

Hollywood Rest Home Limited

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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

About the service: Hollywood is a residential care home that provides care for up to older people, some of whom are living with dementia. 33 people lived at the service when we visited.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us the atmosphere at the home was relaxed and homely.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below.

Rating at last inspection: Good. (Report Published 03 July 2017)

Why we inspected: This was a planned comprehensive inspection based on the rating of requires improvement at the last inspection. We found improvements had been made and the service rating changed to an overall rating of good.

Enforcement:

No enforcement action was required.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Hollywood Rest Home Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection team consisted of one inspector.

Service and service type: Hollywood Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced. We visited the location on the 25 and 26 March 2019.

What we did: We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the 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 used all this information to plan our inspection.

During the inspection we spoke with staff, reviewed two staff recruitment and supervision files, five care

records and records relating to health and safety, safeguarding, accidents and incidents and quality assurance, and other aspects of the service.

We spoke with eight people living at the service and seven relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with four care staff, housekeeper, kitchen staff member, deputy manager, registered manager and one of the directors. We also received positive feedback from 3 health and social care professionals about their experience of the service.

Is the service safe?

Our findings

Safe- this means that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse. Staff felt confident any concerns reported would be listened and responded to.
- People and their relatives explained to us how the staff maintained their safety. One person said, "I feel very safe here" another person said, "Yes the staff keep me safe"
- People and their relatives explained to us how the staff maintained their safety. One relative said, "They know my mother so they know how to keep her safe. She was recently unwell and had to be admitted to hospital, a staff member kept me informed and accompanied my mother to the hospital, ensuring she received the appropriate treatment". Another relative said, "When they [staff] take [name] out there is always enough staff to support her so that she is safe"

Assessing risk, safety monitoring and management

- The environment and equipment was well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.
- Staff understood where people required support to reduce the risk of avoidable harm. Personalised risk assessments included measures to reduce risks as much as possible.
- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. For example, a person who had been assessed as being at risk of skin irritation had a detailed risk assessment in place. This included processes for staff to follow such as repositioning and incontinence checks. We found that staff had recorded care and treatment in line with the care plan.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. One staff member said "[name] is incontinent however sometimes [name] will not let us change them. They don't understand the risk when they are wet. We have a work around, [name] likes familiar faces and a soft tone, so another carer will approach [name] and ask are they happy for us to assist them to the toilet". A relative told us, "They staff know how to calm [name] down, sometimes [name] can get agitated however they know [name's] interests so they will start talking about music or the television, this then calms [name] down".

Staffing levels

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "Whenever I've visited I've never thought there were not enough staff, there always seems to be plenty of staff to support people".
- Each person's staffing needs were calculated based on individual needs assessments, which were

reviewed and updated regularly as people's individual needs changed.

- People and their relatives told us they received care in a timely way.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried out to ensure safe practice.
- People told us they were happy with the support they received to take their medicines. Each person's prescribed medicines were reviewed by their GP regularly.
- Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered. Medicines were audited regularly with action taken to follow up any areas for improvement. The home had recently installed a new online platform to record and manage medicine, a staff member said, "It's so much easier now, you can't really make a mistake because if you don't record the details correctly it will prompt you".

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures. People were protected from cross infection. The service was clean and odour free. One relative said, "No issues, every time I visit the place is clean and tidy."
- A Food Agency inspection in May 2017 awarded the service the highest rating of five out of five.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, on one occasion, visitors when entering the home had let a resident having an episode of confusion leave the premises. Following this incident, the registered manager implemented a new policy, access to the home is only available through the main entrance. The side entrance door is no longer in use. In addition, the registered manager arranged for key pads to be installed on all doors. As a result, staff members have to let visitors in and out of the building.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The premises provided people with choices about where they spent their time.
- The service had considered the impact decorations such as pictures and floor coverings could have on people living with dementia. Inappropriate decorations could make some people confused and anxious.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
- Corridors were wide and free from clutter.

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessments of people's needs were comprehensive, expected outcomes were identified and their individual care and support needs were regularly reviewed.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative said, "Following a fall [name] had rehabilitation and we were told they would likely not be able to mobilise independently and would need a wheelchair. Since being here [name] uses a walking frame to mobilise, we are very happy the staff here have encouraged [name] and given her confidence, we are very happy with the outcome".

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction. Their comments included; "It's the best induction I've ever had, if I wanted I could have had the induction period extended, management are very supportive. I felt one hundred percent ready to work on my own."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported by staff to maintain good nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented

and people told us they enjoyed it. Their comments included, "The food is good", "We get a good selection to choose from", "If I want anything I just ask them [staff]".

- People and their relatives feedback about food was sought regularly by staff asking people and making observations during lunch and dinner times. In addition, people and their relatives completed feedback questionnaires. Following feedback received from questionnaires the registered manager had arranged for more desert options to be added to the menu.
- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals. One relative said, "[name] before coming here was underweight, since being here she has put weight on, I don't worry anymore, we were able to go on holiday because I know [name] is safe here".

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and professionals according to their needs. These included their GP, district nurse, dietician and a speech and language therapist (SALT). People could access optician and dental visits.

Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative said, "I live very far away so I'm very reliant of the staff here keeping me informed. They will call me if there is a change in [name's] health. Whenever I call they are able to give me an update. They encourage [name] to do some things on their own, they have also arranged for an Occupational therapist to visit [name]".

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 capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the 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.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. DoLS applications had been undertaken and submitted for all service users. This was because people were not free to leave the service unsupervised because they would not be able to keep themselves safe. One person had a DoLS authorised and staff acted in accordance with it.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported

- People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "Yes the staff are very caring", "They [staff] listen to you", "I like it here, they [staff] have a good laugh with us". A relative said, "We looked at other homes and found people were just sat in their chairs doing nothing. When we came to visit here we instantly saw how engaged the staff were with people, laughing and being kind to people, it has a great family atmosphere".
- Staff were kind and understanding towards people. One relative told us, "[name] moving into the home was a very difficult decision for us as a family. The staff and manager have been very understanding, no issue is too small, they have really helped us all make the transition comfortable for everyone".

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making. People and relatives told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids.
- The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.
- People's personal beliefs were known and respected. A church pastor visited the home fortnightly.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative said, "Everyone is treated like an individual, they took the time to capture [name's] history"
- People were empowered to have as much control and independence as possible, including developing care and support plans.
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively. One person who is blind and deaf had a detailed communication needs page in their care plan. Working in partnership with the Sense Team it outlined that staff members were to allow the resident to touch their throats and to speak calmly. One staff member said, "[name] can communicate with us through vibrations. We alert [name] of our pressure by touching their arm. They will touch our throat and as we speak they can understand us. [name] will nod if they are in agreement. We worked with the local Sense Team to ensure the communication was appropriate".
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.
- People were supported to take part in activities within the home or access the community. During the our inspection people were involved in a baking activity. People had the opportunity to participate in card games, bingo and Jenga. An activities board displayed the planned activities for the week. People that were able to do so had the opportunity of accessing the community with a staff member, for example going out for a meal, the local pub or cinema. A relative said, "They had a bonfire night and had fireworks in the garden, people were able to sit in the lounge and watch the display. They really make an effort to include everyone". Some people and their relatives told us they would like to do more activities in the community. We discussed this with the registered manager, they confirmed they were looking at improving activities and building better links with local services.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. People's comments included, "I never had to make a complaint", a relative said,

"You can just approach the manager with any issue and it gets resolved".

- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open.
- People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure that was on display. People were asked to raise any concerns at household meetings, so minor disputes were resolved in a way that respected each person's rights. For example, laundry items going missing, as a result family members were encouraged to label people's clothes.
- No formal complaints had been received since the last inspection. People said the registered manager listened and resolved any concerns. A concerns log was kept which recorded concerns and action taken to address. For example, about a laundry issue which was discussed with staff. This showed concerns were taken seriously and used to identify further improvements.

End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care.

Is the service well-led?

Our findings

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

The service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

Planning and promoting person-centred, high-quality care and support, and understands and acts on duty of candour responsibility.

- People, relatives and staff expressed confidence in the management team. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One staff member told us, "If I wasn't happy with an outcome I would speak to the manager and if still not happy I would speak to the owners. They are all very approachable".
- People, relatives and staff expressed confidence in the registered manager. The ethos of the service was to be open, transparent and honest. The registered manager worked five days a week, including weekends. They worked alongside staff and led by example.
- People and relatives expressed that the management team were very approachable, one relative said, "The manager is very approachable, funny and engaging". Another relative said, "The manager instantly made us all feel comfortable, he gets [name] he is able to speak to her at her level".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager and staff understood their roles and responsibilities.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager and staff. There were clear lines of responsibility across the staff team.
- Staff felt respected, valued and supported and that they were fairly treated.
- The management team carried out audits to monitor the quality of the service.
- A training matrix monitored that staff were up to date with training and planned future training needs.
- Staff were required to read policies and procedures, we saw recorded evidence that this had occurred.
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

Engaging and involving people using the service, the public and staff.

- People, relatives and advocates feedback was sought through a survey. Responses showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements

could be made to the quality of care and support offered to people.

- Staff reported positively about working for the service and did not identify any areas for improvement.
- Relatives were positive about resident and relative meetings. They found it was a good opportunity to meet others and share their views. Suggestions had been made for a nail bar and karaoke machine in the conservatory and this was being looked into.
- Relatives had the opportunity to take an active role in activities at the home. One relative said, "Once a week I come and conduct Bingo in the lounge with residents. Another relative conducts a card game with residents. It's great because residents get to see someone involved who isn't in a uniform, we also get to know all the relatives and meet visiting relatives".
- People and staff were encouraged to air their views and concerns.
- Staff were consulted and involved in decision making and regular staff meetings were held. A staff survey showed staff reported positively about working for the service and did not identify any areas for improvement. A staff member said, "We are like a big family, everyone supports each other. I can express myself at meetings, supervision or just approaching the management".

Continuous learning and improving care.

- Staff meetings took place regularly. One staff member told us, "We have regular meetings, we given an opportunity to express our opinions, I always feel listened to".
- The management team completed regular in-house audits of all aspects of the service.
- The service was continuously learning and improving through training, the directors had signed up the service to use an online recording system. Care staff members all have devices that they use to update people care records. All care records had been transferred to the online platform. The transition to an online platform had involved a consultation with staff members and training workshops. The director said, "We listened to staff members and wanted to install a system that reduced the time spent on updating paper records so that they could spend more quality time with the residents". The registered manager said, "Staff are now updating care records in real time. I can check anyone's care record and see what tasks have been completed in real time". A staff member told us, "The new system is wonderful, you can't miss anything, there are prompts throughout the day". Another staff member said, "It's easy to navigate, if I'm caring for someone I can just quickly look up their care plan on my device and see if there have been any recent changes, it's fantastic". The registered manager said, "Going forward we are looking at the possibility of relatives having access to the online system so that they can see their loved one's care plan and see what tasks have been completed and what activities they have been involved. We want to ensure the service is improving".
- The registered manager had implemented a prompt card placed on the inside of each resident's door. The card had details that would prompt care staff before leaving a resident's room have they considered items the person needs such as glasses, batteries in hearing aid, a favourite piece of clothing or another sentimental item.
- The registered manager had implemented an employee of the month reward this, they said "It's about recognising the quality work are staff provide. The feedback so far has been very positive".

Working in partnership with others

- People benefitted from the partnership working with other professionals, for example GPs, specialist nurses and a range of therapists.