Hollywood Rest Home Limited

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## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| 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? | **Requires Improvement** |

# Summary of findings

## Overall summary

This comprehensive inspection took place on 15 and 16 June 2017 and was unannounced. At our last inspection in December 2016, we conducted a focused inspection visit to check whether the registered provider had made improvements, following concerns and breaches of regulations that we had identified in April 2016. During our focused inspection in December 2016, we had found that the registered provider had made improvements.

At this inspection, we found that although these improvements were ongoing, progress had not always led to robust care planning and risk management to help ensure all people's needs were always met and understood at the home. The registered provider and registered manager had not upheld all of their responsibilities to the Commission to ensure that all breaches of regulation were met.

Hollywood Rest Home Limited is registered to provide personal care and accommodation for up to 36 older people. At the time of our inspection, 30 people were living at the home.

There was a registered manager in place who was present throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at the home. Staff told us that they had received safeguarding training and showed an understanding of how to report safeguarding concerns.

All people's risks were not always managed effectively to help learn from incidents that had occurred and to promote people's safety at all times. Health and safety checks were in place although they did not always cover all possible risks in the environment.

We could not be confident that staff were always effectively deployed to meet all people's needs and wishes. The registered provider told us that recruitment processes were followed and overseen by an external service to help ensure that people were supported by staff who were suitable.

We identified some areas of positive practice in respect of how people's medicines were managed. Audits had not always identified possible areas of improvements to ensure that people would always receive their medicines as prescribed.

People spoke positively about the support they received. Staff told us that they felt supported in their roles. Whilst we observed some areas of positive practice, we observed that staff did not always demonstrate a consistent understanding of all people's needs. Care planning had not always provided clear guidance to help inform staff of people's needs and how these should be met.

We observed that people's consent was sought before they received support from staff and their decisions often respected. We found that processes were not always clear however to ensure that all people's and rights would always be met in line with the requirements of the Mental Capacity Act (2005).

People had been involved in menu planning at the home to help meet their needs and preferences and we saw that people were given meal options. We observed that further improvement was required however to ensure that all people could enjoy mealtimes at the home. People were supported to access healthcare support when needed.

We observed some positive, caring interactions and relationships between people living at the home and staff. We found however that this was not always the consistent experience for all people living at the home. Shortly following the inspection, the registered manager told us that they were recommencing the keyworker system which would give all people and staff opportunity to spend time together and explore people's care needs and wishes. Visiting relatives were welcomed at the home and we saw that they had a positive rapport with staff.

People often spoke positively about their care and support they received. Care planning processes however had not always ensured that all people would always receive care and support in line with their needs. We saw that people's access to activities had improved although ongoing planned improvements would help ensure that this was a consistently positive experience for all people living at the home.

There was a complaints process in place and guidance about how to use this was on display at the home. Relatives told us that they would feel comfortable raising issues with the management. Some people had raised concerns which had been addressed although the home had received no formal complaints.

People and relatives had welcomed improvements they had experienced at the home and spoke positively about the registered manager. Planned improvements were ongoing and we saw that systems were being developed to help capture people's experience of the home. Although we welcomed these findings and some ongoing improvements at the home, at the time of our inspection, audits and records were not always robust. We found that care planning and risk management processes had not always been effective to ensure that people's needs could always be met. The registered provider and registered manager did not always uphold all of their responsibilities to the Commission.

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.

We could not be confident that staff were always effectively deployed to meet people's needs in a timely way.
We identified some areas of improvement in respect of medicines management which would help to ensure that practice in this area was always safe.

We could not be confident that all people's risks were always managed safely and consistently. Sufficient learning was not always taken from incidents at the home.

People told us that they felt safe living at the home. Staff told us that they had received safeguarding training and showed an understanding of how to report safeguarding concerns.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

People spoke positively about the support they received and staff told us that they felt supported in their roles. We found however that staff did not always demonstrate a consistent understanding of all people's needs.

We observed that staff sought people's consent before supporting them and people's decisions were often respected. Processes were not always clear however to ensure that all people were always supported to have maximum choice and control of their lives.

People had been involved in menu planning and were given meal options. Further improvement was required to ensure that all people were able to enjoy mealtimes at the home. People were supported to access healthcare support to help promote their health.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People did not always have the same opportunity to interact with and develop positive relationships with staff.

We observed kind and caring practice from some staff, however some people told us that this was not always their consistent experience.

Visitors were welcomed at the home and we saw that relatives had a positive rapport with staff.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

We could not be confident that all people's care planning was always centred around their individual needs and preferences.

We could not be confident that all people always access to activities of interest to them. We saw that people had improved access to activities and progress in this area was ongoing.

There was a complaints process in place through which people and relatives could raise their concerns.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

People, relatives and staff spoke positively about the registered manager and the improvements they had experienced at the home.

Planned improvements were ongoing at the home to build on this progress. Care planning and risk management processes however had not always ensured that all people's needs could always be safely met.

The registered provider and registered manager did not always uphold all of their responsibilities to the Commission.

# Hollywood Rest Home Limited

**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 checked 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 15 and 16 June 2017 and was unannounced. The inspection was conducted by one inspector over two days and attended by an expert-by-experience on 15 June 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we contacted the local authority who commission services and the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

As part of our inspection, we spoke with seven people living at the home. 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 also spoke with six relatives of people living at the home and three visiting professionals. We spoke with the registered manager, the registered provider, the deputy manager and six members of staff. We sampled four people's care plans and additional records relating to the quality and safety of the service.

Requires Improvement

# Is the service safe?

## Our findings

People and relatives we spoke with told us that they felt safe. One person told us, "I feel safe. Everything is just right." Another person commented, "They look after me here." Staff we spoke with told us that they had received safeguarding training and described appropriate ways that they would report any concerns they identified. However, not all staff demonstrated a full awareness of all types of abuse that people might be at risk of.

People could not be confident that their risks would always be consistently managed within a safe home environment. Information about people's risks was not routinely shared with staff by management, to help staff understand people's support needs. Staff we spoke with did not always share a consistent awareness of the risks and support needs of the people they supported. Risk assessments were not always available to reflect all of the support people needed to remain safe and well. This was an area of improvement that had been identified in the registered manager's action plan.

Sufficient learning and analysis was not taken in light of incidents that had occurred, to prevent their reoccurrence and to promote people's safety. In recent months prior to our inspection visit, we were informed of a safety incident where a person had fallen due to an obstacle in the home environment. During our visit, a routine cleaning task was taking place which created obstacles in a corridor of the home. We found, and staff confirmed, that people often walked through this corridor and this cleaning task was regularly undertaken at the home. Nonetheless, no staff were present or delegated to ensure people's safety in this instance. During our observations, we needed to intervene and prevent one person from tripping over the obstacles. This person had significantly impaired vision and no staff were present to help this person to safety or to keep the person or others from risk of harm. Incidents were not always learned from or used to help inform people's care planning and risk management.

Another person living at the home experienced behaviours whereby they had damaged and tampered with parts of the home environment. We saw that these behaviours presented an ongoing risk for this person, in addition to the possibility of other people coming to harm as a result of damaged or tampered equipment at the home. Staff we spoke with described some ways that they helped this person to become calm, for example by talking with the person or encouraging their involvement in tasks. We found that whilst some measures had been taken to help support this person, such as some scheduled one-to-one time with staff and a request for medicines changes by the person's doctor, additional planned measures had not been completed. We found that this person's behaviours had not been formally monitored as planned which may have helped to identify possible triggers or themes around these behaviours. The person's care plan had not always been updated in light of such behaviours or to always provide clear guidance to staff about possible ways to identify and reduce for these risks.

In another example, a staff member told us that they had previously stumbled in one of the corridors of the home. Although we were told by the registered provider that no accidents had occurred in this area of the home, another staff member commented that they had observed that some people struggled to navigate and had fallen around this part of the home. Neither staff member had reported these matters. Nonetheless,

we found that the registered manager was aware of this particular risk and had considered reducing the risk of falls in this area of the home through the use of CCTV monitoring. This action suggested by the registered manager would not effectively minimise this risk, nor support people to be as safe and independent as possible in this area of the home. We discussed these matters with the registered provider and they told us that they would consider ways to make this part of the home safer, with input from people and relatives, as part of their ongoing plans for improvements to the home environment.

We looked at how the health and safety of the building was maintained. External health and safety checks of the building had been conducted. Staff we spoke with told us that the maintenance support at the home responded efficiently to address maintenance issues when informed of these. This helped to promote the safety of the building. We saw that external fire safety checks had been conducted as planned. The home's internal health and safety checks however had failed to identify that some fire safety procedures had not always been adhered to. We were not assured that staff were always provided with consistent and clear guidance around fire safety at the home to support safe practice.
The registered manager's monthly health and safety audits checked various aspects of the home and had identified some maintenance issues. We found however that these audits did not effectively cover specific environmental risks relating to one person's identified behaviours or all equipment that was in use at the home, to help further promote people's safety. For example, we observed that one person's call bell was not connected for use in their room as planned. We found that the monthly plans to check people's call bells would not help to identify similar issues and ensure that people were always supported to use these. Some people could not be confident that they would always be supported to use walking frames that belonged to them or that had been assessed as suitable and safe for their personal use. We observed that staff shared one walking frame between two people and it had not been effectively addressed that there were no means to correctly identify which walking frame belonged to whom at the home. Health and safety checks of the home required further development in order to promote people's safety at all times.

Staff were not always effectively deployed to meet people's needs, although the registered provider and registered manager told us that they were satisfied with staffing levels at the home. One person told us that their personal care needs had not been met recently and commented, "Because [staff] were too busy". Another person's feedback showed that some people had complained about their basic care needs not being met due to staffing levels. Staff we spoke with told us that they were able to respond to people's call bells and support them in a timely way, however our observations did not confirm this. One person told us, "Staff are always busy. When I call they always come, the delays vary. They don't have time to sit and chat". Another person had a history of falls and required encouragement to use a walking frame to remain safe. We saw that this person walked around the home on one occasion without using their walking frame. Staff were not present to identify or respond to this risk, although they described how other equipment was useful to help keep this person safe during the night.

Failure to assess the risks to the health and safety of people living at the home and doing all that is reasonably practicable to mitigate any such risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they considered that recruitment processes had not always been followed appropriately at the home or in line with the registered provider's policy. Although the registered manager provided us with this advice, the registered provider told us that this information was incorrect and that recruitment practice at the home was safe and appropriate. The registered provider told us that recruitment practice was overseen by an external service through annual checks of recruitment processes at the home. The registered provider told us that in 2016, where they had identified that some staff reference documentation was missing, they had sought advice from their external services to help address this. The

registered provider told us that staff checks were also undertaken through the Disclosure and Barring Service (DBS) before staff commenced in their roles. A staff member we spoke with told us that they had completed suitable recruitment checks before starting to work at the home. Another staff member we spoke with who had worked at the home for a longer period of time confirmed that they had completed a DBS check. This had helped to ensure that people received care and support from staff who were suitable.

We looked at the support that people received with their medicines. People we spoke with did not express any concerns about medicines practice at the home. A relative we spoke with told us that they were happy with the support that one person received with their medicines. One person had been prescribed medicines that required regular blood tests to ensure that the dosages prescribed were safe and effective. We saw that this person was supported to undertake these blood tests to help ensure that the medicines being given were effective. Only senior care staff were responsible for supporting people with their medicines after they had received training to do so. Staff we spoke with told us that they felt comfortable with this task.

Medicines were stored securely and plans were agreed with a local pharmacy to collect and return people's medicines as needed. We observed that medicines were often provided to people in communal areas of the home. We observed that thought was not always given to ensure some people's privacy and prevent this task from disrupting some people's activities at the time. The deputy manager told us however that some arrangements had been made to promote privacy where some people needed to have injections with the support of district nurses.

We could not be confident that some people would always receive some of their medicines as prescribed. We observed that one person was asked if they wanted medicines to relieve pain and they agreed, however other people living at the home were less able to tell staff or show if they were experiencing pain. Some people had been prescribed with 'as and when' medicines, however we found that there was no guidance in place about how to assess whether people needed to take these. Two senior staff members confirmed that they always used their own judgement to decide whether people needed 'as and when' medicines, for example to relieve pain and to become calm. Staff provided different answers in relation to how one person expressed pain and the person's care plan provided unclear guidance about this. The registered provider assured us that this concern would be addressed.

People received some of their medicines through monitored dosage systems which helped to reduce the risk of errors. We observed, and most stock levels suggested that people received their tablets as prescribed. We found however that where one person had refused one of their medicines over a full month, staff told us that although they would usually do so, they had not raised this with the person's doctor for further consideration. Records and guidance in this area were not always clear to ensure safe, consistent practice relating to all people's prescribed items that were not held in monitored dosage systems. Our findings reflected that medicines audits in place had failed to identify some issues and possible areas of improvement in respect of medicines processes and record keeping. The registered provider told us that two days after our inspection visit, a pharmacist attended the home to help ensure the safety of medicines management systems in place.

Requires Improvement

# Is the service effective?

## Our findings

People spoke positively about the support they received and one person told us, "Staff are very kind. If I want anything they help me." Another person told us, "They look after me here." A relative told us they felt confident in the support provided to one person. The relative commented that staff understood this person's needs and how they expressed their wishes. One staff member told us, "We work as a team… I always ask people if they like it here and most say yes. People say they love the staff." District nurses regularly visited the home to support some people with specific risks associated with some of their needs.

Staff spoke positively about their roles and told us that they felt equipped and supported. One staff member told us, "They support me all the time." Another staff member told us, "I know people's routines from the length of time [I've worked] here." Staff told us that they attended supervision and staff meetings, during which they received feedback about their performance and reminders about their roles. Staff training had been organised to take place over the course of the year in areas relating to people's needs. We found however that further progress was required to ensure that all people's needs were understood and could always be met where possible by all staff at the home. Staff we spoke with were able to tell us about the needs of some people living at the home associated with their healthcare conditions and how staff helped people to manage these. We found however that such knowledge was not always consistent. For example, one relative told us that whilst regular staff were familiar with one person and able to meet their communication needs, new staff were not able to do so. The registered manager and two staff members we spoke with were not aware that some people living at the home had a specific healthcare condition and any support they might require with this.

Some of our observations reflected that some people's support needs were not consistently understood by all staff. This impacted on the quality of some of the interactions and support we observed for some people living with dementia. We saw that where some people expressed confusion, some staff offered effective reassurance in response. For example, we saw that when one person asked a staff member, "Am I staying the night?" the staff member responded at the person's eye level and told them that they were staying the night. We saw that this reassured and comforted the person. Another staff member told us that when one person said that they wanted to go home, the staff member knew that the person meant that they wanted to go to their room. On those occasions the staff member told us that they would reassure the person and tell the person that they would help to look after them for a while.

We observed however that on other occasions where some people showed some confusion, staff provided literal responses which caused some people further confusion and some distress. For example, one person showed that they were confused and asked, "Where am I?" We saw that a carer replied, "In Hollywood". This response did not assist or provide assurance to this person who then repeated their question. In response, the carer gave the full name of the care home and told the person how it had been arranged with the help of a relative for the person to live at the home. The person showed concern and confusion to this response and continued to show signs of distress a short while later. We sampled some care plans that were in use at the home and related to the care of some people living with dementia. We found that some guidance available within these care plans did not reflect a clear understanding of how some people might be affected by

dementia and in particular, that people living with dementia could experience pain. We sampled one person's care plan which stated, "[Person] has advanced dementia and therefore at times [they] cannot experience any pain." The person's care plan guided staff to offer the person pain relief and to determine if it is needed, however there was no guidance about how to determine if the person needed pain relief, for example, how the person might show signs of being in pain or if they were able to verbally express this. Another person's care plan we sampled stated, "N/A [Not applicable]", in relation to whether they experienced pain although we were informed that this person had arthritis which could possibly cause regular discomfort and pain. Further clarity was not available within the person's care plan, for example, guidance about how this person might express or indicate symptoms of pain. We discussed these concerns with the registered manager and a senior member of staff responsible for regularly leading staff. These discussions did not assure us however that they understood pain management to be a necessary aspect of the care of some people living with dementia because the senior staff member told us that they did not consider that people living with dementia would experience pain. This put some people at risk of not having all of their care needs consistently met. The registered provider told us that they had identified such areas of further development required for people's care planning and that plans were underway to address this.

Staff provided examples of how they supported people to become calm. A visiting healthcare professional told us that their team regularly visited the home to give advice and recommendations about how staff could support some people living at the home who displayed behaviours that challenged. The professional told us that they had a received a clear account of one person's needs from a supporting staff member during the person's review. This assisted the person's support planning and showed that the staff member knew this person well. The professional told us that they had observed improvement over time in the support provided by staff at the home.

We found however that people's individual needs were not formally monitored over time as planned, to help identify potential triggers and ways to support them to become calm. For example, positive behaviour support records had not always been completed as planned in light of incidents and changes to people's needs. One person was supported to take some medicines to help them to become calm. We observed an occasion where this person made negative comments towards another person from across a communal lounge area. Both individuals showed a negative response to this interaction. A staff member who was present at the time however did not identify this as a concern and did not intervene. Further improvement was required to build on some of the guidance provided to staff and the aspects of positive interactions and support we had observed.

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 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. Although staff told us that they had received training in this area, they did not demonstrate a consistent understanding of the MCA. We observed that staff sought people's consent before providing them with support. We observed one staff member approach a person at their eye level and explain to them how they were going to be supported. Another person who asked for assistance was promptly helped. We found that such practice was not consistent across the staff group however and some people were not always supported to make their own decisions

and move freely around the home as they wished. The registered manager told us that they had submitted and monitored DoLS applications for all people living at the home. Applications were made primarily due to the use of a code key system at the entrance of the home and the decision to use CCTV in communal areas of the home. Staff informed us that many people living at the home had fluctuating capacity however no information was available to reflect what decisions people were able to make on a day-to-day basis, in order to empower people as far as possible and ensure that their decisions were promoted and respected. Processes were not always clear to ensure that all people's choices and rights were always met in line with the MCA.

We looked at how people were supported with their meals and drinks at the home. We found that in recent months, people had been asked for their food choices and preferences, to help inform menu planning at the home with the support of relatives. During our inspection visit, we saw that people were offered a choice of two options during one meal time and there were systems in place to record and share people's choices with the kitchen staff. Staff we spoke with were able to tell us people's dietary requirements and the registered provider told us that kitchen staff were provided with this information. Some people were weighed more regularly at the home where it had been identified that they had lost more weight than expected within a given period. We saw that advice had been sought from healthcare professionals in relation to one person's dietary requirements. We spoke with this person's relative who told us that the person, "Loves food," and that the person was supported to eat foods in line with their menu plan and at a pace that suited them. Further improvements were required to build on this progress and to ensure that this aspect of people's care consistently met their preferences.

For example, we found that people provided mixed feedback about mealtimes at the home. One person commented, "You can't expect it to be wonderful. If I don't like it I don't eat it." Another person told us that staff might say, 'You've had enough,' when they asked for food and this person indicated to us that they dissatisfied with this. Where a staff member saw that one person had not finished their meal, the meal was taken away and the person was not asked if they had eaten enough or wanted an alternative meal. The majority of people we spoke with told us they felt that they had enough to drink at the home. One person told us, "The food is good. You have two options. There is enough [food]."

Many people living at the home ate their main meals in the dining area under set meal times and people were served tea and toast in their bedrooms prior to the main breakfast meal each morning. On the first morning of our inspection, we observed that people were seated at the table waiting for their breakfast meal and that this arrived up to fifty five minutes later than planned. Some people called out to staff in dismay to this; comments included: "It's ridiculous," "Please somebody help me," and "We've been waiting half an hour." We observed on this occasion that people did not receive an apology or clear explanation about the delays or when they could expect their meal. We observed that once the food was ready to be served to people on this occasion, people were not always given the full range of breakfast options available to them. We also found on this occasion that the registered manager and staff varied in the extent to the detail they gathered from people to make choices. The registered manager told us that this delay was an unusual occurrence and they were unsure why this had happened.

People told us that their health care needs were met. One person told us that their doctor visited the home when they were unwell and that they were regularly supported by a chiropodist. Some people told us that they felt confident that staff would call the doctor if they were unwell, although this had not been necessary for a long period of time. A small number of people received support from visiting district nurses to help manage specific risks associated with their care. People had access to additional healthcare support to promote their health.

Requires Improvement

# Is the service caring?

## Our findings

The majority of people we spoke with described most staff positively. Comments included: "They are pleasant," "Staff are very kind to me," and, "They look after you well. We have a bit of laugh and fun". A relative we spoke with told us, "Staff give [my relative] time." Another relative told us, "The staff are brilliant. They're always very pleasant, polite and caring." We observed occasions which supported this positive feedback from people including where some staff took time to reassure some people living at the home and make conversation with them. One staff member gently took one person's hand and accompanied them to a communal area of the home. Another staff member on another occasion approached a person at their eye level to briefly make conversation with the person. We saw that one staff member complimented a person's nails, to which the person responded positively. We observed occasions where people and staff laughed and chatted together.

We observed however that not all the people living at the home had the same opportunity for positive interactions and relationships with the staff supporting them. One person told us, "There are nice [staff members]. And ones not so nice." Another person we spoke with told us that staff were available to support them as needed, however staff did not have time to sit and chat with them. Whilst we observed some interactions in which people were engaged in conversation with staff, we saw that two people sat in the lounge area during the afternoon for over one hour without speaking or being spoken with by staff who were present in the room. On another occasion, we observed that one person was approached by three different staff members within a short space of time to check if the person wanted to go to the dining room for a meal. When the person responded, "No," to two of the staff members and explained to one of the staff members that this was because they could not walk independently, the staff members did not try to encourage or prompt the person further. We found however that the third staff member was more specific about how they could help the person to the dining room to which the person agreed. We found that each of the staff members responded differently to this person's response which did not reflect that they all knew this person well and effective ways to encourage the person if they were unsure.

One staff member we spoke with told us that they had previously been keyworker to three people living at the home. The staff member showed that this had enabled them to get to know these people well. The keyworker system had been postponed at the home at the time of our inspection as the registered manager had wanted to review how this was organised. The registered manager informed us that they had recommenced the keyworker system shortly following our inspection visit. This would give people further opportunity to spend time with a designated staff member who they could become more familiar with and explore together how to more closely meet the person's interests and preferences.

People were supported by staff who were often calm and expressed patience in their approach to them. For example, we observed that one staff member kneeled to a person's eye level and told them, "[Person's name], I am just going to touch your foot, is that okay?" Another person's relative told us, "[Staff] cope well and know [the person's] needs, they're always lovely, very good." We did not identify concerns by individual staff in respect of failures to uphold people's dignity, although routines at the home did not always promote people's dignity and independence. Staff were not always present in communal areas of the home to spend

time with people and ensure that all people were comfortable and all of their needs met. We received mixed feedback as to whether routines were always based around the needs of people living at the home. We asked one person whether they were able to have a shower when they liked and they told us, "They [the staff] decide. You can ask for one and if it's not convenient you may have to wait". Another person told us that staffing availability had on occasions impacted on their routine. The person commented they had been asked by staff, 'Do you mind stopping in bed today.' The person didn't confirm if they had remained in bed on this day. Another person told us, "I like to go to bed at 6pm. They kiss me on the forehead which I like".

People were invited to attend residents' meetings which helped them to share views and feedback about their care and support. A relative we spoke with told us that they attended regular meetings for relatives at the home. One person told us that they attended these and commented, "You can put your views in." We saw that people had previously been asked about their activity and food preferences to help inform care planning. Daily records were completed about group activities and tasks that some people participated in together at the home. We saw that this would help the registered manager and staff to monitor and assess some people's responses to activities which would help inform future activity planning at the home. We did not see evidence that people had also been supported to take part in regular care plan reviews in addition to this monitoring, although relatives told us that they had had some input in this.

Staff we spoke with provided examples of how they promoted people's dignity in practice. One staff member told us, "We just ask people what they want, there are parts of [personal care] that [one person] wants to do independently, I encourage that with everyone." We saw that people were dressed in line with their own preferences and individuality.

One person told us that they were comfortable at the home because they liked being surrounded by lots of people. A staff member we spoke with described how some people got on well and had developed friendships over their time at the home. We saw that many people spent time together in the communal areas of the home and we observed occasional conversations between some people. We saw that a group of people in one lounge area sang and brought cake to celebrate one person's birthday. The home's newsletter, developed by the registered manager, included details of people's upcoming birthdays and welcome messages to people who had recently joined the home. We saw that some people often had visitors and this was welcomed. Relatives spoke positively about their experience of the home and the support people received. We observed a pleasant interaction between a relative and member of staff, during which the relative referred to a tea party which was planned at the home.

Requires Improvement

# Is the service responsive?

## Our findings

We saw that people were often at ease at the home and positive feedback we received indicated people's satisfaction with the home. A senior staff member told us that they were pleased to have observed progress over time in relation to one person's needs, having sought guidance from a healthcare professional about achieving this. A different healthcare professional we spoke with told us that thought and consideration had been given to another person's care with staff having tried various approaches to meet this person's needs.

People had care plans in place that provided some details relating to their life histories, and guidance for staff around how people should be supported in line with some identified risks, support needs and preferences. The care plans we sampled were reviewed regularly. One staff member told us, "The senior care staff and managers work on [people's] care plans, they ask care staff if there is anything more to include." A relative we spoke with told us that they had been involved in care plan reviews.

We found however that care planning processes did not always help ensure that people received care and support in line with their needs. Some people's care records we sampled did not offer clear information as to people's support needs, risks associated with their conditions and details to help inform person-centred care. We saw that one person was visited by a relative who adjusted their hearing aid and said, "Ah that's better, you can hear now." Guidance had not been made available in this person's care plan around how they should be helped to manage their hearing aid. Another person's care plan stated, "[The person] enjoys taking part in activities that are meaningful to [the person]," however there was no examples or detail of what those activities were.

Key information about some people's support needs, and how these needs should be met, had not always been shared with staff or used to inform care planning. One person had recently joined the home at the time of our inspection. Whilst relatives provided examples of how they were well supported during the admissions process, we found that the admissions process had not been robustly used as an opportunity to inform person-centred planning in line with the person's needs. Staff had not all been made aware of a healthcare condition this person required support to manage, and how to best approach this person's care in line with their specific needs and preferences. A staff member told us, "I don't know if [this person] has [the specific healthcare condition] yet." We sampled this person's care plan and found that it did not provide guidance about this healthcare condition or always provide staff with guidance about how this person needed to be supported to manage other healthcare conditions and associated support needs. Another staff member we spoke with provided us with some details they had proactively gathered about this person. The staff member had learned what drink the person liked but did not know what activities they were interested in.
Our discussions with the registered manager and a senior staff member found that they had not gathered sufficient evidence about another person's needs during an earlier admissions process. This had meant that this person had not always been supported to promote their wellbeing with the support of staff as far as possible. We observed that this person was anxious and a staff member tried to help engage this person in activities to help them to become calm. The staff member did not know what activities this person was interested in and tried to find out at the time. The registered provider told us that people's care plans were

being revisited to ensure that the required levels of detail were included.

We looked at the access people had to activities of interest to them. We saw that some people who were more independent often engaged in their own activities of interest. One person told us that they preferred to spend their time in their bedroom watching television. Their relative confirmed that staff encouraged this person to join in with group activities yet the person was content spending time in their room. Another person told us that they enjoyed reading and completing puzzle books. We saw that this person was content as they read a newspaper in a communal area. Staff told us that people often spent time in the garden when the weather was nice and warm. We spoke with a relative who told us that they regularly visited the home and helped maintain the garden. We saw that there was a marquee in the garden under which some people and staff sat.

We observed that some people living at the home had their hair styled by a hairdresser who visited the service on a weekly basis. Some people spent time engaged in group activities of painting and completing jigsaws. In a communal area of the home during the afternoon, we saw two people playing a game whilst another person spoke with their visiting relatives. On another occasion, we saw that three people watched a quiz programme together and one person called out the answers. People enjoyed this interaction and talked whilst watching the programme. We saw that additional activity resources were stored in a communal area of the home which some people and staff accessed. People had space and access to some interests and activity resources at the home.

A staff member told us that there was, "Enough to do," in terms of activities at the home. Another staff member told us that there were, "More activities since [the registered manager] joined." Some of our observations, and some people's feedback showed however that further progress was required in respect of people's access to hobbies and activities of interest to them. One person told us that these activities did not routinely take place. Another person told us, "[It's a] bit boring, not many activities."

We saw occasions where a small number of people expressed intention to go outside to staff. The maintenance support had removed the key to the garden entrance and we were informed that this was as a result of maintenance work during the day which would make the garden area unsafe. We found however that people were not always told the reasons why the garden was not accessible during this time or when they were able to go back into the garden. A clear explanation and assurance had not been given to people as to why they could not access the garden on those occasions. We saw occasions where there was not always activity or staff present to accompany people. We saw that when one person asked a staff member if they could walk through the home together, the staff member told the person that they needed to finish records beforehand. We saw occasions where a number of people were asleep in communal areas. For example, on one occasion, we saw four people snoozing in a lounge area whilst the television played loudly.

The registered manager showed us records maintained at the home which monitored the daily activities that small groups of people had taken part in. These activities included water painting, putting flowers in vases and guessing the letter games. Events were also held to celebrate key calendar dates at the home. Records also showed brief details about people's interests which showed that some people had been asked about some of their interests. Various daily tasks and activities had taken place and were being trialled at the home. This would help to build on the progress we observed in respect of activities at the home and ensure that all people's interests and preferences would be met.

Some people's religious needs were met at the home and we saw that a group of people attended a prayer session. We saw that a Friends of Hollywood Committee had developed at the home. A member of this committee told us about ways that they were trying to involve people, relatives and the community in

activities at the home and ideas for fundraising and events. This included contacting the local church and considering the development of group activities at the home around interests such as gardening and crafts.

We looked at the complaints process in place at the home. The registered provider had a complaints process and guidance was available to help inform people and relatives about how to raise a complaint. People we spoke with told us that they had never made a formal complaint at the home and the registered manager confirmed that the home had received no complaints. A staff member told us that some people had raised concerns about the meals at the home and that offer choices had been offered. The staff member told us that some people often complained about the laundry at the home and that these matters were always resolved. This showed that some people's feedback had been addressed although they had not used the complaints process. Relatives we spoke with told us that they would feel comfortable to approach the registered manager with any concerns they had. One relative told us, "I would go straight to the registered manager." Where one relative was not sure of the complaints process, they told us, "We would only need to ask about how to complain."

Requires Improvement

# Is the service well-led?

## Our findings

At our last comprehensive inspection of 14 and 15 April 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 because there was not an effective system in place to monitor and drive improvements to the quality and safety of the service. We conducted a focused inspection on 19 December 2016 and welcomed the improvements we observed in this area although further progress was required. Processes had been introduced to monitor progress against identified areas of improvement at the home and actions to address improvements were ongoing at this time. At this inspection, we found that although these improvements were ongoing, this progress did not always lead to robust care planning and risk management to help ensure all people's needs were always met and understood at the home.

People and relatives we spoke with told us that they had noticed improvements at the home. One person told us, "The manager is very nice. We're getting to know him. He and [the deputy manager] are bringing this place up". A staff member commented, "[There have been] a lot of improvements, really brightened the place up." Staff and relatives valued the approach of the registered manager. A relative told us, "We phone a lot. [The registered manager] is always at the end of the phone." A staff member told us, "The managers are pretty open, we can go to them whenever. We work as a team."

One relative told us that the home had a, "More relaxed, happy atmosphere." Another relative told us about the Friends of Hollywood Committee and showed that they valued the recent improvements made to the garden. This committee shared ideas for events, fundraising and developments for the home and garden. The relative commented, "[The registered manager] has made such a difference, he is so dynamic and full of ideas, such a positive person and it rubs off on the team." The registered manager told us that they had recently met with this committee and commented, "I'm excited to get to know them a little more." We saw that relatives spoke positively about an upcoming fete on the weekend following our inspection. People and relatives attended seasonal events and celebrations that regularly took place at the home. Ongoing refurbishments were planned for the home, including plans to develop a garden tea room for people and relatives to enjoy.

We looked at the support in place for staff at the home. All staff we spoke with told us that they felt supported in their roles. A staff member told us that staff meetings were held during which they received reminders about their roles and discussed any updates in relation to people's needs and the home. The registered manager described efforts they had taken to develop staff performance and understanding. We found however that the registered manager was not always aware of key details relating to some people's support needs. This did not assist the registered manager to always lead by positive example when supporting some people. For example, the registered manager could not tell us key information about one person's needs and individual interests although they had recently been involved in this person's care review. We found that some staff had not been provided with key details about this person's support needs and interests.

We observed examples of positive interactions between people and staff and found that people were often supported with patience and care by staff. We found however that further improvements were required to

ensure that all people's needs were understood and met by all staff to promote consistency of such practice. We identified examples where care planning and information sharing had not enabled all staff to have a consistent awareness of people's support needs to always provide safe care that was centred around the individual. For example, we saw that a senior staff member responsible for supporting staff had not shared information about a person's interests with all staff. A staff member was trying to help this person to become calm and asked the person, "Can you knit, do you know how to knit." We saw that the senior staff member commented in response to their interaction: "Oh I could have told you that," highlighting that the person could not knit. The staff member changed their suggested activity of knitting to an alternative a few moments later. We found that some people's care plans we sampled contained some generic and unclear guidance which would not always help staff to understand how to support people in line with their needs and healthcare conditions. We discussed these issues with the registered manager and registered provider during our inspection visit. The registered provider told us that they had previously identified some similar issues in respect of care planning at the home and they had ongoing plans to address this.

We found that quality assurance checks that were in place to help ensure and drive up the safety and quality of the service were not always robust. For example, we brought some issues relating to medicines management at the home to the attention of the registered manager that had not been identified and effectively addressed through regular audits. Records relating to people's care were not always robust. For example, one person was cared for in bed and required regular support with repositioning to avoid developing sore skin. Staff we spoke with were aware of this and confirmed that they provided this support. A relative we spoke with told us that one person's needs were met and that the person's skin was healthy. Records did not show however that this person was supported to move as needed following the correct patterns, timing and number of staff. This had not been addressed or identified as a concern. In another example, we found that people's support records were not always updated as planned to help formally monitor occasions where people may have displayed behaviours that challenged.

At the time of our inspection, a senior staff member was responsible for helping to support staff, to develop people's care plans and to oversee medicines management at the home. When we asked the registered manager about the healthcare conditions and risks of people living at the home, they were not always aware of this information in order to share this with us. The registered manager told us that this senior staff member would be able to share such information and commented, "[The senior staff member] works highly on the floor." Whilst we observed that this senior staff member demonstrated an interest and commitment to helping to meet people's needs at the home, there was not always guidance and oversight in place to ensure that they could always fulfil this role effectively as planned. The registered manager and senior staff member told us that they were not familiar with social care resources such as Skills for Care to support their role of care planning and support for staff. Use of such resources could help to ensure that practice was safe and in line with current good practice guidelines.

Systems were in place to help gather information and feedback about the home. Relatives of people living at the home, staff and visiting professionals had returned questionnaires that were distributed quarterly and related to staff support and key aspects of people's care. We found that the questionnaire returns had not yet been analysed. We sampled some questionnaires that had been returned to the home between February 2017 and May 2017 which showed that there had been an overall increase in positive feedback in these areas over this timeframe. The registered manager told us that they intended to analyse these returns. This would help to reflect the findings and to consider areas of strength and further improvement at the home. The registered manager told us that they had other plans to help ensure systems of gathering feedback were always used effectively, for example, by issuing these questionnaires to people living at the home to help capture their views and experiences. The registered manager told us that they had recently developed a positive relationship with the manager of another local care home. The registered manager told us that they

intended to work closely with this manager to share ideas and feedback to drive further improvement at the home.

The registered manager had an ongoing action plan which they had developed when they first joined the home in November 2016. Our inspection findings identified progress around some aspects of the action plan. For example, we observed improvements in terms of people's consent being sought in advance of staff supporting them and improvements around how people's weights were monitored to help them to remain well. We found that there were some ongoing areas of improvement outlined in the registered manager's action plan and some areas where their developments had not always been robust. For example, although the action plan stated that dementia training had been provided as planned, we could not be confident that the ongoing objective identified in the plan for staff to have awareness of the people they were supporting had not been fully met based on some of our observations and discussions with some staff. The registered manager's action plan had identified that further clarity was required around practice relating to the MCA and that risk assessments were not always in place for all people living at the home and their specific needs and risks. Good practice guidelines relating to healthcare conditions such as diabetes recommend that a care plan is in place to specify the support the person needs to promote their health and manage risks associated with the condition.

We could not be confident that learning was always taken in light of incidents and risks at the home. In recent months prior to our inspection visit, we were informed that a person had fallen and sustained injuries due to an obstacle in the home environment. We observed during our inspection visit that a routine cleaning task took place which created obstacles and presented a risk of falls. Proactive action had not been taken however to help manage the risk that this cleaning task had presented in order to prevent similar occurrences of such incidents in future. We found that health and safety audits in place at the home did not always cover all people's equipment in use such as walking frames and call bells. We also found that these audits had not been tailored to address additional environmental risks in light of a number of incidents relating to a person's behaviours that challenged. This did not support the systems that were in place at the home which had helped to promote the safety of the building.

Failure to establish and operate systems to ensure compliance and to assess, monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider and registered manager did not uphold all of their responsibilities to the Commission. We saw that the CQC rating from the last inspection was on display. Although the registered manager told us that they were aware that the ratings were not displayed in the necessary format, they had taken no action to address this. The Commission had not been notified of specific events and incidents as required by law. The registered manager had not informed all relevant authorities including the Commission of an incident where one person had sustained a fracture. The registered manager told us that they had made a safeguarding alert the day before our inspection visit due to an incident that had occurred involving two people. The registered manager told us that they were aware that they needed to formally notify us of this incident. The registered manager notified us of this incident following a delay of over two working weeks although such notifications are required without undue delay.

Failure to notify the Commission of specific events as required is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009.

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 18 Registration Regulations 2009 Notifications of other incidents<br><br>The registered provider had failed to notify the Commission of specific events as required. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered provider had failed to assess the risks to the health and safety of people living at the home and to do all that is reasonably practicable to mitigate any such risks. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered provider had failed to establish and operate systems to ensure compliance, and to assess, monitor and improve the quality and safety of the service. |