Hollywood Rest Home

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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was completed on 9 and 12 February 2016 and there were 26 people living at the service at the time of our unannounced inspection.

Hollywood Rest Home provides accommodation and personal care for up to 27 older people and people living with dementia.

A registered manager was in post. A registered manager is a person who has 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.

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed to mitigate risks.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with privacy, respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the Local Authority to make sure people's legal rights were being protected.

Care plans accurately reflect people's care and support needs. People received appropriate support to have their social care needs met. People told us that their healthcare needs were well managed.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns would be listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff available to meet people's care and support needs.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

The provider's arrangements to manage people's medicines were suitable and safe.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and skilled to meet people's needs and were suitably supported to undertake their role.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with privacy, respect and dignity.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

People felt comfortable and able to raise concerns should the need arise.

Is the service well-led?

Good

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager, deputy manager and other senior members of staff.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and management team to monitor the service provided and to act where improvements were required.

Hollywood Rest Home

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 9 February 2016 and 12 February 2016 and was unannounced.

The inspection team consisted of one inspector. A Specialist Advisor whose specialist area of expertise related to pressure ulcers, wound management and end of life care accompanied the inspector on the first day of inspection.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 spoke with eight people who used the service, four relatives, four members of care staff, the registered manager and the deputy manager. In addition we spoke with two healthcare professionals.

We reviewed eight people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments and safeguarding information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "I think I am safe here. I don't think I have anything to worry about." Another person told us, "I do feel safe living here." Relative's feedback about the safety of their member of family was positive. They told us, "I am assured when I leave here [Hollywood Rest Home] that they [name of relative] are well looked after and are kept safe."

We found that people were protected from the risk of abuse. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or police if required. Staff were confident that the management team would act appropriately on people's behalf. The registered manager and deputy manager were able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people living at the service. Since our last inspection to the service in April 2014 we found that there was a low incidence of safeguarding concerns.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as poor mobility and falls, poor nutrition and hydration and at risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Environmental risks, for example, those relating to the service's fire arrangements and Legionella were in place and showed no areas were highlighted for corrective action.

Although the provider did not have suitable measures in place as the basis for deciding sufficient staffing levels at the service, people using the service told us that there was always enough staff available to support them during the week and at weekends. Additionally, staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and their care and support was provided in a timely manner. It was customary practice to always have a staff member present in the communal lounge areas. We observed staff members requesting staff to come into the communal lounge if they had to leave. This was to ensure that people using the service had sufficient staff support at all times.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff appointed since our last inspection in April 2014 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that the provider had undertaken proper checks to ensure that staff employed at the service were suitable to work with the people they supported.

We found that the arrangements for the management of medicines were safe. People received their

medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and administered to people. We looked at the records for eight of the 26 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff. Where people were prescribed a medicated adhesive patch that was placed on their skin to deliver a specific dose of medication, a patch application record detailing the site of application was not in place. This is important so as to avoid re-application of the medicated adhesive patch to the same area of skin. We discussed this with the deputy manager and found that prior to us completing the inspection a patch application record had been devised and implemented.

Staff involved in the administration of medication had received appropriate training and had had their competency to administer medication assessed within the last 12 months. Regular audits had been completed and these showed that there was a good level of compliance achieved.

We looked around the premises and found that all areas of the home environment were clean and there were no unpleasant odours, with the exception of one person's bedroom. We discussed the latter with the registered manager and deputy manager and were advised that despite thorough and intensive cleaning of the carpet an odour was persistent. We were given an assurance that alternative flooring would be considered to help aid cleanliness and better odour control for the future.

We found that there were sufficient supplies of personal protective equipment for staff usage. These were for single use only and discarded after personal care with a person who used the service had been delivered so as to prevent the transfer of infection from one person to another. Infection prevention and control audits had been completed. The audits indicated that there was a good level of compliance. We also found that daily cleaning schedules were in place for all areas of the home environment. These were completed each day by the service's house-keeping staff. The registered manager and deputy manager were advised to include mattresses, hoists and slings as part of the cleaning schedule. We found that the laundry facilities were sited so that soiled clothing and infected linen were not carried through areas where food was stored and prepared and did not infringe on people's rooms or communal areas. We found that there were suitable arrangements in place so that dirty laundry was handled with care and reduced the potential spread of infection.

Good

Is the service effective?

Our findings

People were cared for by staff that were suitably trained and supported to provide care that met people's needs. Staff had received mandatory training in line with the provider's policy and procedures and expectations. Relatives told us that, in their opinion, staff were appropriately trained and skilled to meet the needs of their family member. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Records confirmed what staff had told us. One member of staff told us, "The training here is really good." Another member of staff told us, "All of my training is up to date. It is very good and enables me to do my job well and to the right standard."

The registered manager was able to tell us about the provider's arrangements for newly employed staff to receive an induction. The registered manager confirmed that this would include an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. The registered manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied. However, this had yet to be implemented for two out of three newly employed members of staff. An assurance was given by the registered manager that the 'Care Certificate' would be initiated as a priority. Although the latter had yet to be applied, staff spoken with confirmed they had received a good induction and this included the opportunity to 'shadow' and work alongside more experienced members of staff. Staff told us that this had been very useful. Staff told us that the support from colleagues had been vital and invaluable.

Staff told us that they received good day-to-day support from work colleagues and formal supervision at regular intervals. The deputy manager confirmed that not all staff had received an annual appraisal within the past 12 months. We discussed this with the deputy manager and found that it was difficult for them to undertake this aspect of their role as they did not have any supernumerary shifts. Staff told us that supervision was used to help support them to improve their work practices. Staff told us that this was a two-way process and that they felt supported by the deputy manager and senior members of staff. Records confirmed what staff had told us.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they had a good knowledge and understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the

person's best interests had been clearly recorded. Where significant decisions were required in people's best interests, meetings had been held so as to consult openly with relevant parties, prior to decisions being taken. Where people were deprived of their liberty, for example, due to living with dementia, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. This meant that the provider had acted in accordance with legal requirements.

We found that the arrangements for the administration of covert medication for two people had been assessed and agreed in their best interest by the appropriate people involved in their lives, for example, person's next of kin and dementia nurse specialist. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink. However, we found that the pharmacist had not been included in the above discussion. We discussed this with the deputy manager at the time of the inspection. The deputy manager was proactive and prior to us completing the inspection they had contacted the pharmacist and received written confirmation that both people's medication could be administered covertly.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "Nothing wrong with the food here." Another person told us, "I like the dinners provided. They are very nice and there is plenty of it."

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. The service was able to show that people's meals could be taken at flexible times of their choosing. For example, although one person was asked if they wanted to eat their meal at the same time as others living at the service, they chose to have this later in the day. Staff were seen to respect their wishes. Hot and cold drinks, and snacks were available throughout the day, for example, one person told staff during the afternoon that they were hungry. A snack was provided to keep them going until it was time to have the teatime meal.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. The deputy manager advised that where appropriate, referrals had and could be made to a suitable healthcare professional, such as, dietician or the Speech and Language Team [SALT].

People's healthcare needs were well managed. People told us that they were supported to attend healthcare appointments and had access to a range of healthcare professionals as and when required. One person told us, "I can see the doctor when I need to." Another person told us, "If you do not feel well the staff will help you." Relatives told us they were kept informed of the outcome of healthcare appointments for their member of family. One relative told us, "There is very good communication and as a family we are always kept informed of what is happening." People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Two healthcare professionals were very complimentary and confirmed that staff were receptive and responsive to advice provided. They advised that communication was good and they were alerted at the earliest opportunity to provide support and interventions.

Good

Is the service caring?

Our findings

People who used the service and their relatives spoke positively about staff's kindness and caring attitude. One person told us, "The staff are very kind. I am very happy with the care." Another person told us, "The care here is very good and the staff here are nice and kind. I cannot fault the care and support." Relatives told us that they were very happy with the care and support provided for their member of family. One relative told us, "The care is second to none. I feel part of the family. They [staff] ring me if anything changes with [name of person who uses the service]. I have been into other homes and they look like Buckingham Palace but you feel like an outsider and the care is not as good as here. I am really pleased with how my relative is looked after."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be warm and calm. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them, staff provided good eye contact when talking and gave people time to reply and provided clear explanations to people about the care and support to be provided in an appropriate way. Where people had difficulty communicating their needs, staff in some instances were observed to avoid big open ended questions and provided limited choices, so as to reduce people's confusion and inability to make a decision. Staff rapport with people living at the service was observed to be friendly and cheerful. This was clearly enjoyed by people and there was positive chit-chat and joking between both parties.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences, likes and dislikes. One relative told us, "The care here is good and the staff know the needs of [person's name] very well." People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal. One person told us that they could undertake some tasks independently relating to their personal care and personal hygiene needs and required minimal support from staff.

Staff were able to verbally give good examples of what dignity and respect meant to them, for example, knocking on people's door before entering, keeping the door and curtains closed during personal care, providing explanations to people about the care and support to be provide and talking quietly about personal matters in the communal lounge areas. Our observations showed that staff respected people's privacy, dignity and talked to people in a respectful manner. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked that suited their individual needs. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their

behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. Three visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with information recorded within their care plan.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Staff told us that they were made aware of changes in people's needs through handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

Staff told us that there were some people who could become anxious or distressed. The care plans for these people recorded in detail people's reasons for becoming restless and uneasy and the steps staff should take to reassure them. Staff demonstrated a good understanding and knowledge of those people who could become anxious or distressed. For example, one person was walking with a member of staff when they became distressed. The member of staff was kind and patient; however when it became obvious that the person's distress was escalating and they were unable to comfort them, another member of staff was asked to come and provide additional support. This happened seamlessly and appeared an effective method to calm the situation. The other member of staff took over and provided support.

People told us that those responsible for providing social activities at the service were good and that they were happy with the activities provided. One person also told us that they liked the cats that lived at the service, particularly if they sat on their lap whilst in the communal lounge. They told us that they found this very calming and comforting. People told us that they had the choice whether or not to participate in a planned programme of meaningful activities. Activities and events were displayed and these showed that social activities were planned on weekdays. A record of activities was recorded and showed that people had the opportunity to participate in both one-to-one and group activities. For example, one person who was on end-of-life care had poetry read to them. Other activities included playing board games, arts and crafts, looking at books, magazines and newspapers and completing a jigsaw. On the first day of inspection several people were noted to participate in an exercise class. People were enthusiastic in their participation and confirmed to us that they had enjoyed this.

Information on how to make a complaint was available for people to access. People spoken with knew how to make a complaint and who to complain to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. The registered manager and deputy manager confirmed that there had been no complaints since our last inspection of the service in April 2014.

Good

Is the service well-led?

Our findings

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits. These showed that a good level of compliance was achieved. A quality monitoring report by the Local Authority was completed in August 2015 and showed that a score of 95.6% had been achieved.

Although relatives and staff had positive comments to make about the management of the service, it was evident that the deputy manager organises and manages the day-to-day care of people using the service and that the registered manager has minimal involvement. The registered manager confirmed that they were primarily responsible for staff recruitment, staff induction and training and the completion of the monthly quality assurance audit. Whilst this is advantageous and the deputy manager knows the people who use the service and their specific care and support needs and works very closely with staff; the disadvantage is that they have no 'protected time' to complete managerial tasks, such as, staff appraisals. We discussed the latter with the registered manager and they confirmed that the deputy manager would be provided with at least one supernumerary day per week so that they could complete their managerial responsibilities.

Staff were clear about the registered manager's and deputy manager's expectations of them and staff told us they were well supported, particularly by the deputy manager. Comments from staff included, "The deputy manager is really supportive, approachable and 'hands on' and if I have any concerns they are dealt with effectively and immediately." Staff told us that their views were respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication was generally good. One member of staff told us, "This is my first job since finishing college. I absolutely love working here. The people living here are great and the staff are very supportive." Another member of staff told us, "I love working here; it is a good place to work. The staff are very friendly and supportive. I cannot think of anywhere else I'd like to be at the moment." This meant that the management team of the service promoted a positive culture that was person centred, open and inclusive.

People living at the service, their relatives, visiting professionals and staff employed at the service had completed satisfaction surveys in January and February 2015. The registered manager confirmed that the results had yet to be collated and a report produced of the findings. The satisfaction survey enabled people to specify their level of agreement or disagreement in relation to a number of statements. These showed that people who used the service, their relatives and staff were satisfied with the overall quality of the service provided and would recommend the service to others.

Staff told us that regular staff meetings were held at the service to enable the deputy manager and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and demonstrated where areas for improvement and corrective action were required. However, the registered manager does not attend these meetings or take an active role. The registered manager

confirmed that he meets with the deputy manager and the director of the organisation on a regular basis. Only one record was evident to confirm this and the topics discussed. In addition, regular meetings were held for people who used the service, relatives and those acting on their behalf. Minutes of these meetings were available and showed specific topics discussed and actions arising. The registered manager and deputy manager were advised to confirm once actions had been completed so as to provide a clear audit trail.