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 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

This inspection took place on 19 and 20 October 2017 and was unannounced.

St Heliers Hotel is a care home providing care and support for up to 30 older people. There were 23 people living at the service at the time of our inspection, including 3 people staying for short term respite care. People cared for were all older people; some of whom were living with dementia and some who could show behaviours which may challenge others. Some people needed support with all of their personal care, and some with eating, drinking and their mobility needs. Other people were more independent and needed less support from staff.

St Heliers Hotel is a large proportioned terrace house. Accommodation is provided over four floors, with passenger lifts allowing stair free access. There are communal sitting and dining rooms together with a sun lounge and bar. Large enclosed gardens are accessed at the rear of the property.

The service had two registered managers in post. A registered manager is a person who is 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.

St Heliers Hotel was last inspected on 31 March and 1 April 2016. At that inspection we identified breaches of four regulations. These included risk assessments not in place for a person who had come to the service for short term care, hot water from some taps exceeded maximum permitted temperatures, suitable measures were not in place to safeguard against the risks of Legionella, an oxygen cylinder was not stored in line with requirements, some recruitment checks were incomplete, elements of some care plans were not tailored to individual preferences and clear links were not always made between some conditions and other associated care needs, for example diabetes and foot and eye care. In addition auditing carried out for the purpose of identifying shortfalls in the quality and safety of the service provided, had not been wholly effective. Following the last inspection the provider sent us an action plan explaining how these shortfalls would be met.

At this inspection we found required improvement had been made in some areas. People and relatives gave positive feedback about the service. However, there were a number of concerns that had not been

addressed.

Some risks to people had not been properly reduced. The risk of falls was not always proactively managed and incidents and accidents were not always managed appropriately to avoid recurrences.

Restrictors were not fitted to all windows to meet published guidance, intended to reduce the risk of falls; central heating radiator risk assessments required review to safeguard against accidental scalding and some hot water taps continued to deliver excessively hot water leading to a risk of scalding.

Proper pre-employment checks had not always taken place to ensure all staff were suitable for their roles. There were enough staff to meet people's needs.

Although information was available in care plans, some staff lacked knowledge about people's conditions and associated care needs that may potentially arise.
People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did not always support this practice. People who were assessed as not having capacity to make complex decisions had not been formally assessed about their capacity to make some specific day to day decisions. Deprivation of Liberty Safeguards applications were made where needed.

Auditing carried to identify shortfalls in the quality and safety of the service provided had not been wholly effective.

Medicines were managed safely; people received their medicine when they needed it. However we have made a recommendation about the management of some medicines.

People were protected from the risk of abuse, staff had received safeguarding training and were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

Healthcare needs had been assessed and addressed. People had regular appointments with GPs, health and social care specialists, opticians, dentists, chiropodists and podiatrists to help them maintain their health and well-being.

Staff treated people with kindness and respect. Most staff knew people well and remembered the things that were important to them so that they received person-centred care.

People had been involved in their care planning and care plans recorded the ways in which they liked their support to be given. Bedrooms were personalised and people's preferences were respected. Independence was encouraged so that people were able to help themselves as much as possible.

Staff felt that there was a culture of openness and honesty in the service and said that they enjoyed working there. This created a comfortable and relaxed environment for people to live in.

Systems were in place to encourage feedback from people, relatives and staff and were subject to continuous review.

The service was clean and fire safety checks had been routinely undertaken and equipment regularly serviced.

People enjoyed their meals; any risks of malnutrition had been adequately addressed. There were a range of activities.

The registered manager was widely praised by people, relatives and staff for their commitment to improving the service. There was an open, transparent culture amongst staff and management.

We found four breaches of Regulation. You can see what action we told the provider to take at the back of the full version of the report. This is the second consecutive time this service had been rated requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments did not always record suitable measures required to keep people safe. Incidents and accidents did not receive suitable oversight or promote learning to reduce the risk of them happening again.

Recruitment processes did not ensure mandatory checks were completed for all staff. There were enough staff to meet people's needs.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People felt safe and staff knew how to recognise and report abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some staff lacked knowledge about people's conditions and associated care needs.

Mental capacity assessments were not always in place where needed.

Staff felt supported and had one to one meetings to support learning and development.

People had enough to eat and drink and enjoyed a choice of meals.

Is the service caring?

Good

The service was caring.

People spoke positively of the care they received and staff were kind and caring.

Staff spoke with people and supported them in a caring, respectful and friendly manner.

People were relaxed in the company of staff and people were listened to by staff who acted on what they said.

Relatives and people's friends told us they were made to feel welcome when they visited the home.

Is the service responsive?

Good

The service was responsive.

The service involved people and their families or advocates in planning and reviewing care.

Care plans were individual and person centred.

There was a variety of activities, functions and outings on offer.

An accessible complaints procedure was in place.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The quality assurance framework was not fully effective and had not ensured continuous oversight of all aspects of the service.

People, relatives and staff were asked their views on the quality of the service provided.

Notifications had been submitted to the Care Quality Commission in line with guidance.

St Heliers Hotel

Detailed findings

Background to this inspection

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

This inspection took place on 19 and 20 October 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service including previous inspection reports and information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met some of people who lived at St Heliers and spoke with seven of them. We observed aspects of people's care, including interaction with staff, the lunchtime meal and some medicine administration. We spoke with three people's relatives. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with two senior carers, a health care assistant and kitchen staff as well as the services' finance director, the provider and one registered manager.

We 'pathway tracked' two of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the service where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at some aspects of care records for six other people.

During the inspection we reviewed other records. These included three staff recruitment files, medicines records, risk assessments, accidents and incident records, safeguarding referrals, quality audits and policies and procedures. We displayed a poster in the communal area of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback.

Requires Improvement

Our findings

People told us they trusted the staff and felt safe living at the service. One person said, "I feel happy, safe and contented here." Another person commented, "I am very happy with the care given." A visitor told us, "I don't worry at all, I feel confident when I leave after visiting that (person's name) is safe and well looked after."

At our last inspection on 31 March and 1 April 2016, there was a breach of regulation related to risk assessments not always being in place. For example, when people came to stay at the service for respite (short term) care. At this inspection embedded processes ensured risk assessments were in place for each person, including those receiving short term care. However, although risk assessments were in place, staff were not always aware of them and they were not always followed. For example, one person was identified as at risk of choking. Healthcare professionals had advised staff that the person should have softened food cut into small pieces. Their diet and weight risk assessment stated the person was to be observed at mealtimes. When walking around the service with the registered manager we observed the person sat on their bed with plated food on a table within their reach. No staff were present to safeguard against or react to the potential risk of the person choking.

Some people had fallen on a number of occasions and although accident and incident records had been completed, management reviews of these records did not robustly link back to risk assessments or trigger their review. For example, one person had fallen on five occasions and another person on three occasions unwitnessed in their bedrooms. Risk assessment relied on people remembering to ask for help before mobilising, but repeated falls evidenced this was not happening. No other action was taken for either person to mitigate the risk of further falls. This could have included placement of pressure mats to alert staff that people were mobile. The registered manager told us no referrals had been made to the community falls team for advice about people's mobility and falling.

Central heating radiators within the service were unguarded. Although risk assessments were in place, they focussed primarily on the layout of rooms rather than the people who occupied them. Staff had rearranged some rooms to minimise the risk of people coming into contact with the hot surfaces of radiators, however, this was not possible in all rooms. For example, some radiators were where people would walk if they were entering or leaving the bathroom or using en-suite facilities. Where some people had sustained unwitnessed falls in their bedrooms, unguarded radiators represent a significant risk of burns should a person be in contact with a hot surface for too long, for example, if they were unresponsive or lacked the mobility or cognitive capacity to move away from hot surfaces. We discussed these concerns with the registered

manager and provider and signposted them to published guidance. They undertook to urgently reassess the risk presented throughout the service. Following the inspection the provider sent us details of radiator covers that were being sourced to reduce the risk of accidents happening.

Most of the windows within the service were fitted with restrictors which limit the how much a window can be opened; these are required to help prevent falls from windows. While access to some of the rooms and windows was controlled by locked doors, the use of window restrictors did not meet with expected practice in social care settings, particularly as some people at the service lived with dementia and other people received support with their mental health. We discussed our concerns with the provider and registered manager who, following the inspection, arranged for a window specialist to assess the work and method required to restrict window openings. We received an undertaking from the provider remedial works would be undertaken urgently.

Thermostatic water mixer valves, intended to deliver water at a safe temperature, were fitted throughout the service. Where people have access to hot water, the temperature should not exceed 43˚C. This is to help reduce the risk of scalding. Hot water temperature checks in September 2017 showed water temperatures in four bedrooms ranging between 51.1 ˚C and 59.2 ˚C. We discussed these concerns with the registered manager and provider. Two of the bedrooms were unoccupied and locked; a person occupying one of the bedrooms received care in bed and was unable to independently access the hot water; staff providing personal care routinely mixed hot and cold water and measured the temperature to ensure it was not too hot. We were told the person occupying the remaining bedroom had capacity to understand about the danger of hot water and had been warned about it. However, the service was not operating within the safe water temperature range set out within their policy and had not recognised the risk that other people at the service may access some of the rooms, potentially placing them at risk.

The provider had failed to do all that was reasonably practicable to mitigate risks. Risk assessments were not always followed or effectively reviewed. The provider had not ensured the service was safe; arrangements were not in place ensure hot surfaces were protected where reasonably needed or to ensure that window openings were restricted and that hot water outlets met with requirements. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection there was a breach in regulation as people were not protected by a safe recruitment system. This was because Disclosure and Barring Service (DBS) checks had not been undertaken for two people working at the service.

At this inspection, although we found DBS checks were in place for staff and volunteers, two references and photographic identification had not been obtained for all staff. This did not meet with legal requirements or promote the principles of safe recruitment because reasons had not always been established for people leaving previous employment and some staff had not provided validated identification. In one instance, because a reference had not been requested from the previous employer, which was also a care service provider, the registered manager could not be assured that the staff member was suitable for their role or if they had been subject to any disciplinary processes. The provider felt that some of these issues may have been explored during interviews; however, notes made at that time were insufficiently detailed to establish if this had happened. A recruitment control sheet was in place for some staff setting out information requested and received dates; however, this would have been useful for all staff and may have prevented staff from starting work before all required information was received.

Recruitment processes were incomplete; this did not protect the safety of people living at the service. This

was a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Suitable procedures were in place for the ordering, receipt, storage, administration, recording and disposal of medicines. Medicines held by the service were securely stored and people were supported to take the medicines they had been prescribed. We looked at people's Medicine Administration Records (MAR) and found that all medicines had been signed to indicate that they had been given. Staff who administered medicines to people had attended appropriate training and were assessed as being competent to manage medicines. People we spoke with told us they received their medicine when they were supposed to. Some people preferred to administer their own medicines rather than staff doing this for them. In these circumstances, risk assessments had been completed to ensure people understood which medicine to take, how much and when. In addition secure storage was provided for them. Protocols were in place for people who received medicines as required, staff recorded the amount given and when. This helped to ensure suitable gaps were maintained between doses. Transdermal patches are medicated adhesive patches which are attached to the skin. The position of pain relief patches should be recorded to ensure replacement patches are positioned on a different site. This helps prevent skin irritation, or possible skin breakdown. Staff did not record the position of patches. Additionally, where people received topical creams applied to the skin, there were no body maps or guidance for staff about how and where creams should be applied. Following the inspection, the provider sent us documents that would be used in recording and monitoring the placing of patches and applications of creams in future.

We recommend that the service consider current guidance on administration and record keeping for topical medicines and patches and take action to update their practice accordingly.

Arrangements were in place to safeguard against the risks of Legionella, a waterborne bacterium. Seldom used taps were flushed regularly a water storage survey had been completed and water samples sent off for analysis. However, due to an unexpected incident with the contractor, no test results or certificate of conformity had been received. This was an area identified as requiring improvement. Following the inspection the provider said they would research a new contractor for Legionella testing.

Records showed equipment was serviced and checked regularly to help keep people safe, this included the electrical installation, gas safety, portable electrical appliances, fire alarm and fire fighting equipment. Tests and checks of the alarm and emergency lighting were carried out on a weekly and monthly basis to ensure equipment was in working order. Service contracts ensured equipment to support people with their mobility, such as the service's lifts, were safe and fit for purpose. Where people may need help or prompting to leave the service in the event of an emergency, individual personal emergency evacuation plans set out people's needs and the support required from staff. The service was fitted with a sprinkler system and has a stay put, rather than evacuation policy. Fire drills ensured staff knew what to do in the event of fire, for example how to identify the site of a fire from the fire alarm panel and ensuring fire doors were closed in affected areas.

There were sufficient staff to meet people's needs. Two registered managers provided support and oversight for the service seven days a week as well as directly assisting with some delivery of care and support. A deputy manager had also recently been appointed. Care staffing comprised of three carers per day shift, always including a senior carer. Two waking staff provided night support and one of the managers was always on call. Other staff undertook other duties such as housekeeping and maintenance duties. A chef provided meals supported by kitchen and servery assistants. Agency staff were not used as any shortfalls were met through use of existing staff. This helped to ensure consistency of care.

Any concerns about people's safety or wellbeing were taken seriously. Discussion with staff showed they understood about keeping people safe from harm and protecting them from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There was a policy and procedure that informed them what to do. The service were familiar with locally agreed safeguarding protocols. Staff said in the first instance they would alert any concerns they might have to the registered managers, but understood about and could name the relevant agencies that could be contacted if their concerns were not acted upon. Where safeguarding referrals were made, the registered managers worked with the local authority to put in place measures to reduce the likelihood of reoccurrence, for example, measures to alert staff to the movement of a person who had previously left the service without the knowledge of staff.

Requires Improvement

Our findings

People felt staff looked after them well; telling us, "Staff are patient and kind", and "Cheerful and helpful". A visitor commented that their relative seemed settled and happy; they told us this reassured them about staff and the care they provided. Other people commented on the friendly and social atmosphere at St Helier. Throughout the inspection people and staff appeared relaxed in each other's company.

Although people commented positively about the service and staff, there were areas which required improvement.

Communication within the service was not always effective. Some staff were not fully aware of some people's potential health care needs. Discussion with some staff found they needed considerable prompting to link potential health risks associated with specific conditions and other health care needs. For example, where people had diabetes, health care plans provided information about high and low blood sugar level (BSL) readings and what to do in these circumstances. A 'diabetic passport' provided other information such as the susceptibility of people who experience diabetes to circulation problems and infection in their feet and lower limbs as well as placing them at greater risk of serious eye problems. Although arrangements were in place for diabetes management as well as routine foot and eye care, staff struggled to identify which areas of people's health had increased risks due to their diabetes. There was a risk that staff would not recognise a deterioration in people's eye sight or foot health was related to their condition and would not seek help promptly.

Similarly, a leaflet explained another person's catheter care arrangements and possible complications. Although this guidance was present within the care plan, some staff were unclear about catheter care arrangements and what problems may arise or look like. For example. staff were unclear about how and when a person's catheter bag should be emptied, when the bag should be replaced, what to do if blood was present in urine, the increased risk of urinary tract infections (UTIs), how to recognise a UTI, how this may affect mobility and cognitive abilities or how the catheter tube should be positioned to prevent risk of skin damage or compression of the tube, which may prevent adequate drainage.

A recent visit from the local authority also identified staff knowledge of people's care plans as an issue and recommended a register in care plans for staff to sign as a record that they had read and understood them. However, our conversations with staff highlighted that this remained an issue and that the provider did not have a system in place to assess staff understanding or competency.
The provider and registered manager had failed to ensure that staff were competent in their role. This is a

breach of regulation 18 of Health and Social Care Act (Regulated Activities) Regulations 2014.

Other healthcare needs such as management of weight loss, referrals to dieticians, speech and language therapists and provision of specialised diets were well managed.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team had completed DoLS applications where appropriate although none had yet been authorised. People's mental capacity had been formally assessed to determine if people were able to make complex decisions about their care and where to live in relation to DoLS applications. However, people who were assessed as not having capacity to make complex decisions had not been formally assessed for some specific day to day decisions. This was an area identified for improvement. Following our inspection the provider sent us examples to show that MCA assessments were now being made about day to day decisions.

On a day to day basis staff had a good understanding of the principles of MCA, and this was seen in their practice. Staff gave people choices and asked consent before giving support. People were asked where they wanted to spend their time and what they wanted to eat and drink. Staff acted in people's best interests when needed.

Training was a mixture of face to face and online training. One registered manager was always available when staff were completing online training to give support and answer any questions they may have. Staff received training in essential skills such as moving and handling, fire safety, safeguarding and mental capacity. Staff also received training to support people living with diabetes, dementia and behaviours that may challenge. The training was on going and nearly all established staff had completed all of the training. Staff told us that they had completed training and felt that it was appropriate.

New staff completed training as part of their probation including theory tests about the essential skills as part of their training for the Care Certificate. The registered manager completed competency assessments to ensure new staff worked to the standards of the service. Staff shadowed more experienced colleagues, learning about people's preferences and choices. This helped to ensure they understood how people liked to receive their care. Staff were positive about the training received. Training certificates were displayed in the service; they confirmed the training undertaken and celebrated learning.

Staff had received some formal one to one supervisions with the provider and worked alongside the registered managers frequently. Staff felt working with the registered managers provided an opportunity for informal learning and feedback. During formal supervision staff discussed their practice and any concerns they may have as well as discussing any training and development needs. Supervision processes linked to probation reviews and, where needed, disciplinary procedures to address any areas of poor practice, performance or attendance.

People told us that they liked the food at the service;, they had enough to eat and drink. People were given a choice of foods. We observed lunch in the main dining room. The food looked and smelt appetising, the portions were generous and more was given if requested. People who needed support with their meals were supported discreetly. Staff sat with them and chatted, giving them time to enjoy their meal. The kitchen staff were aware of people's dietary needs and supplied meals in line with the guidelines from health professionals. Staff encouraged people to be as independent as possible, for example, plate guards were put on plates to enable people to eat independently. People were given the choice of where they wanted to eat. The kitchen had been assessed by the Environmental Health Authority and had achieved a five star rating, this being the highest standard.

Staff supported people to maintain good health and were supported to see health professionals when they needed to. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to be as healthy as possible . When a person was unwell their doctor was contacted. When people had problems eating and drinking they were referred to dieticians and speech and language therapists.

The provider had improved the service in terms of its design and adaptation for its client group. A wheelchair lift, also suitable for mobility scooters, provided access to the service from the pavement for people with limited mobility. Passenger lifts within the service provided stair free access to all floors.

Good

Our findings

People were cared for in a kind and compassionate way. One person described the service as, "Kind, caring and safe". St Heliers had been recommended to many of the people there, or they had personal experience of the service having previously visited people who lived there. People felt recognised as individuals, telling us they were happy and content in the service. One person said, "I wouldn't have come to live anywhere else". Another person told us "Staff are wonderful. My care has been good".

Staff were clear about how to treat people with dignity, kindness and respect. All of our observations were positive and staff used effective communication skills which demonstrated knowledge of people and showed them they were thought of as an individual. For example, staff knew about people's interests, they spoke with people at the same level so it was easier to communicate with them or to understand what was being said. They made eye contact and listened to what people were saying, and responded according to people's wishes and choices.

Staff told people what they were doing when they supported them. They gave some people a narrative, such as your lunch has arrived, tell me what you would like to drink and would you like me to assist you. This respectfully helped people to make decisions and introduced orientation to any support they might need within the context of normal conversation. Staff were courteous and polite when speaking to people in private. They gave people time to respond and spoke in a way that was friendly and encouraged conversation.

Staff showed attention to the details of care, for example people's hair was brushed; they were helped with nail care, jewellery or make-up, or assisted with shaving. Clothes were clean. This helped to demonstrate that staff valued and respected the people they supported. Relatives commented that whenever they visited, people seemed well cared for and happy. People were supported to maintain important relationships outside of the service. Relatives told us there were no restrictions on the times they could visit the service, they were always made welcome and invited to events. Staff recognised people's visiting relatives and greeted them in a friendly manner and offered them drinks. Visitors told us they could speak to people in private if they wished and gave positive comments about how well staff communicated with them, telling us staff always contacted them if they had any concerns about their family members.

Staff spoke with us about the people they cared for with affection and were able to tell us about people's lives prior to living at the service; including what was important to people. People were addressed by their preferred name and staff took the time to recognise how people were feeling when they spoke with them.

For example, recognising and asking if people may be in pain and providing pain relief medicines. Staff knew about people individually and chatted about things that were relevant to them. For example, previous jobs, former pets and where people used to live.

People's care plans showed that discussions took place at the time of admission to ask if their family members wished to be contacted in the event of any serious illness or accident. We saw where needed, this had happened. An advocacy service was made available to anyone requesting support, but particularly to people who could not easily express their wishes, or did not have family and friends to support them to make decisions about their care.

People's privacy and dignity was protected. Staff knocked on people's doors and tended to people who required support with personal care in a dignified manner. Care records were stored securely and information kept confidentially, they contained specific information about people's wishes for end of life care. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to support this.

Good

Our findings

People told us they were listened to and felt that they received their care and support in the way they preferred. One person told us, "I can go to bed when I want, I usually have a shower and the staff help me with this."

At our last inspection there was a breach of regulation relating to individual needs and preferences had not been established. This was because support plans were not personalised specifically for the people they were intended to support; they did not indicate people's daily routines, their preferences for support or the extent to which people may wish to manage aspects of care themselves. Where people had behaviours that could challenge other people or staff, care planning lacked guidance for staff about how a person should be supported and strategies or techniques which may help when behavioural incidents had occurred. In addition, although decreases in people's weight were recorded and referrals made to GP's or dieticians, weight records were not linked to tools available within the care sector designed to offer early indication of potential risk promoting earlier treatment and intervention.

At this inspection sufficient improvement had been made and the breach was now met. People's care plans were person centred containing detailed guidance for staff to support people. Pre-admission assessments were completed to ensure the service would be able to meet people's individual needs. These informed initial aspects of care and formed the basis for care planning after people moved to St Heliers. Each person had a care plan. Their physical health, mental health and social care needs were assessed and care plans developed around those needs. Care plans included information about people's preferred daily routines, how to support behaviours that may challenge, their next of kin, medication, dietary needs and health care needs. People were aware of their care plans and had the opportunity to be involved in review and planning processes as much as they wanted to be.

Changes in health or social needs were responded to with short term care plans for people with acute conditions, for example, chest and urinary infections. Where weight loss was noted for people, relevant external bodies had been consulted such as their GP and a dietician. Use of monitoring and assessment tools such as the Waterlow pressure ulcer risk assessment tools and Malnutrition Universal Screening Tool ensured changes in people's condition were recognised and responded to. Specialist equipment was provided to safeguard against skin breakdown and where advice and instruction was received from District Nurses, their directions were put into practice. This showed evidence of staff being responsive to the changing needs of people.

The registered manager told us people and relatives were encouraged to speak with her at any time if they had even minor concerns. There was a comments process whereby people and visitors were able to leave a review of the service which was published online. People were able to attend resident meetings which took place regularly and were able to raise concerns should they have any. There had been no formal complaints since our last inspection; however, a proper procedure and log were in place should they be required. A number of compliments cards and letters had been received from people and their families. Many of them spoke of the dedication of staff and thanking them for the care, respect and compassion shown.

A selection of activities was available which were organised by a designated activities coordinator. People engaged in a range of entertainments and events. These included visiting musicians, musical exercise, bingo, cards, quizzes, arts and craft and greyhound racing. The service sometimes arranged transport for trips out and people reflected fondly when staff had accompanied them for seafront walks, fish and chips and visits to a local hotel for meals. People said there was usually sufficient going on to maintain their interest. In particular, people liked garden events, BBQs, afternoon teas and celebrations of birthdays and national events, such as, royal events and celebration of patron saint days. We spoke with some people who preferred not to join in organised activities. They told us that they preferred their own company and chose to stay in their rooms; but staff would drop in to chat with them and may bring adult colouring books and provide pampering and nail and hand care. Staff tried to ensure that people were not socially isolated, but recognised this had to be balanced with people's right to choose to be alone if they preferred. A monthly newsletter enabled people to reflect on events held and kept them informed of upcoming events, such as plans for Christmas and a visit by nursery school children. Staff kept records of the activities people took part in and these were discussed at resident meetings so people could give feedback about what they liked and make suggestions.

People's religious and spiritual needs had been recorded where applicable and local churches visited the service to give Holy Communion for those who wished to take it.

Requires Improvement

Our findings

Two registered managers were in post, providing management access for people, staff and visitors seven days a week. People told us the registered managers were always visible in the service and they were, "Conscientious and committed to the home; always approachable". A visitor told us they found the registered managers and staff team to be open and approachable, commenting, "I am able to discuss anything straight away".

At our last inspection there was a breach of regulation as audit and governance processes were not always effective. This was because they had not recognised or put measures in place to resolve areas where regulations were breached. These included ensuring risk assessment and personal emergency evacuation plans (PEEPS) were in place for each person, ensuring unguarded hot radiator surfaces were risk assessed, there was no water management plan to safeguard against the risk of Legionella, an oxygen cylinder was not stored safely and DBS checks were not carried out for all personnel requiring them.

At this inspection, we found improvement in some areas, however, further work was still needed around risk assessment and recruitment because not all checks completed had been fully effective in identifying shortfalls or bringing about the changes needed. In particular, in relation to reviews of some risk assessments to reduce the risk and frequency of falls, environmental factors within the service such as fitment of window restrictors in line with published guidance and further work around the prevention of potential scalds from hot water and surfaces. Aspects of recruitment processes were incomplete or not sufficiently detailed. There were no systems in place to assess staff's knowledge or understanding of people's care needs. As a result action had not been taken to increase staff's knowledge or offer additional training when required. Audits to identify concerns about the quality of care provided had not been effective in highlighting gaps in staff's knowledge and did not bring about needed improvement. Medicines audits had not highlighted the lack of guidance around the use of pain relief patches and creams. This illustrated quality assurance measures in place were not fully effective. Following the inspection the provider contacted us to provide evidence of some changes made to improve the service since our visit. We will be checking these areas at our next inspection.

The failure to effectively audit the service is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However, other checks and audits had been more effective. The registered managers and provider had developed an action plan for the service to maintain focus on areas previously identified as requiring

improvement; and at this inspection improvement was seen. For example in relation to care plan content, PEEPS were current and in place for each person, some aspects of water management had improved and provision was made for the safe storage of oxygen cylinders when needed. Risk assessments were completed in relation to hot radiator surfaces, however, further refinement was required to be certain whether they mitigated risk as far as reasonably possible. This demonstrated that the service had reviewed procedures and taken appropriate action to recognise and monitor identified shortfalls.

There was a positive and open culture between people, staff and management;, staff told us they felt supported by the managers and provider. Through our observations it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people. All staff we spoke to told us they were clear about their roles and who they were accountable to. They felt they all worked well as a team, the care people received was good and they enjoyed working at St Heliers.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There were a range of recently updated policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people, staff and visitors engaged well with the registered manager, who was open and approachable.

Feedback was sought in the form of quality assurance surveys from relatives, staff, and health care professionals. This had been completed recently and provided positive feedback. Responses from previous surveys had been collated and any areas of concern addressed, for example in relation to the food suggestions and increased activities for people.

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. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so consistently.

Services are also required to prominently display their CQC performance rating. The registered manager had displayed the rating in the main entrance.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably practicable to mitigate risks. Risk assessments were not always followed or effectively reviewed. The provider had not ensured the service was safe; arrangements were not in place ensure hot surfaces were protected where reasonably needed or to ensure that window openings were restricted and that hot water outlets met with requirements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to effectively audit the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were incomplete; this did not protect the safety of people living at the service.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider and registered manager had failed to ensure that staff were competent in their role.