prior to the staff member starting work. One file contained a reference that was not listed on their work history. None of the files evidenced that staff were asked about any health concerns prior to starting work.
- We discussed the issues identified with a registered manager who confirmed the two registered managers, and another admin staff were responsible for the recruitment of staff. Since the last inspection a front cover had been introduced to inform staff what documents needed to be in place before new staff started working, however this was not signed off to confirm it was complete and there was no system of checking one another work to identify issues.
- The failure to operate a robust recruitment process is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were sufficient staff to meet people's needs. One person told us "I am safe. I don't have to wait long if I call for help." A relative told us "There seem to be enough staff. There are always staff around when I am visiting."
- Staffing numbers were determined by the director, and no formal dependency tool was used. We discussed implementing a formal dependency tool with the registered managers, who confirmed they would introduce a tool to check staffing numbers were sufficient. We will check this during our next inspection.

Using medicines safely

- At our last inspection, we recommended that the service considered current guidance on administration and recording for topical medicines and patches. The service did not have guidance in place to demonstrate to staff where topical medicines should be administered or guidance to inform staff on the site of the medicine patch to ensure this could be rotated in line with the manufacture's guidance.
- At this inspection we found improvements in this area. People who had topical medicines had charts to indicate where the cream should be applied, and staff documented when the cream was administered. People who had medicine patches, had guidance in place to clearly demonstrate the site of the patch and the frequency of the rotation.
- Medicines were mainly stored, administered and disposed of safely.
- People had their medicines reviewed by a multidisciplinary team every six months. As a result, people who had 'as and when' (PRN) medicines were reviewed regularly to ensure prescriptions were amended appropriately. For example, when one person regularly received paracetamol for pain relief this was reviewed and amended to a non PRN medicine.
- There was clear guidance in place for staff to follow for PRN medicines, and staff we spoke with were confident in administering medicines.
- Staff received training and competency checks in medicines administration. Staff told us they felt confident administering medicines. People and their relatives told us they received their medicines as and when they needed them.
- There were no risk assessments in place for people keeping prescribed medicines in their rooms. The registered manager informed us they did not have concerns that people would inhale or consume the medicines. However, there were a large number of people living with dementia at the service, and some people were known to become disorientated, including walking into other people's rooms. This is an area for improvement.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at St Heliers Hotel.
- Staff we spoke with were able to tell us the signs they would look for if they had concerns about people. One staff member told us, "Safeguarding is protecting them from any form of abuse and neglect. I would look for neglect, physical abuse, mental abuse, financial or sexual. I would report it straight to the managers. I would report to CQC, and social services."
- The registered managers had submitted safeguarding alerts appropriately and worked with the local safeguarding authority to discuss any concerns they had.
- Staff were aware of the providers whistle blowing policy and told us they would be confident to raise any concerns.

Preventing and controlling infection

- There were sufficient domestic staff to keep the service clean, and the service was mostly without odour.
- Staff were observed using personal protective equipment such as aprons and gloves appropriately.
- People told us, "The cleaners hoover and dust my room each day," and "My room is very clean."

Is the service effective?

Our findings

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found that MCAs were not in place for specific decisions, and people had generic MCAs. For example, one person lacked capacity; staff and their family discussed implementing a mat to alert staff when the person was mobilising and left their room. We found there was no MCA or best interest documentation recorded to evidence how the decisions were reached, and whether the option was the least restrictive option for that person.
- We checked that any conditions on DoLS were being met, and found they were. However, there was no system to monitor this. When we discussed this with a registered manager, they informed us they were not aware of the conditions, and the need to meet them. This is an area for improvement, we will review at the next inspection.
- Staff we spoke with showed a good understanding of MCA and how to apply the principles. One staff member told us, "Quite a few of our residents have dementia. We want them to have their independence and choice. Sometimes you need to support their decision making. People choose what they want to wear, eat and drink. Where they want to spend time. If they want to come down stairs for lunch. Sometimes people say they want to stay in bed longer."

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

- The service was a large adapted building and some adjustments had been made to make it accessible for the people living there, for example there was a passenger lift to allow people access to all floors.
- Most people's rooms were person centred, with personal possessions and photographs.
- However, two bedrooms we observed needed repairs, one with a crack in the wall where a curtain rail had been previously hung and another room was in need of some redecoration. Maintenance logs confirmed these repairs had not been reported to the maintenance person. The registered managers assured us these

repairs would be prioritised.

- Many people at the service were living with dementia. There had been no adjustments made to the decoration or design of the building to reflect the changing needs of those living there. We discussed this with the registered managers who informed us they did not believe anyone within the service would benefit from dementia signage, for example. However, we identified and discussed one person who regularly became confused in their surroundings and would benefit from signage. This is an area for improvement. We will check during our next inspection, improvements have been made.
- On the second day of our inspection, a registered manager had asked a staff member to prioritise creating signage for the person identified.

Staff support: induction, training, skills and experience

- Staff continued to receive a mixture of online and face to face training. Staff were encouraged to nominate themselves to attend external training courses. One staff member told us "I do enjoy the training. We did an online meds course which I really enjoyed. It was really in depth I learnt things that I didn't realise."
- Staff supervisions for the previous year had been inconsistent. The registered managers had implemented a rota for this year, and each staff member had received supervision.
- Staff told us they felt well supported, a staff member told us "I know that if I ever had any concerns or problems I could talk to any of the managers. I have done in the past and they have always helped me."
- New staff continued to receive an induction to support them with their knowledge of the service and the people living there. All new staff completed the care certificate as part of their induction. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care services are expected to uphold.

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

- Before people moved into the service, the registered managers would carry out an assessment of their needs to ensure the service could meet the needs of the person.
- The pre-assessment reviewed people's current needs, their medical history, any allergies and medicines the person was taking. It also took into consideration people's protected characteristics in line with the Equalities Act.
- Since the last inspection, the registered managers had ensured there was more information available to staff on good practice. For example, guidance around catheter care and diabetes.

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

- People told us they enjoyed the food and were supported to maintain a balanced diet. One person told us, "The food is great. There is plenty to eat. They provide anything you might want. I like the roast beef and Yorkshire puddings. I don't like tea or coffee. The staff bring a thermos flask to my room for me to drink."
- We observed lunch on both days of the inspection. It was clear to see that mealtimes were a social event within the service, with people waiting for their friends to dine with them. During lunch people were engaged in conversation and were laughing and sharing jokes.
- Some people needed support at mealtimes. On both days of the inspection, we observed people receiving the support they needed and staff were engaged and patient with people.
- People were offered choices around what they ate, and where they ate their meals. Some people preferred to eat in their rooms for example.
- On the second day of our inspection, one person's family came to the service to dine with them. A lounge was used to give them a private area to dine.

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

- At our last inspection, staff were not able to describe how they supported people with complex healthcare conditions such as diabetes and catheter care.
- At this inspection we found improvements in this area. One staff member described to us how they were concerned about the colour of someone's urine, who had a catheter. The staff member acted, testing the urine and establishing there was an infection. Staff were able to speak with the GP and organise medicines to be prescribed without delay.
- There were no concerns about people's skin integrity, staff and healthcare professionals told us this was an area staff had worked to improve for the people living at the service.
- Staff were able to describe to us how they notice changes in peoples health, and actions they take to ensure people received timely care.
- A healthcare professional told us "They are proactive, if the persons needs change they ask us to come and visit."
- Another healthcare professional told us "I find the managers and staff very receptive to advice given by myself or any member of my team. They are diligent and always report any concerns regarding their resident's health in a very timely manner, meaning any issues or healthcare concerns can be addressed quickly, often before an issue fully manifests."
- People were supported to regularly see the GP, dentist and chiropodist.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection, we observed kind and caring interactions between people and staff. Staff knew people well including their likes, dislikes and histories.
- A relative told us, "I think the staff are very caring towards everybody" and "They treat everybody with dignity and great respect. They talk with (name) about memories from their past that they are aware of."
- Staff used information about people's past to enhance the care they received. For example, one person was known to play in a band. Staff organised for the band to come to the home to play music for all the people living there, which they enjoyed.
- Staff told us, "Honestly the residents are the best thing about working here. I love the residents, they are such characters."
- A healthcare professional told us, "I've always liked it here because the residents generally seem happy. They are chatty, they're relaxed."
- A registered manager told us, "I love this place. It's a second home. I came as a carer and it's like a family. It means the world to me. We treat people like our second family."

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

- People at St Heliers Hotel were mostly supported by their loved ones when making decisions about their care and treatment. However, information was available for people who may need additional support from an advocate. An advocate is someone who supports people to express their views and wishes and stands up for their rights.
- People's loved ones were invited to reviews about their care and treatment if the person wished.
- People were encouraged to make decisions about their care on a day to day basis, such as where to spend their time, what they wanted to do, and what they wanted to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect. One person told us, "The staff talk to you equally, they are good fun. They knock on my door before coming in."
- Staff supported people to maintain their appearance. For example, when one person was unable to do their makeup, staff supported them with putting their make up on daily. Staff told us with encouragement and support the person then started to put their own make up on again.
- Staff told us, "We promote people to do what they can do. It gives them more self-worth. It's so important for them to have choice."
- People were encouraged to be as independent as possible. For example, one person liked to leave the service without support on a regular basis to visit the shops or go for a walk. There were clear risk

assessments in place for staff to follow.

- A person told us, "The staff give me confidence. I feel well cared for. I can shower myself."
- Relatives told us they were welcome to visit at any time.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- There was no easy read signage around the service to support the communication needs of people who may require additional support, for example the food menu was not displayed in picture format, and the complaints process was not available in easy read format. We discussed this with a registered manager who advised us they would implement changes. This is an area for improvement we will review during our next inspection.
- People and their relatives told us they received person centred care.
- Interactions we observed between people and staff were person centred, with staff changing their approach depending on the person they were supporting.
- A registered manager told us care plans were reviewed monthly, or as and when people's needs changed.
- Some people stayed at the service for respite. A registered manager informed us that prior to the person returning to the service, an assessment is completed, and their care plan reviewed to ensure it met the person's needs.
- People told us they enjoyed the activities on offer at the service. One person told us "We play games here. There is enough to do," another person told us "There is an exercise class, I like to be in the room when it is going on, but don't like to join in."
- The deputy manager was responsible for organising activities for people at the service. They told us "We are always trying to improve on things. Such as going out for activities or having 1:1 time. It would be nice to have extra time to do more outside activities."
- People who didn't enjoy or join in with group activities were supported to pursue individual hobbies and interests. For example, one person who was very independent and didn't enjoy group activities told staff they missed gardening. Staff purchased raised beds, and the person was taken to the garden centre to purchase plants of their choice to tend to.
- People were supported to follow their religious beliefs.
- People were supported to keep in touch with those who were important to them. Many people had mobile phones which enabled them to communicate with their families, some of who were living abroad.

Improving care quality in response to complaints or concerns

- Since our last inspection, no complaints had been logged.
- There was a complaints process clearly displayed in the entrance hall for people to review. However, there was no easy read complaints policy for those who may need it.

- People told us they knew how to make a complaint, one person told us "I can't recall having to complain about anything. I would talk to the manager if I did."
- Positive feedback about the service had been recorded by the registered manager, comments included; '(Name) gained back a lot of confidence whilst with you' and 'Thank you and all your staff for caring so well for (name) in her time with you. And especially for enabling them to die with dignity and peace. It meant a tremendous amount to us.'

End of life care and support

- At the time of our inspection, no one was in receipt of end of life care.
- Some people had made advanced decisions about their care. Pre-paid funeral plans were in place, and some people had Do Not Attempt Resuscitation (DNAR) decisions documented.
- A registered manager had end of life care plans, that they were working on to implement for people so that people's wishes at the end of their lives were understood and could be acted on.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last two inspections we found three continued breaches of regulation. At this inspection, we found no improvements, and the three continued breaches remained.
- The leadership of the service was poor and previously identified shortfalls had not been met by the registered managers and provider.
- At our last inspection, we found concerns relating to the governance of the service. This was because risk assessments were not always up to date or reflective of the needs of the person, and gaps were identified in staff recruitment files. The provider sent us an action plan, detailing how they would meet the breach of regulation by May 2018. However, we found improvements had not been sustained or embedded.
- The registered managers did not have an ongoing action or improvement plan detailing how they met or were working towards meeting the breaches identified in the previous inspection.
- The registered manager and provider were not proactive in identifying and acting on known risks. When issues were highlighted during inspection, managers were responsive and took action following the inspection to mitigate risks, however we could not be assured that managers would have been proactive in identifying and mitigating these risks.
- Staff recruitment files continued to contain gaps in work history. A registered manager told us they had made significant improvements to the recruitment process since the last inspection, however this did not include any checks of new starters recruitment file, or any audits on all staff recruitment files.
- Actions had not been timely or effective in addressing risks identified at previous inspections. Whilst action had been taken in relation to the risk of scalding from hot water, the need for radiator guards was highlighted during the inspection in October 2017. However, maintenance records showed radiator guards were only fitted in November 2018 in people's bedrooms. The provider and managers told us they prioritised people's bedrooms but had not considered communal areas such as bathrooms, or small hallways where people could fall and be exposed to scalding risks. There was no maintenance action plan to confirm when the remaining radiator guards would be fitted. Following the inspection, a registered manager informed us the remaining radiator guards were now in place.
- Accident and incident documentation continued to be inconsistent, and registered managers could not demonstrate actions taken to reduce the risk of reoccurring falls or known risks.
- Significant risks to one person who was known to be at risk of falling had not been mitigated. During the inspection we discussed this with managers and following the inspection we received confirmation from the registered managers that some mitigation had been put in place, and the person had been supported to move out of the service.

- There was no record to document and ensure DoLS authorisations were being complied with.
- The registered managers did not always have the knowledge or experience to drive improvements at the service. For example, a registered manager told us they lacked understanding and knowledge around MCA and DoLS applications. Although this had been discussed during the previous inspection, the registered manager had not attended any further training to gain knowledge or understanding in this area.
- The provider had not improved their quality auditing system since the last inspection.
- The failure to effectively audit, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance questionnaires had been sent out to people living at the St Heliers Hotel in July 2018. Although the provider had collated the results of the survey, there was not an action plan to show any improvements implemented as a result of the survey.
- For example, at the time of the survey only 50% of people were satisfied with the cleanliness of the service. A registered manager was able to tell us since the survey, they employed another domestic staff member, and felt there were improvements in the cleanliness of the service. However, they were unable to demonstrate how they had followed up with people to ensure they were now satisfied with the cleanliness of the service.
- Two people had requested more fruit to be available within the service. The registered manager informed us that people were now regularly offered fruit, and that there was a fruit bowl for people to help themselves to in the dining area. We noted on both days of our inspection, the fruit bowl was not replenished, with only two pieces of fruit available for people. We drew this to the attention of a registered manager, and it was replenished immediately.
- A range of staff meetings were held regularly to allow staff to voice any concerns or make suggestions for improvements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered managers were visible within the service, providing management cover seven days per week.
- Staff told us they felt well supported by the management and were able to raise concerns and discuss improvements at the service openly.
- People were positive about the leadership and culture of the service. One person told us "The home is in a nice location and the staff are kind. I don't think I would change anything."
- A relative told us "The manager is always easy to get hold of and to talk to. The atmosphere here is relaxed, easy going and friendly. It seems to be run efficiently. This home was recommended to me and I have recommended it to other people."

Working in partnership with others

- The registered managers had good working relationships with local healthcare professionals including GPs and community nurses.
- Staff were encouraged to attend external training held by the local authority and commissioning teams.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to mitigate known risks to people and protect them from avoidable harm.

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively audit, monitor and improve the quality and safety of the service.

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to operate a robust recruitment process.

The enforcement action we took:

We imposed a condition on the providers registration.