

Fraser Residential Limited

St Heliers Hotel

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

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 23 people were living at the service.

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

The quality of service people received had improved since our last inspection. People told us that they felt safe and they received the care and support that they needed. Management of the service had improved. Since the last inspection a new manager had been appointed. They were in the process of registering with the Care Quality Commission.

The manager had a clear vision of how the service needed to develop and was striving to develop an open and transparent culture. A governance framework was in place which covered all aspects of the service and the care delivered. Numerous quality assurance audits had been completed. When shortfalls had been identified, plans were in place to continue with the improvements. However, some shortfalls concerning records that were not up to date and inaccurate had not been identified in the audits. The manager took immediate action to address this. We will check that improvements have continued and sustained at the next inspection.

Risks to people's health and safety were identified. The manager had ensured all risks associated with people and the service had been assessed. People were supported with their health needs. The manager had oversight of incidents and accidents and lessons had been learnt when things went wrong.

Improvements had been made in the staff recruitment processes. Staff were recruited safely, and safety checks had been completed before they started working at the service.

Peoples medicines were managed safely, and people received their medicines when they needed them and as prescribed by their doctor. The service worked in partnership with other professionals, and the community when able to do so.

The manager and staff promoted and encouraged person centred care to ensure people were treated as individuals. Staff knew how people preferred to receive their care and support. There were enough staff available to make sure people received the personal care and support that they needed although they did say they were rushed at times. The manager was in the process of increasing the number of staff working on each shift to meet the increasing needs of people. This would also allow more resources for staff to take people out in the local area.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had received training in a range of subjects, including medicines administration. Audits had identified that some training

and supervisions had fallen behind. There were plans in place to address this shortfall. Staff received support, guidance and advice from the manager. The manager had the skills and knowledge required to meet people's needs. People's health needs were monitored and met. Maintenance of the service had improved and there were on-going improvements. People received a healthy and nutritious diet. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies.

People were protected from the risk of avoidable harm. When concerns were identified about people's safety, information was shared with appropriate stakeholders so investigations could be conducted.

People, relatives and staff were engaged in the service. Their views were listened to and acted on. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff helped to maintain people's independence by encouraging them to do as much as possible for themselves

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 October 2021). There were three breaches of the regulations. Following the last inspection, we required the registered provider to send us a monthly update and action plan to inform the Care Quality Commission (CQC) about the improvements they were making following previous inspections when continued breaches of the regulations had been identified. The provider had done this.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

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 Health and Social Care Act 2008.

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 one inspector.

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 dependent on their registration with us. St Heliers Hotel is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A manager was in post and was in the process of registering as manager with CQC.

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 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with five members of staff including the deputy manager, care workers, administrator and kitchen staff. We also spoke with a visiting relative. The manager was unavailable on the day of the inspection and we spoke with them briefly on the telephone.

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

We 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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 continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- If people were at risk of choking their risk assessments gave detail on how to minimise this risk by providing specialist diets. The risk assessments gave guidance on what to do if people did start to choke.
- When people were identified at being at risk of losing weight their dietary intake was monitored and they were weighed weekly. If necessary, they were referred to specialised services.
- Some people had charts informing staff of the support they needed to move in bed, to protect their skin. People had been re-positioned in their beds and no-one had any pressure sores. People looked comfortable. However, some of the recording was not up to date, or fully completed. (This will be discussed in the well-led section of the report). Staff told us people were supported to move regularly and topical creams were applied to protect vulnerable areas of their bodies.
- Environmental risks and potential hazards in the premises were assessed and checked regularly. Gas, electricity and fire systems were tested. Regular fire safety checks were done. The manager had identified some shortfalls with the fire risks assessment which was out of date. They had arranged for an external company to visit the service and update the fire risk assessment.
- Incidents and accidents were recorded, reviewed and investigated by the manager. This identified any trends or patterns to 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 continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19

- We reviewed three staff files of the latest staff to join the service. Staff were recruited safely. Full employment histories had been obtained. Gaps in employment history were explored and two references were obtained before staff started work at the service.
- Proof of identification was checked. Disclosure and Barring service (DBS) checks had been completed

which helped prevent unsuitable staff from working with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There were systems in place to ensure oversight of recruitment was robust.

- People and their relatives told us the staff were kind and generous. One relative said, 'The staff are very sensitive to (my relative's) needs. They treat them with respect, and they listen.'
- The manager kept staffing levels under review. The provider was in the process of recruiting new staff and planned to increase staffing levels. At the time of the inspection, staff said they were rushed at times, but were able to give people the care and support that they needed. They said, "The staff team work well together. People are always safe, and they are always cared for." A relative said, "The staff have done an amazing job during difficult times. They always have time to give me an update on what is happening with (my relative). One person told us, "They are always very busy, but when I call, they come almost immediately. I have never had to wait."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. The manager understood their responsibilities to report any concerns to the local safeguarding authority. Incidents had been referred to the local safeguarding authority as required.
- Staff knew how to recognise signs of abuse and how to report their concerns. They were confident the manager would deal with a concern appropriately. Staff understood the whistleblowing policy and who they could speak to if they thought people were at risk.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.

Visiting in care homes

- The service welcomed visitors. People told us their relatives visited whenever they wanted to. There were visitors at the service on the day of the inspection.

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. 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 and when the person may need to take it.

- Some people were given their medicines administered without their knowledge or consent where medicines. 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 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.

At a previous inspection in April 2019 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make complex and simple decisions was assessed by staff. When required, DoLS applications had been sent. At the time of the inspection two DoLS application were awaiting approval from the local authority.
- Staff understood their responsibility to support people to make their own decisions. Staff described how they assisted people to choose their own clothes. We observed people being asked what they would like to eat or how they wanted to spend their time.

Staff support: induction, training, skills and experience

- Initially newly recruited staff received an induction, which included mandatory training such as manual handling and infection control. New staff worked alongside experienced members of staff until they were confident and competent. Staff said they had got to know people and how they liked to be cared for and supported. They said they had received the training they needed to do their jobs effectively and safely. People told us the staff knew what they were doing, and they had confidence in them. One person who used the service gave us examples to illustrate that staff knew them well and were good at promoting their independence.
- Staff continued to receive a mixture of online and face to face training. There were systems in place to identify when staff needed to update and renew their training. Some training had been delayed due to Covid-19. The manager was in the process identifying shortfalls and ensuring staff were up to date with all the necessary training.
- Staff we spoke with said they felt supported by the manager. They said they could go to a senior member of staff at any time and would be listened to and they would receive the support they needed. Some staff had received supervisions; however, others had not received regular formal support. A recent audit had

identified 'not all supervisions were up to date and that spot checks and supervisions needed attention'. There were plans in place to address this.

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

- Before people moved into the service, the manager or deputy carried out an assessment of their needs to ensure the service could provide the care and support people needed in the way that suited them best.
- 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, such as their religious preferences and sexuality. The pre-assessment contained information about people's personal history and relationships that were important to them. There was also information on people's previous work, interest's and hobbies.

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

- People were supported to eat and drink enough. Information about people's nutritional needs was available in their care plan. When people were on special diets these was recorded clearly in their care plans. The chef and kitchen staff had information available about the diets people needed. The kitchen staff were knowledgeable about the food people needed.
- People's weight was regularly monitored for any changes. Specialist were contacted if any concerns were identified.
- People were given a daily choice about the food they would like to eat. People were given a choice about where they ate their meals. Some people preferred to eat in their rooms, while other preferred the dining room. Some people needed support at mealtimes. At the inspection we observed people receiving the support they needed, and staff were engaged and patient with people.
- People commented positively about the food and the mealtime experience was relaxed and well organised. Staff encourage and supported people to eat an adequate diet. A relative told us, "Food is well cooked and tasty. Staff ask if I would like to have lunch when I am visiting, I have eaten here on occasions and all meals were lovely."

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- Care plans contained information about people's health needs. There was guidance in place for any signs or symptoms that a person may present with if they were becoming unwell.
- People were supported to access healthcare professionals and other specialists when required. People told us staff made sure they had contact with their doctor or saw a medical specialist when they needed to. A relative said that they were kept up to date about their relatives health. They said, "They always contact me immediately if there are any concerns."
- Information was recorded about the support each person required to maintain good oral health. There was information on what toothbrush people preferred to use and what support they needed to clean their teeth.

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.
- People's rooms were personalised with furniture, possessions and photographs. The service was free of odour and clean. Improvements had been made to the environment and this was on-going. Bedrooms and landings had been redecorated. The provider had new Wi-Fi installed throughout the building so the new electronic system could be accessed in all parts of the service. At the time of the inspection there was extensive work to the outside of the building been done.

- There was more signage at the service to support and guide people to find their way around and identify different areas of the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. 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 the last four inspections 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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, this was still an area for improvement.

- At the time of the inspection the manager of the service was not yet registered with the CQC. They had started the application process. Until there is a registered manager post there is a limiter on the rating CQC can give. Relatives and staff told us there they felt the service was improving under the direction of the manager. They felt there had been a lot of staff changes over the past months and it had been difficult for people to get used to new staff. However, they did say that the situation was settling and improving. They told us that they had confidence in the manager.
- We found records that monitored people's fluid intake and their skin integrity were not completed consistently and completely by staff. This had not impacted on people as their skin was healthy and they were hydrated. The provider was in the process of transferring all care plans and risk assessments onto an electronic system which would prompt all staff to complete all the necessary records. The fire risk assessment was out of date. The manager had identified this and took immediate action to arrange for an external company to complete the assessment. Extra checks were done to make sure the building was safe. These were areas for improvement.
- The manager was leading the service and was supported by a deputy manager. Staff were clear about their roles and responsibilities. The manager completed checks and audits on all areas of the service, which included areas such as infection control, environmental safety checks, medicines, care plans and risk assessments. When short falls were identified action was taken.
- Following the last inspection, we required the provider to send monthly updates on what they had done to improve the service and address the shortfalls we had identified. The manager had done this, and improvements were found at this inspection. The nominated individual visited the service to spot check different areas. (The nominated individual is responsible for supervising the management of the service on behalf of the provider). For example, at the last visit they had identified that staff spot checks and staff supervisions needed attention. There was plan in place to complete and update outstanding checks and supervisions.

- There was continuous learning which improved the standard of care people were receiving. Incidents that occurred were analysed. The manager had a good understanding of the risks at the service and understood why it was important to analyse incidents to prevent repeated occurrences
- Local healthcare professionals visited the service to support people with some of their health needs. Referrals were made when there were concerns about people's safety. For example, when people were at risk of losing weight, they had been referred to the dietician for advice and guidance.

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

- Since the last inspection a new manager had been appointed to improve and lead the service. The manager was approachable and understood people's needs as individuals. They were committed to providing good quality care and promoted a person-centred culture. Staff told us the manager was moving the service in the right direction and staff morale had improved. They were confident, the manager was doing all the right things to improve the service.
- Staff, people and their relatives had confidence in the manager. Staff told us they felt supported and listened to. There were regular staff meetings and staff were informed of any changes. Relatives told us they were involved in their loved one's care. They confirmed they were kept up to date with any changes. One relative told us, "Communications between me and St Heliers is very good. They always contact me if there are any changes and keep me up to date."
- People's needs were continually assessed to ensure their support needs could be met. If assessments indicated the service could no-longer meet people's needs, action was taken to find them a more suitable care environment. The staff were able to describe the support people needed to ensure they were they were happy and safe at St Heliers Hotel.

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; Working in partnership with others

- The manager had been open and honest in line with their legal responsibilities. When people had been harmed or allegations of abuse were made the manager had shared this information openly with stakeholders.
- We had been informed of significant events that had occurred at the service. The provider had displayed the CQC quality rating in the hallway and on their website, so people, visitors and those seeking information about the service were informed of our judgments.
- 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. Relatives told us if there were any concerns or incidences that involved their loved one, they were contacted by staff to keep them up to date.
- The manager and staff worked effectively with partner agencies. They had developed working relationships with local health and social care professionals. People were referred to specialist professionals when they needed support and guidance

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

- People were asked for their views and feedback about the service so that improvements could be made. There were meetings for people, their relatives and staff. People were recently asked their views about their dining experience at the service.
- Some people had raised concerns about the food and the menus A meeting had been held with the chef and changes had been made People reported back that improvements had been made and the menu and food was a lot better. One relative said, "They make sure [my relative] gets what they want when they want. Nothing is too much trouble."

- The manager had not yet sent out annual formal surveys to people, relatives and staff but they planned to do this in the near future.