

## Hollywood Rest Home

# Hollywood Rest Home

### Inspection report

34 Cresthill Avenue  
Grays  
Essex  
RM17 5UJ

Tel: 01375382200

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out this unannounced inspection on the 16 and 25 January 2019.

Hollywood Rest Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hollywood Rest Home is registered to accommodate up to 46 older people. There were 34 people living at the service when we visited on the 16 and 25 January 2019.

Hollywood House is a large detached house situated in a quiet residential area in Grays, close to all local amenities. The building is set out on two floors, with lift access to the first floor. There are several communal areas throughout the building and a good-sized garden to the rear of the property.

At our previous inspection in March 2018, the service was rated 'Requires Improvement'. We found breaches of Regulation 9 [Person centred care], Regulation 10 [Dignity and respect], Regulation 12 [Safe care and treatment], Regulation 14 [Meeting nutritional and hydration needs], Regulation 17 [Good governance] and Regulation 18 [Staffing] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Is the service safe? Is the service effective? Is the service responsive? And is the service well led? to at least good. You can read the full report of our previous inspection completed in March 2018 by selecting the 'All reports' link for Hollywood Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection, we found improvements had been made and the service is now rated 'Good'.

The service had a registered manager. 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.

The registered manager and staff were committed to providing good quality care, improving and maintaining standards. Audits and quality checks were in place to monitor the quality of the service and drive improvements, however some aspects of the provider's quality assurance processes required further improvements to ensure they were robust and thorough.

Individual risks to people had been identified, managed and reviewed to ensure their safety. There were adequate numbers of staff to meet people's individual care and support needs. Effective recruitment procedures were in place to protect people from the risk of avoidable harm. Staff understood their responsibilities in relation to keeping people safe from harm and abuse. Systems were in place for the safe management of medicines. People were protected from the risk of the spread of infection.

Staff received an induction when they started work at the service. They received on-going training, supervision and support to fulfil their role and responsibilities. People were supported to maintain their health and well-being and were supported to access health care services. People's dietary needs were met by staff. 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 supported this practice.

People were treated with kindness, dignity and respect. Staff knew people well and were sensitive to their individual care and support needs. People's independence was promoted and, where possible, they were encouraged to do as much as they can for themselves.

Care plans contained information and guidance to enable staff to support people in line with their preferences. Care plans were regularly reviewed to ensure they reflected people's current care and support needs. An activities coordinator had been recruited to support people to participate in activities they enjoyed.

Further information is in the detailed findings below.

## 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. □

Safe recruitment systems were in place.

There were sufficient staffing levels to meet the needs of people.

Risks to people's safety and well-being had been identified, monitored and regularly reviewed.

Staff had received safeguarding training and had a good understanding of their responsibilities in reporting any concerns.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to fulfil their roles and responsibilities.

People were supported to maintain their health and well-being, including accessing health care services when required.

Staff understood the principles of The Mental Capacity Act 2005.

Improvement works were scheduled to ensure the internal environment of the building was dementia friendly.

### Is the service caring?

Good ●

The service was caring.

Staff knew people's individual needs well. They were kind and caring and treated people with dignity and respect.

People's independence was promoted.

People were encouraged people to maintain relationships with friends and families.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and regularly reviewed to ensure they reflected people's current care and support needs.

There were effective systems in place to deal with concerns and complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Although improvements had been made to quality assurance processes, some aspects of these required improvement to ensure they were robust and thorough.

Staff felt valued and enjoyed working at the service.

Feedback was encouraged about the quality of the service provided.

# 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 the 16 and 25 January 2019 and was unannounced.

The membership of the inspection team consisted of one inspector and an expert by experience on the 16 January 2019 and by one inspector on the 25 January 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people and people living with dementia.

Prior to our inspection, we reviewed information we hold about the service such as safeguarding and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

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.

During our inspection, we spoke with two people, six relatives, one health care professional, three members of care staff, the activities coordinator, chef, administrator, deputy manager and the registered manager. We reviewed four people's care records, the systems in place for the management of medicines, three staff recruitment and support records, rostering information, complaints and compliments and quality assurance information.

# Is the service safe?

## Our findings

This key question was rated 'Requires Improvement' at our last inspection in March 2018. At this inspection, we found the service had improved to 'Good'.

People told us they felt safe living at the service. One person told us, "I feel very safe if you need anything they'll help you." People's relatives also told us they felt their family members were safe living at the service. Feedback included, "I come in every day and stay a few hours. I know it's a safe home and I can see it. The staff look after [name] very well. They have a sensor mat on the bedroom floor at night so if they get up I know the staff react well." And, "I am very content with the staff here and always feel contented that [name] is in a safe place."

At our previous inspection, we found people were not always kept safe from the risk of harm because their care was not being effectively managed to mitigate identified and potential risks. At this inspection, we found improvements had been made. Risks to people were assessed and, where required, management plans put in place to mitigate these; for example, in relation to falls, mobility, moving and handling and skin integrity. Management plans were reviewed monthly or when people's needs changed. This meant staff had access to up to date information to mitigate the risks to people living at the service.

At this inspection, we found improvements had been made to ensure the safe management of medicines. Staff responsible for the administration of medicines had received training and had their on-going competency assessed. The Medicines Administration Records (MARs) looked at were completed appropriately, recorded allergy information and a photograph of the person to make sure they were correctly identified. Where people had been prescribed medicines on an 'as required' basis, for example for pain relief, there were protocols in place for staff to follow. Regular checks were carried out to ensure people were receiving their medication safely and correctly. We observed medicines being administered to people by staff who clearly knew people well and was sensitive to their individual needs.

Staff received safeguarding training and could explain to us what safeguarding meant and the action they would take if they witnessed or suspected abuse. This included reporting to external organisations such as the local authority and CQC. One member of staff said, "If I had any concerns I would report to my line manager. I would go to the safeguarding team at Thurrock Council if I had to." They went on to say they would be confident to use the service's whistle blowing policy; they told us, "It's about keeping people safe and protected."

Safe recruitment practices were followed before staff were employed to work with people. Staff files included application forms, records of interview and references. Checks had been made with the Disclosure and Barring Service (DBS) to make sure new staff were suitable to work with vulnerable adults. Since our last inspection, records showed the provider had ensured employment gaps had been fully explored during the interview process.

There were sufficient numbers of staff to keep people safe and meet their needs. The deputy manager told

us agency staff were not used. They explained it was important for people living at the service to be supported by a consistent staff team. Staff told us there were enough staff. Our observations throughout our inspection showed there were adequate numbers of staff deployed to meet the care and support needs of people.

Staff had access to the equipment they needed to prevent and control infection. This included personal protective equipment (PPE) such as gloves and aprons. The provider had policies relating to the prevention and control of infection and carried out regular infection control audits. Staff had received infection control and food safety training.

There were systems in place in the event of an emergency. Staff completed fire safety training and people had their own individual Personal Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who are unable to safely evacuate a building themselves. Staff could explain the actions they should take in emergency situations. Staff, including night staff, had participated in regular fire drills since our last inspection.

There were systems in place to ensure lessons are learned when things go wrong. The deputy manager shared examples of how improvements had been made following reflection of incidents and accidents and how learning had been shared with the staff team.



## Is the service effective?

### Our findings

This key question was rated 'Requires Improvement' at our last inspection. At this inspection, we found the service had improved to 'Good'.

The mealtime experience for people had improved since our last inspection. People were supported to drink and eat enough and maintain a balanced diet. People could choose where they wanted to eat, for example in the dining room or in one of the lounges, and staff respected this. We observed lunch on the first day of our inspection. People were given a choice of food which looked hot and appetising. The chef told us alternative food choices were available if people choose not to eat what was on the menu. We noted information from the speech and language team (SALT) was displayed in the kitchen which provided kitchen staff with guidance on individuals' specific dietary needs. A relative told us, "[Name] does eat well. I see the food myself and it is very nice." Another said, "I come in every other day and help to feed [name]. The food is excellent and they like it." A third relative told us, "[Name] has blossomed since they've been here and has put on weight."

People were supported to ensure they received sufficient amounts to eat and drink, however, we found people's fluid intake charts did not record a 'daily target'. Whilst there had been no significant impact on people, this presented a risk. We discussed this with the registered and deputy managers. They confirmed they would take immediate steps to ensure, where required, daily fluid intake targets were recorded and checked by staff each day to make sure these were met.

At our last inspection, we found a lack of evidence which showed new staff, who had no prior care experience, had completed the Care Certificate, or had their competency assessed following commencement of their employment. We also found not all staff had received practical moving and handling training, therefore presenting a risk of injury to staff and people. At this inspection, records showed systems were now in place to support staff with the completion of the care certificate, regular observations of staff's competency were undertaken and staff had completed practical moving and handling training. The care certificate is a national set of standards which enables staff who are new to care to gain the knowledge and skills that will support them within their role.

All new staff received an induction to the service. This included a range of topics such as an orientation of the building, training, information about policies and procedures and fire safety. Staff told us they had received relevant training to enable them to acquire the knowledge and skills to meet people's individual needs effectively and safely. They told us they received supervision and felt well supported by the deputy manager who was approachable and available at any time for support and guidance.

Staff worked in partnership with health care professionals to ensure people received effective care and support. This included regular visits to the home by the geriatrician team and GP. Since our last inspection, systems had been developed to clearly record the outcome of visits from visiting healthcare professionals. A healthcare professional told us, "Staff know people's needs well. This home copes with people with challenging behaviours, they manage it without being intrusive and allow people to carry on with their lives

whilst remaining safe. Staff engage well with other teams, for example, the geriatrics team; this has been a positive move forward." Geriatrics teams are trained to evaluate and manage the healthcare needs and treatment preferences of older people.

During our inspection, we looked around the building to see how it was decorated and furnished. We noted handrails around the corridors to assist with mobility and people's bedrooms had been personalised; however, improvements were required to make the internal environment of the service dementia friendly. Communal areas were painted the same colour and there was no signage or other items of interest to aid people to find their way around the home. Also, sanitary ware in bathrooms were white. People living with dementia find it easier if contrasting colours are used such as toilet seats and handrails to enable them to identify items. We discussed our concerns regarding the lack of a dementia friendly environment with the registered manager. They informed us improvement works would be taking place within the next three months.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff understood the basic principles of the MCA and the importance of choice and gaining people's consent before supporting them with care; we observed this throughout our inspection. Where people were deprived of their liberty, appropriate applications had been made to the local authority for DoLS assessments to be considered for approval.

# Is the service caring?

## Our findings

This key question was rated 'Requires Improvement' at our last inspection. At this inspection, we found the service had improved to 'Good'.

At our last inspection, we found the delivery of care by staff to be task orientated. During this inspection, we observed staff being caring and kind in their approach to people, being sensitive to each person's individual needs. People were assisted and supported quickly as staff were available and not rushed.

Staff we spoke with could demonstrate a good knowledge of the people living at the service. They addressed people by their preferred names and spoke to them in a polite and respectful manner. People looked relaxed and at ease and the atmosphere within the service was calm and pleasant. Complimentary feedback was received from relatives and health care professionals about the caring attitude of staff. One relative told us, "[Name] has been here a couple of months. When I first came to look, I felt it was a nice home, it was so welcoming, I think I made a good choice. There is always lots of laughter and the staff are lovely with them." Another relative said, "The carers are always friendly and welcoming when I come. The atmosphere here is very good, lots of laughter and the carers are really kind to [name]."

People's privacy and dignity was respected. Staff could tell us how they protected people's dignity, for example when providing personal care, by ensuring doors were closed. People were supported to maintain their personal appearance to ensure their self-esteem and self-worth.

People's independence was promoted. Staff recognised the importance of enabling people to do as much as they could for themselves and knew what people could do for themselves and what areas they required support with.

People's diversity needs were recorded in their care plan. Where required, people were supported to follow their religious faith.

The service encouraged people to maintain relationships with friends and families. There were no restrictions on visiting times and we saw several visitors throughout our inspection.

The service had information available on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The deputy manager told us no one was currently being supported to access advocacy.

People's confidentiality was respected. Care records were stored securely when not in use and computers were password protected.

## Is the service responsive?

### Our findings

This key question was rated 'Requires Improvement' at our last inspection in March 2018. At this inspection, we found the service had improved to 'Good'.

At our last inspection, we identified there was no structured activities programme in place. At this inspection, an activities coordinator had been recruited who worked Monday to Friday. The activities coordinator worked four hours each day which included supporting with lunch time meals. The activities coordinator told us this impacted on their ability to plan and deliver activities. We discussed this with the registered manager during our feedback for their consideration and action. A weekly activities programme was displayed and we observed people engaging in activities during our inspection.

Prior to people moving into the home, a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. This information was used to develop people's care plans. Care plans were clear and person centred. They were up to date about people's physical, emotional, psychological and mental health needs. The deputy manager told us they were currently in the process of collecting more detailed information about people's past histories to include in their care plans. People's care plans were regularly reviewed and, should a person's needs change, these were discussed at staff shift handovers and their care plan updated. A relative told us, "I am fully involved in [name's] care plan, the staff are very good here."

From April 2016, all organisations which provide NHS or adult social care are legally required to following the Accessible Information Standard (AIS). AIS aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded sensory and communication needs. The registered manager informed us they would, where required, source suitable formats specific to people's needs, such as large print, braille and pictorial. One person's care plan had been translated into their native language which showed us the importance the service placed on ensuring people's communication needs were met.

People who did not wish to be resuscitated in the event of a cardiac arrest had a 'Do not attempt cardio pulmonary resuscitation (DNACPR) order in place. No one currently living at the service was receiving end of life care. We noted not all people's end of life wishes had been formally recorded in their care plans. We discussed this with the registered manager who told us people's care plans would be reviewed to include this information.

The service had effective systems in place to deal with complaints. Relatives told us if they had any concerns they would speak with staff and/or the deputy manager. They felt they would be listened to, and their concerns acted upon. Since our last inspection, three complaints had been received by the service and records showed these had been dealt with appropriately.

# Is the service well-led?

## Our findings

This key question was rated 'Inadequate at our last inspection in March 2018. At this inspection, we found the service had improved to 'Requires Improvement'.

At our previous inspection, we identified significant improvements were required to ensure people received safe care and treatment. The management team had implemented many improvements since our last inspection to ensure regulatory requirements were met. Audits were completed on various aspects of the service such as health and safety, infection control, medicines management and care plans. Observations of staff practice had also been implemented. Where necessary, action plans had been developed. However, we found some audits to be generic and did not contain specific detail as to what had been looked at as part of the auditing process. We discussed this with the administration officer and the registered manager who told us they would review the current auditing systems to ensure this information was included. There had not been any significant impact on people through the lack of this information.

Since our last inspection, external quality monitoring visits had been conducted by the local authority and clinical commissioning group and the service had followed up any recommendations made at these visits. Health care professionals spoke positively about their relationship with the deputy manager and staff team.

The service required, and did have, a registered manager. They were supported by a deputy manager with the day to day management of the service. Relatives told us management and staff were approachable and they could speak to them about anything.

Staff felt valued and enjoyed working at the service. No staff questionnaires had been undertaken since our last inspection however staff told us they were able to contribute towards service improvements. They told us regular staff meetings were held and they were provided with the support and guidance they needed to enable them to fulfil their roles and responsibilities. They told us they could approach management for support and guidance at any time and staff morale was good. One member of staff told us, "There is good team morale, everyone works together and discusses what needs to be done. It's a friendly team and nice atmosphere."

The service was proactive in seeking the views of relatives to ensure people received good quality care. At the time of our inspection, a yearly questionnaire had just been sent out. One relative told us, "I had a survey form sent to me yesterday, which I have completed and sent back. I gave them high marks. It's a nice place for [name] and they look after them well." Since our last inspection records showed relatives had been invited to attend one to one meetings to discuss their family member's care needs and the service provided. The deputy manager told us these meetings had proved successful. Records showed minutes of individual meetings and, where necessary, action plans had been developed.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

