

# Fraser Residential Limited St Heliers Hotel

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

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 20 people were living at the service.

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

People were happy and content living at St. Heliers Hotel. They were complimentary about the staff and the support and care they received.

Governance and performance management was not always effective. Concerns identified in the previous three inspections had not been prioritised and improvements had not been implemented effectively. The quality of information in people's care plans varied, and some records did not include information about individual risks.

There continued to be shortfalls in the staff recruitment process. The systems used to monitor the quality and safety of the service had failed to pick up and address the areas of concern we found during the inspection. Some audits and safety checks had been completed. Action had been taken in some areas of the service and improvements had been made. Other areas needed more work and development to ensure improvements were embedded and sustained. There was a new registered manager in post who joined the service in May 2020.

People were not always fully protected from risks. Risks to people had been identified, however, guidance for some risks had not been fully recorded and some information was contradictory. There was not always clear guidance for staff regarding risks relating to choking, when people became distressed and health conditions. Further improvements were needed to ensure people were kept as safe as possible and staff were consistent in their approach. Risks concerning the environment had been addressed. Re-decoration had taken place in bedrooms and hallways.

People and their relatives told us they or their family members felt safe and well supported at the service. People were protected from abuse and avoidable harm and were treated with respect and dignity. People were supported to have day to day choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Staff helped to maintain people's independence by encouraging them to do as much as possible for themselves.

When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People's medicines were safely managed.

There were enough staff available to make sure people received the personal care and support that they

needed. The registered manager was reviewing the staffing levels following feedback from people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

At this inspection enough improvement had not been made and the provider was still in breach of regulations. There continued to be shortfalls and breaches of the regulations. The last rating for this service was Requires Improvement. (published 30 July 2019) and there were three breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

Our previous inspection found shortfalls at the service in relation to, the management of risks to people, staff recruitment and the failure to effectively audit, monitor and improve the quality and safety of the service. As a result, we undertook this focused inspection to check they had they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We reviewed the information we held about the service. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Heliers Hotel on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, staff recruitment and the effective monitoring and improvement of the service at this inspection.

We imposed a condition on the provider's registration.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**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. 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.

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. This enabled us to review the previous ratings.

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

This inspection was completed by two inspectors.

#### 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We used all of this information to plan our inspection.

#### What we did before inspection

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, serious injuries and deaths. We reviewed the last inspection report and the action plan

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the director, registered manager, deputy manager, head of care senior care workers and care workers. We also spoke with a visiting professional who visits the service regularly during the week.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and safety check. We spoke with two relatives.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong  
At the last inspection the provider failed to ensure that risks to people were sufficiently monitored, and that action was taken to reduce risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Some people were at risk of choking. The risk assessments gave detail on how to minimise this risk by providing pureed food or adding thickener to drinks. However, the risk assessments did not give individual guidance on what to do if the person did start to choke. Staff were able to explain the action they would take. When incidences had occurred staff we spoke with had taken action to make sure people received the support they needed. However, there was a risk that not all staff would know what to do if an emergency situation arose.
- Some people displayed behaviours which could put themselves or others at risk. There were behaviour support plans in place. However, these lacked step by step guidance on the action staff needed to take to make sure people were supported consistently and safely.
- People had personal emergency evacuation plans (PEEP) in place, but these were not detailed and specific to each person. One person used a wheelchair to mobilise and this was not mentioned in their PEEP. There was no detail about what support the person needed and from how many staff members. This put the person at risk of not being evacuated safely.
- One person had lost a significant amount of weight. The registered manager could not demonstrate action had been taken for three months, this put the person at risk of further weight loss.
- Staff told us some people had charts informing staff the support they needed to move in bed, to protect their skin integrity. The forms were not up to date, or fully completed. Staff told us people were supported to move regularly, but they did not always have time to complete the charts. Care plans were not clear, some information about people's skin integrity was contradictory. People were at risk of not receiving consistent support to maintain their skin integrity.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. The registered persons had failed 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.

- Environmental risks and potential hazards in the premises were assessed and checked regularly. Gas, electricity and fire systems were tested. Regular fire drills and fire safety checks were done.

- Incidents and accidents were recorded, reviewed and investigated by the registered manager. A summary of all accidents and incidents was used to identify any trends and ensure action was taken to prevent reoccurrence.

#### Staffing and recruitment

At our last inspection the provider had failed to establish and operate effective recruitment procedures to ensure staff were of good character and had the qualifications, competence, skills and experience necessary for the role. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- We reviewed three staff files of the latest staff to join the service. On one file dates on an application form had not been checked with the references received. The dates when the staff member started a role did not match with the information on a reference received from a previous employer. Gaps in employment had not been explored and another file did not have a full work history. The registered persons had failed to identify these shortfalls at the time of employing new staff.

The registered persons had failed 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.

- People were responded to quickly when they needed care and support.
- The registered manager calculated the number of staff needed based on dependencies for each person.
- Some people told us there was not always enough staff, especially during the afternoons. One person told us, "No love, to be honest I don't think there's enough staff. If I say that to them [staff] they say they are alright." However, the registered manager was in the process of reviewing afternoon staffing numbers following feedback from people who had said they felt more staff were needed in the afternoon.
- People and their relatives told us that when they needed support from staff, they did not have to wait for long periods of time. One person told us they had fallen, and called for staff support and staff responded quickly, and sought medical attention for them.

#### Preventing and controlling infection

- Minor issues were identified regarding personal protective equipment (PPE). These were immediately addressed by the registered manager. There was no impact on people.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- There had been no reported cases of Covid -19 since the beginning of the pandemic.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and the risks of abuse. Staff were trained in safeguarding which helped them to recognise any signs of abuse. Staff knew what to do and who to tell if they had concerns about the well-being of anyone living at the service.
- People told us that they felt safe. A person said, "They have been very good here, they have been excellent making sure we are safe."
- Staff told us the registered manager was approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary

#### Using medicines safely

- Medicines were managed in a safe way. People received their medicine on time and correctly, as prescribed by their doctor. Medicines were stored safely and at the right temperature. Records showed people received their medicines in the right way. People told us they received their medicines on time and when they needed them. Special medicines that require specific storage were managed appropriately. Regular audits on medicines had been done to make sure they had been given correctly.
- Medicine was ordered, stored and disposed of safely. Medicines administration records (MAR) were complete with no gaps or errors in recording. Staff received training in the safe management of medicines, and this was refreshed every 12 months. Staff competencies in giving people their medicines were regularly checked.
- There was information for staff about people's medicine such as why the medicine had been prescribed and how people liked to take their medicines. Where people had medicines prescribed 'as and when necessary' such as pain relief, information was available for staff. The guidance included why the medicine was prescribed, when the person may need to take it.
- Some people were given their medicines covertly, where medicines were hidden in food. There was clear information on why this was necessary. Best Interest meetings had taken place with all involved in the persons care. There was guidance in place on how to give people their medicines in this way.

# Is the service well-led?

## Our findings

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

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

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

- At our last three inspections we found three continued breaches of regulation. At this inspection, we found some improvements, however the three continued breaches remained.
- Since the last inspection in 2019 a new registered manager had been appointed in May 2020. The registered manager and provider had not taken the necessary action to address the previous breaches of the regulation so the risks to people remained.
  - They had not identified, through auditing and quality assurance checks the shortfalls we found at this inspection. These shortfalls were the same as the three previous inspection.
  - There was no action plan to show how the breaches of the regulation were going to be addressed to make sure they did not re-occur. There was no way of assessing and ensuring the appropriate action had been taken. There continued to be shortfalls in the providers recruitment process, managing risks and the maintaining complete and accurate documents

The registered persons failed 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.

- Some audits and safety checks had been completed. Action had been taken in some areas of the service and improvements had been made. Other areas needed more work and development to ensure improvements were embedded and sustained.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The provider and registered manager understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns and with their loved one.
- A relative said, "Yes well informed by them all. The registered manager will call me with updates and to tell

me if healthcare professionals are involved. There was an incident when something went wrong. They have put lots of things in place. They dealt with the incident very well very professionally."

- When things had gone wrong the manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Throughout the pandemic people and their relatives were kept up to date by regular newsletters. One relative said, "We had a weekly newsletter, we had encouragement at the end of the newsletter to get in touch with them to book a video call. I can get in touch with my relative whenever, but I was impressed with their efforts to keep people connected."

- Staff commented, "The team here are brilliant we work together so well we are like a little family. Some days can be a real struggle. Things seem to happen all at once, like today with the lift breaking and you guys being here. But we still get there." And "The registered manager is supportive in any way they can be. You can go to them with problems and they do something. I like the fairness of the registered manager. Things are dealt with the same day."

- Specialist electronic equipment had been purchased by the provider to support people to communicate with their family and friends during the pandemic. A small shop had been developed so people could purchase toiletries confectionary and other small items.

- Meetings were held with staff and residents to discuss their views and concerns. Some people had raised issues about the menu and changes has been made as a result.

- The registered manager had questionnaires ready to send to relatives, people, staff and other stakeholders to find out their opinion of the services. These would identify what the service did well and areas where improvements could be made.

Working in partnership with others

- The registered manager was not yet part of the registered managers forums or external organisations. This was something they planned on exploring.

- The registered manager had worked closely with the manager of a local care service to improve the dementia signage they had within the service.

- The registered managers had good working relationships with local healthcare professionals including GPs and community nurses.

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 registered persons had failed 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.

**The enforcement action we took:**

We imposed a condition on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons had failed 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.

**The enforcement action we took:**

We imposed a condition on the provider's 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 registered persons had failed 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.

**The enforcement action we took:**

We imposed a condition on the provider's registration.