

Hollywood Rest Home

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Inspection report

34 Cresthill Avenue
Grays
Essex
RM17 5UJ

Tel: 01375382200

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

The inspection was completed on the 21 and 26 March 2018 and was unannounced.

Hollywood Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 46 older people and people living with dementia in one building. At the time of the inspection, there were 36 people living at Hollywood Rest Home. Since our last inspection to the service in February 2016, the registered provider had varied their conditions of registration to increase the numbers of people living at Hollywood Rest Home from 27 to 46.

Hollywood Rest Home is a large detached house situated in a quiet residential area in Grays, Thurrock and close to all amenities. The premises are set out on three floors and there are adequate communal facilities available for people to make use of within the service.

At the last inspection on the 9 and 12 February 2016, the service was rated 'Good'. At this inspection, we found the service was rated 'Requires Improvement'. This is the first time the service has been rated 'Requires Improvement'.

A registered manager was in post. The registered manager was also the registered provider. 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.

Improvements were required to the service's governance arrangements. Not all information gathered was analysed to identify potential trends and the areas for improvement. The quality assurance arrangements had failed to identify the issues we found during our inspection to help drive and make all of the necessary improvements. The registered manager continued to have noticeable minimal involvement at the service and it was evident they relied heavily on the deputy manager and the service's administrator. This lack of oversight had led to the shortfalls identified as part of this inspection.

Not all risks to people's safety and wellbeing had been identified and suitable measures put in place to mitigate risk to keep people safe. Personal Emergency Evacuation Plans were not up-to-date and we could not be assured night staff employed at the service had participated in fire drills.

Medication arrangements at the service required strengthening and improvement, as not all people using the service received their medicines in line with the prescriber's instructions or received their medication. Improvements were required to ensure that people's care plan documentation reflected all of their care and support needs and how the care was to be delivered by staff.

Minor improvements were required in relation to the registered provider's recruitment practices and procedures. Care had not always been taken to ensure a full employment history had been sought and gaps in employment explored. Not all newly employed staff had received a comprehensive induction or where staff had been promoted to a more senior role. Although the majority of staff's mandatory training was up-to-date, not all staff had received practical manual handling training.

The dining experience for people living at Hollywood Rest Home was not always positive. Not all people received proper support from staff to eat their meals. Where people were at risk of poor nutrition and hydration, we could not be assured records to demonstrate what people had eaten and drunk were accurate and could be relied on.

Though people and those acting on their behalf told us they received a good level of support and were treated with care and kindness, interactions by staff and the way they communicated with people required significant improvement. The majority of exchanges were centred primarily on tasks and routines, rather than it being person-led and person-centred. Staff did not always listen to people or respond to non-verbal cues and there was an over reliance on the use of the television. The service had been without an activities coordinator since January 2018 and although there was an expectation that care staff would facilitate social activities, people did not routinely receive opportunities to engage in social activities.

People were protected from abuse and avoidable harm. People living at the service confirmed they were kept safe and had no concerns about their safety and wellbeing. Policies and procedures were being followed by staff to safeguard people. Comments about staffing levels from people using the service and staff were positive. The deployment of staff across the service was observed to be appropriate.

The service worked together with other organisations to ensure people received coordinated and 'joined-up' care and support. People's healthcare needs were well managed and people had their healthcare needs met.

People were protected by the provider's arrangements for the prevention and control of infection.

We have made recommendations about the management of risk.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medication practices required improvement to ensure people received their prescribed medication.

Not all risks to people were identified and improvements were required to record how these were to be mitigated to ensure people's safety and wellbeing.

Improvements were required to ensure staff were recruited safely.

The deployment of staff was appropriate to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's nutrition and hydration needs were not always met and improvements were required to ensure the dining experience for people was positive.

Not all staff had received a robust induction. Improvements were also required to ensure where staff received formal supervision and an annual appraisal of their overall performance, evidence of actions were recorded and aims and objectives set.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and how to apply these principles.

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

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Whilst some aspects of care by staff was seen to be good, other arrangements were not as effective as they should be and this

could potentially impact on the delivery of good quality care.

People and their relatives were positive about the care and support provided at the service by staff. People told us staff were caring. Staff demonstrated an understanding and awareness of how to support people to maintain their independence.

Is the service responsive?

The service was not consistently responsive.

Although some people's care plans provided sufficient detail, others were not as fully reflective or accurate of people's care and support needs as they should be and improvements were required.

People were not supported to participate in a range of social activities.

People using the service and those acting on their behalf were confident and able to raise concerns. Complaints were dealt with satisfactorily.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Multiple breaches of regulation and areas of improvement meant the service was not adequately managed at all times.

The registered provider's arrangements to check the quality and safety of the service, required improvement because it had not identified the areas of concern found as part of this inspection.

The registered manager did not have sufficient oversight of what was happening within their service.

Inadequate ●

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 21 and 26 March 2018 and was unannounced. The inspection team consisted of one inspector.

We reviewed information that we hold about the service such as safeguarding information 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.

We spoke with four people, two visiting relatives, three members of staff, the administrator, the deputy manager and the registered manager. We reviewed five people's care files and six staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

Safe was rated as 'Good' at our last inspection on the 9 and 12 February 2016. At this inspection, we found that safe was now rated as 'Requires Improvement.'

Medicines were securely stored for people using the service. People using the service had a medication profile detailing their preferred method of administration when taking their medication and including any known allergies. Whilst there were arrangements in place to ensure all staff that administered medication were trained and had their competencies assessed, this did not ensure their practices were effective and safe. We looked at the Medication Administration Records [MAR] for 13 of the 36 people who used the service and found a number of discrepancies relating to staff's practice and medication records.

Staff did not always give people their medication in line with the prescriber's instructions. For example, two people were prescribed pain relief medication. The prescriber's instructions recorded this should be administered four times a day. The MAR form showed this had not been administered since the 4 and 5 March 2018 respectively. Another person's MAR form recorded they should receive one of their medicines at specific times [morning and mid-afternoon], however the prescriber's instructions for mid-afternoon were not being followed and the person using the service received this medication at midday. This showed the person was at risk of receiving their medication too close together. Another person was prescribed a pain relief gel to be administered three times a day. This had not been administered since 26 February 2018. No rationale was available to account for these discrepancies. Where people required a once weekly medication, the instruction on the MAR form stated this was not to be given at the same time as other prescribed medications. Staff did not follow this instruction and the MAR form showed it was given at the same time as other medications at 09.00 a.m. The deputy manager confirmed this as accurate and stated they were not aware of the specialist instructions relating to this medication.

Not all risks had been identified and suitable control measures put in place to mitigate risk or potential risk of harm for people using the service. This meant risks to people were not consistently identified and information about risks and safety were not as comprehensive, accurate or up-to-date as they should be. For example, observations during the inspection showed one person required significant staff support to mobilise safely. Staff were seen to assist the person to stand, to mobilise with support from staff from the communal lounge to the toilet and to transfer using a wheelchair as their mobility was unsteady and placed them at risk of falling. The person's care records detailed the person could be unsteady when mobilising, particularly if they were tired as a result of not having received a good night's sleep and were subsequently at risk of falls. A risk assessment to evidence the manual handling tasks required by staff to support the person in order to prevent and or reduce the risk of injury had not been considered. Records for the same person documented in February and March 2018 the person had developed two pressure ulcers. A recognised pressure ulcer risk assessment to help assess the person's potential risk of pressure ulcer development had not been considered or completed. Additionally, a risk assessment had not been completed detailing how the risks relating to the management of pressure ulcers were to be managed and mitigated to prevent future reoccurrence. We discussed this with the deputy manager and they confirmed that they were unaware of the latter as this had not been brought to their attention by staff.

Environmental risks for the service were viewed, particularly those relating to the service's fire arrangements. Specific information relating to people's individual Personal Emergency Evacuation Plans (PEEP) were in place but not up-to-date. A PEEP had not been completed for new people admitted to the service since November 2017. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. The registered provider demonstrated an awareness of their legal duties with respect to fire safety and confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. A fire risk assessment was completed in January 2018. Although there had been six fire drills undertaken within the preceding 12 months, no information was recorded as to the staff who had participated, times of the fire drill and if these had included night staff.

These failings constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records for four members of staff were viewed. The majority of relevant checks had been completed before a new member of staff started working at the service. For example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been undertaken. Improvements were required as three recruitment files did not contain a full employment history and for one member of staff gaps in employment had not been fully explored. We discussed this with the registered manager and they told us they were unaware that a full employment history was required.

We discussed safety with people using the service. They told us they had no concerns and felt safe living at Hollywood Rest Home. One person told us, "Safe, of course I feel safe, nothing to worry about here." Another person told us, "Yes, I do feel safe here, the staff are fine." Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse or if they were not assured the management team would take their concerns seriously.

People and relatives told us there were sufficient numbers of staff available to provide the support required to meet their care and support needs. People confirmed that staff responded in a timely manner when they used their call alarm to summon staff assistance. Staff confirmed there was enough staff to meet people's needs. Our observations showed the deployment of staff within the service was suitable to meet people's needs and current staffing levels ensured people's care and support needs was provided in a timely manner.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that all staff had received infection control training within the last 12 months. They understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

Is the service effective?

Our findings

Effective was rated as 'Good' at our last inspection on the 9 and 12 February 2016. At this inspection, we found that effective was now rated as 'Requires Improvement.'

We observed the mealtime experience of people living at Hollywood Rest Home and found that improvements were needed to ensure people's experience was positive. For example, one person was observed to receive their plated meal at 12:35. At 12:45 a member of staff walked up to the person and told them they would come back and help them to eat their meal. The member of staff did not come back for a further 10 minutes. This meant the plated meal had been left in front of the person for 20 minutes. The person had received no offer of staff support to eat their meal during this time. When the member of staff returned at 12:55 the member of staff proceeded to assist the person to eat without checking if the meal remained at a suitable palatable temperature. The meal was reheated upon our request and although the person ate very little, an alternative meal choice was not offered and the plated meal removed. Dessert was made available by another member of staff but no spoon was provided. The person attempted to eat their dessert with their fingers without much success and stopped eating. We discussed this with the deputy manager and immediate arrangements were made to offer and provide the person with food items and drink of their choice and preference. These were duly offered and it was positive to note with staff support the person ate an apple and some chocolate and drank a hot drink of their choice.

A second person was observed to eat their lunchtime meal using their fingers as they found this stress-free and it enabled them to maintain a level of independence. Although the person repeatedly stood up and walked around whilst eating, the person appeared happy and content. However, when staff assisted the person to have a comfort break, the plate of food was removed and dessert provided when the person returned to the communal lounge. Although we brought it to staff's attention that the person had not finished their meal, this was not returned or an alternative main meal provided. Food diaries for both people did not accurately reflect what either person had eaten. Therefore we could not be assured the record of food consumed by people using the service was correct to demonstrate if their diet was satisfactory.

One person requested on at least four occasions if they could have grated cheese to go with their main meal choice of spaghetti bolognese. On each occasion staff was overheard to advise the person they would ask the chef for grated cheese. On one occasion after staff had walked away the person was overheard to say to their friend, "I suppose it is pushing it." Despite the person's requests the grated cheese was not provided. The person was again overheard to state to their friend, "Oh well, I've nearly finished my meal now, that's a shame."

People were not given the opportunity to wash their hands before the lunchtime and teatime meals, wet wipes were not offered by staff to enable people to clean their hands and people were not provided with serviettes so as to wipe their hands or mouths. People were noted to look for a serviette and as this was not available used their clothing to wipe the excess food from their mouths and hands.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The registered manager confirmed the service's administrator was delegated the role of supporting newly employed staff at Hollywood Rest Home with their induction and training. The administrator confirmed all newly employed staff received an induction. This comprised of an 'in-house' orientation induction and staff being given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme, where they had no previous experience within a care setting or had attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.

Although records showed new staff employed since our last inspection had received an 'in-house' orientation induction, where staff had not attained an NVQ or QCF qualification or had previous care experience, evidence of the Skills for Care 'Care Certificate' was not apparent. Additionally, there was no evidence to show their competency had been assessed within the core standards following the commencement of their employment. Where staff had been promoted to a more senior role, an induction to this role had not been undertaken. The administrator was unaware this was required.

The administrator confirmed training for staff was primarily provided through the use of an on-line training system. Staff records viewed showed that staff had received mandatory training in 2017 and 2018, in line with the provider's expectations in key areas. Nonetheless, not all staff had received practical manual handling training but were observed to support people to mobilise. This meant suitable arrangements were not in place to protect staff and those in their care from injury when carrying out manual handling procedures. Although our observations showed staff in the main effectively applied their learning, not all staff appeared to recognise their practice in relation to interactions, exchanges and communication with people using the service, particularly for people living with dementia were primarily routine and task led. This referred specifically to the provision of drinks, supporting people to eat their meals and assisting people with their personal care and comfort needs. Additionally, staff's practice relating to providing support for people to eat and drink required significant improvement.

These failings constitutes a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported and valued by the deputy manager and received regular formal supervision. This referred specifically to both face-to-face supervision and observations of practice. Where discussions had been held and which suggested follow-up action was required; information to demonstrate this was not always available. For example, one member of staff's supervision made reference to them not coping well when under pressure. No information was recorded as to the support to be provided and how their performance was to be monitored. We discussed this with the deputy manager. An assurance was provided that the above arrangements would be reviewed and steps taken to ensure follow-up actions recorded were completed where issues were raised. Where staff had been employed at the service longer than 12 months, annual appraisals of a member of staff's overall performance for the preceding year had been conducted. Improvements were required to set objectives for the next 12 months.

The service worked well with other organisations to ensure they delivered good joined-up care and support. The deputy manager and staff team knew the people they cared for and liaised with other organisations to ensure the person received good care and support. This included the dementia support team, District Nurse services, local falls team, mental health teams for older people and the local NHS hospital 'step-down' team.

The latter refers specifically where people no longer require the level of care from an acute medical setting such as a hospital but are not ready to return to their own home. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing.

People told us their healthcare needs were met and they received appropriate support from staff. Care records showed that people's healthcare needs were recorded, including evidence of staff interventions and the outcomes of healthcare appointments.

Since our last inspection to the service in February 2016, the registered provider's registration to vary the numbers of people living at the service increased from 27 to 46. As a result of this significant building works have been completed at Hollywood Rest Home to create additional bedrooms and communal facilities. Although people were observed to live in a safe and well maintained environment, improvements were required to up-date the décor within the older parts of the premises. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were nicely decorated and included personal possessions and photographs. People had access to comfortable communal facilities, comprising of three lounges and two separate dining areas.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Staff demonstrated a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval.

Is the service caring?

Our findings

Caring was rated as 'Good' at our last inspection on the 9 and 12 February 2016. At this inspection, we found that caring was now rated as 'Requires Improvement.'

People and those acting on their behalf told us they were treated with care and kindness by staff. One person told us when asked about the care they received from staff replied, "I think I like it here, it does me fine, definitely. The staff are really great and I can have a good laugh and a joke with them." Another person told us, "It's fine, but I am looking forward to going home." One relative confirmed they were very happy with care and support provided for their member of family. They stated, "The staff are caring and kind. [Name of person using the service] had an accident over the weekend and they were taken to hospital. The member of staff who supported [Name of person using the service] was marvellous. Staff's attitude is kind, loving and caring, you could not ask for more."

Although people's comments about the care provided was positive, we found staff were more focused on tasks and some of the support provided was inconsistent and not always respectful. For example, the majority of interactions by staff with people using the service were centred primarily on tasks, such as providing mid-morning and mid-afternoon refreshments, taking people to the dining room for meals and providing personal care to meet people's comfort needs. While the latter was undertaken we observed one person was not supported to have their comfort needs met for over five hours despite their care plan detailing they should be toileted at regular intervals throughout the day. We brought this to the attention of the deputy manager and immediate steps were taken to enable the person to have their comfort needs met.

Our observations showed that staff did not always actively listen to people and what they had to say. For example, one person tried to get two member of staff's attention so as to ask them a question. Despite several attempts to do this, the person gave up and initiated a conversation with their friend who was sat next to them. Another person tried to get staff's attention by putting their hand out as staff walked by. Although staff noted this and smiled at the person, no-one stopped to enquire if the person wanted to talk to them or ask what they wanted. The person was noted to be softly spoken and rarely voluntarily initiated conversation with staff or others.

There was an over reliance on the television within one communal lounge and although this was on, people using the service were predominately either asleep or disengaged with their surroundings and not watching the television. Additionally, we observed both the television and radio were on at the same time. Staff did not consider the impact that background noise can have on people living with dementia, which can be confusing and distressing.

People said their personal care and support was provided in a way that maintained their privacy. However, we did observe two occasions whereby staff were overheard to speak very loudly and across the communal lounge to ask people if they wished to use the toilet. This did not respect the person's privacy or treat them with respect.

These failings constitutes a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed that no one at the time of the inspection required specific technology or communication aids to help them to communicate.

People were supported to be as independent as possible. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without and/or limited staff support.

People were supported in making decisions about the care and support to be provided. However, there was a lack of evidence to show that, where appropriate, people had signed their care plan to acknowledge and agree its content. We asked people if they were aware of their care plan and the information contained within the document. Not all people were able to tell us about their care plan, what it was or if they had had sight of it.

Is the service responsive?

Our findings

Responsive was rated as 'Good' at our last inspection on the 9 and 12 February 2016. At this inspection, we found that responsive was now rated as 'Requires Improvement.'

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. Recommendations and referrals to the service were made through the Local Authority or local Clinical Commissioning Group [CCG]. The Local Authority completed an initial assessment and together with the service's assessment; this was used to inform the person's care plan. This ensured that the service was able to meet the person's needs and provide sufficient information to inform the person's initial care plan.

However, subsequent care plans developed from these assessments did not fully reflect people's holistic care and support needs or provide sufficient guidance for staff as to how these were to be met. Improvements were needed to ensure care plans included information relating to a person's specific care needs and the delivery of the care to be provided by staff. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered.

As previously highlighted the care records for one person documented in February and March 2018 the person had developed two pressure ulcers. A care plan relating to the person's skin integrity had not been completed to reflect the pressure ulcer and the treatment to be provided by care staff and healthcare professionals. The care plan and risk assessments for another person had not been updated since December 2017. The issues were discussed with the deputy manager. An assurance was provided advising suitable arrangements would be put in place to rectify the issues raised. Although the above was highlighted, we did not find or observe any impact on people's care during our inspection as a result of not having care planning documentation in place.

Care plans made reference to people being given the opportunity to participate in social activities, however the majority of care files viewed did not record people's specific social care needs and how these were to be provided and met by staff.

A weekly activities programme was displayed within one dining room but this was not reflective of activities completed. Staff confirmed there was no structured activity programme for people using the service and activities were currently being provided on an 'ad-hoc' basis. The rationale provided by staff was the service had been without a specific person responsible for providing social activities since January 2018. Observations showed there were few opportunities afforded to people to participate in 'in-house' and community based activities. Few activities were facilitated or actively encouraged by staff during the inspection. People spoken with confirmed our observations.

One person told us, "Activities don't happen very often." Another person stated, "There is not much going on most of the time." One person was overheard saying to their friend, "It's a boring day today, it's boring,

nothing to do other than to just sit here." Satisfaction surveys completed in February 2018 identified improvements were needed. Comments included, 'Would like to have activities more often and go out more' and 'More entertainment.' Staff verified improvements for activities were required at the service. Staff told us, "Residents are just sitting and not doing anything, residents have told me they are bored" and, "Improvements are definitely needed here and several residents have commented they are bored and there is nothing to do." We discussed this with the registered manager and deputy manager who advised steps were actively being taken to recruit an activities coordinator.

These failings constitutes a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Records showed there was a low incidence of complaints and since February 2016 there had been one complaint, this being raised in February 2018. Information relating to the complaint was available detailing the specific nature of the complaint and outcome. Staff knew how to respond to people's concerns and complaints should the need arise. People told us they would either speak to a family member or member of staff if they had any worries or concerns.

Although no one living at the service was receiving end of life care, the deputy manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The deputy manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.

Is the service well-led?

Our findings

Well-led was rated as 'Good' at our last inspection on the 9 and 12 February 2016. At this inspection, we found that well-led was now rated as 'Inadequate'

A registered manager was in post. The registered manager was also the registered provider. Since our last inspection to the service in February 2016, the registered provider had varied their conditions of registration to increase the numbers of people living at Hollywood Rest Home from 27 to 46. No changes to the management team had been made since our last inspection to the service, the registered manager and deputy manager remained the same.

The registered manager advised the completion of the service's quality assurance arrangements had been delegated to the service's administrator. The registered manager confirmed that although these were signed by them, the administrator was responsible for the completion of the services audits. When we asked the registered manager as to how they assured themselves the audits were completed to an appropriate standard and accurately reflected the administrator's findings, they told us 'spot checks' were undertaken by them to ensure these were suitable and fitting. No documentary evidence was available to confirm this and when discussed with the service's administrator they were unaware 'spot checks' were being undertaken by the registered manager.

Quality assurance audits were completed each month. This showed information gathered was used to identify where compliance was achieved and the areas for improvement and corrective action. However, an analysis of the information was not completed to identify potential trends, for example, an analysis of the service's accidents and incidents had not been undertaken. Quality assurance arrangements had not identified the areas for improvement highlighted as part of this inspection. This referred specifically to maintaining an accurate and complete record of people using the service in relation to the care and support to be provided. People's care plans required review as these did not fully reflect all of a person's current needs and the care and support to be delivered by staff.

Risks to people and the actions taken to reduce these risks required further development. This also referred to maintaining records for people employed at the service that were relevant to their employment, including a more rigorous and effective induction and ensuring all staff had received practical manual handling training prior to supporting people with their mobility needs. Observations of care practices during both days of the inspection demonstrated these were not always positive and improvements were required. Not all senior members of staff were an effective role model and staff's practice and interactions with people were not being monitored to ensure positive outcomes.

While the registered provider's vision and values were recorded within the service's Statement of Purpose, staff were not able to demonstrate a good understanding of these or where these were recorded. Staff confirmed the service's vision and values were not routinely discussed to ensure staffs understanding and practice was monitored against these. The registered manager was unable to reassure us of their knowledge and understanding in relation to current best practice initiatives and guidance relating to older people and

older people living with dementia.

During the first day of inspection two students arrived in the morning to commence a one day a week 'work placement' which was to be undertaken over a 10 week period. Our observations showed both students were shown around the premises; however they were not introduced to people living at the service, were not provided with a named mentor or had a scheduled programme detailing the activities to be undertaken and what was expected of them as part of their 'work placement'. The students were sat in one communal lounge trying to engage with people without any background knowledge or information provided by staff. Later one of the students was seen to try and involve a person to play a game and to engage them in conversation. This proved unsuccessful and after a short period of time the activity was abandoned.

People using the service had been given the opportunity to complete an annual satisfaction survey in February 2018 with the help of the activities coordinator. A report of the findings was completed by the administrator and this showed only four people had responded. Where areas for improvement were highlighted, an action plan was not completed detailing how the improvements were to be addressed and monitored. For example, people stated they would like to participate in more community based activities. The report also detailed variable comments were made about the service's laundry arrangements.

We discussed the above with the registered manager, the deputy manager and the service's administrator. The administrator told us they had received no induction to their current role. This referred specifically to having received limited guidance and instruction from the registered manager as to how they should complete the service's quality assurance audits and manage the service's recruitment procedures, inductions and training for staff. As highlighted at the previous inspection to the service in February 2016, the deputy manager organised and managed the day-to-day care of people living at Hollywood Rest Home and provided managerial support to the registered provider's 'sister' home which was located close by. All of the above demonstrated the registered manager continued to have minimal involvement at the service, as previously they were responsible for staff recruitment, inductions, training and the completion of the service's quality assurance arrangements and this had now been delegated to the service's administrator. Although regular staff meetings were held at the service, few were attended by the registered manager. This was confirmed as accurate by staff. We discussed this with the registered manager and the rationale provided for their non-attendance was they did not feel the deputy manager wanted them there.

This demonstrated the registered manager was not communicating a clear sense of direction and leadership to their staff and did not have sufficient oversight of what was happening within their service. This lapse had led to the shortfalls identified as part of this inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Improvements are needed to ensure people's care plans accurately reflect their care and support needs and how these are to be delivered.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Improvements are needed to ensure all people using the service are treated with respect and dignity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the provider's management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Improvements are needed to ensure people have enough to eat and drink to meet their nutrition and hydration needs and receive appropriate support.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Improvements were required in relation to the provider's quality and assurance processes to ensure these are operated effectively to guarantee compliance.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Improvements were required to ensure where appropriate they received a robust induction and all staff were appropriately trained to undertake their roles and responsibilities.