

Hollywood Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 April 2016. Three breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollywood Rest Home Limited on our website at www.cqc.org.uk.

This inspection took place on 19 December 2016 and was unannounced. During our last inspection, we identified a breach of three legal requirements. This was because systems in place were not effective to monitor and improve the quality and safety of the service that people received. People had not always been supported in line with the principles of the Mental Capacity Act (2005). We also found during our last inspection that people were not always supported in line with their individual care and support needs, including participation in activities of interest to them. During this inspection, we found that steps had been taken to improve these areas and the registered provider had met these regulations.

Hollywood Rest Home Limited is registered to provide personal care and accommodation for up to 36 older people. At the time of our inspection, 27 people were living at the home.

There was not a registered manager for the service. The registered manager had left the service in October 2016. A new manager had joined the service in November 2016 and was supported by a deputy manager who had also recently joined the home. The deputy manager had a lead role in monitoring and reviewing people's care needs and providing support and guidance to staff. The registered provider, manager and deputy manager were present throughout our inspection.

The manager was in the process of completing their application to register. 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 were supported by staff who had a good understanding of their needs and preferences. We observed positive interactions between staff and people living at the home. Where some staff training was not up-to-date, this had been identified and was being addressed and further staff training plans were underway.

People were mostly supported in line with the Mental Capacity Act, the manager had recognised ways to improve practice to ensure that people were always supported in line with these principles.

People told us that that they did not always enjoy their meals at the home and they were not always offered

choices that met their preferences. The manager told us that they were reviewing people's experience of meals at the home and considering how to improve this. People told us that they were supported to access healthcare support as required. The deputy manager was responsible for maintaining oversight of people's health and support needs and was taking action to ensure that people's needs were always met.

People we spoke with told us that they were happy with their care. People received care that was responsive to their needs. People were involved in care planning and encouraged to engage in activities of interest to them.

People and relatives were comfortable raising concerns and confident that these would be addressed. Significant improvements had been made to people's experience of the home since the new manager and deputy manager had joined. All feedback we received was positive and described an open, person-centred culture. Staff told us they felt supported in their roles and processes had been introduced to aid their development.

The registered provider, manager and deputy manager expressed a commitment to continuing to drive improvement at the home. They showed that they recognised areas that required improvement and had plans in place to address these. Records and systems in place were not always robust and did not always reflect the improved quality of care that people received. The registered provider and manager understood their responsibilities to the commission and assured us that they would address where these requirements had not been met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We found that action had been taken to improve how people were supported in line with the principles of the Mental Capacity Act, areas of further improvement had been identified by the manager.

People did not always enjoy their meals at the home.

People were supported by staff who understood their needs and preferences. Where some staff training was not up-to-date, this had been identified and was being addressed.

People told us that they were supported to access healthcare support. Where people's needs were not always met, this had been identified and was being addressed.

Is the service responsive?

Good ●

The service was responsive.

We found that action had been taken to improve how people were involved in their care and decisions about activities at the home. People were supported to participate in activities of interest to them.

People were involved in their care planning and mostly received care that was responsive to their needs.

People felt comfortable making complaints and were confident that their concerns would be addressed.

Is the service well-led?

Good ●

The service was well-led.

People were supported by staff who were directed and supported in their roles.

Feedback we received showed that there had been recent significant improvements to people's experience of their care.

Systems were being introduced to assess and monitor the quality of the care and to continue to drive improvements at the home.

We found that action had been taken to improve the quality of care that people received. Further progress was required to ensure that records and systems were robust to support these improvements.

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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.

We undertook an unannounced focused inspection of Hollywood Rest Home on 19 December 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 14 and 15 April 2016 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service effective, is the service responsive, is the service well-led? This was because the service was not meeting some legal requirements.

This inspection was undertaken by an inspector and an expert-by-experience. 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 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.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR stated that the manager would complete their action plan in respect of areas of improvement that they had identified at the home, such as staff training, record keeping and ensuring that systems were robust. At our inspection, we identified that the registered provider and manager had made some progress in these areas as planned.

During our visit, we spoke with seven people living at the home, one relative and two healthcare professionals. We observed the care of other 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 spoke with six members of staff, the deputy manager, the manager and the registered provider. We also sampled three people's care records and records maintained by the service about care planning, staffing and quality assurance. Following our visit, we spoke with two relatives.

Is the service effective?

Our findings

Staff we spoke with demonstrated that they had a good understanding of people's needs and preferences. We observed this in practice and saw positive interactions between staff and people living at the home. One person told us, "I think all the staff are very good here. They communicate with us and create a relaxed happy place to live." Another person told us, "The staff are great and help me when I need help." Another person told us, "The staff are very considerate and appear to be properly trained to care for me." A healthcare professional told us, "From what I see, staff are equipped [to meet people's needs]. Staff know people, their one-to-one needs, their personalities."

The manager informed us through their PIR submission that they intended to review staff training. The manager had identified that staff had not always been supported to complete the training they required for their roles to understand and meet people's needs. At our inspection, we found that the manager had taken action to address this and staff had recently been supported to receive training in dementia care, moving and handling, the Mental Capacity Act (2005), medicines management and infection control. A relative told us, "[Staff are] getting more training and understanding now, we've seen a difference in the care provided."

Staff had not received training to equip them with a consistent understanding of the needs of some people living at the home, for example, to help people to manage behaviours that may challenge. The healthcare professional told us, "Some staff, more than others, understand people's needs," and provided an example of an occasion where staff had not been receptive to one person's needs and the person's right to access communal areas of the home as they wished. Our discussions with the manager showed that they were already aware of this area of development within the staff group and we saw that staff had been encouraged and supported to provide more person-centred care. Although this person's care plan had been recently reviewed and stated that the person displayed behaviours that challenged, the care plan did not provide guidance for staff to support this person on these occasions. The person's care plan did not include information about medicines prescribed to the person so that staff were aware of their needs. There was no such specific guidance available to ensure staff always supported this person effectively. The deputy manager was responsible for updating people's care plans and assured us that this would be addressed.

We saw that disagreements occurred between some people living at the home throughout the day, although the deputy manager and staff told us that these incidents did not happen often. We observed that staff reacted promptly to diffuse these incidents for example, by reassuring the person and helping them to become calm. A staff member told us, "Getting to know the residents helps with that. We all know what to do." The registered provider told us that they had developed a policy to guide staff in this area. Staff we spoke with provided similar examples of ways that they supported people to become calm, such as engaging people in activities of interest or reassuring them. Our discussions with the registered provider and manager showed that they were considering other ways to support people to remain calm and to prevent similar occurrences in future.

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.

During our last inspection in April 2016, we found that people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible. At this inspection, we identified that this regulation was being met, although further improvements had been identified for this area which the new manager had identified. DoLS applications had been made for four people living at the home. The manager told us that applications would be made for all people living at the home and showed that they understood why these applications were required. The manager demonstrated an understanding of the Mental Capacity Act (2005) and showed that they questioned practice at the home to ensure that people would always be supported in line with these principles. Staff confirmed that they had received training in this area, although they did not always display a clear understanding of this.

People we spoke with confirmed that their consent was sought before staff supported them and they were offered choices. One person told us, "I like it here and all the staff look after me very well. They check I am happy before they do anything for me so as not to upset me, I am very happy." The registered provider and the manager told us that they had discussed ideas for further ways to improve the home environment to ensure that this was appealing to people living at the home. Some improvements had already been made to the home environment. Minutes of a recent resident meeting showed that people had commented on these improvements and discussed how the home was 'More homely', although people had not been consulted with on these decisions about how to decorate the home.

Although we found that some people were asked during their care reviews about what they liked to eat, some improvements were required to ensure that people's expressed preferences were met at the home and that people were offered meals and foods that they enjoyed. People gave mixed feedback about the quality of the food at the home. One person told us, "The food is not really to my liking and a bit bland and boring, not what I am used to. There is a choice but I often don't like either." Another person told us, "There is a choice of food but I am not very keen. Some days there is nothing I like so I go without. It could be more adventurous". There was a choice of drinks and people received their meals in a timely way. However, people were not asked or monitored to check if they had eaten a sufficient amount of their meal and we saw that several people did not finish their meals. We shared our observations with the manager and they told us that they had identified some areas of improvement for people's experience of meals at the home and these would be addressed. Staff we spoke with demonstrated awareness of some people's dietary requirements. The deputy manager told us that they were reviewing people's needs, for example, in relation to diet, weight loss and dietary supplements having sought input and guidance from healthcare professionals as required. Records we sampled showed that where it had been identified as necessary, people's weights had not always been monitored in a timely way to ensure they remained well, the manager assured us that this was being addressed.

We looked at how people's healthcare needs were met at the home. One person told us, "I see the doctor if I need to." Another person told us, "If I don't feel very well they are very caring and fetch the doctor if necessary. I can choose to stay in my room or come down, it's according to how I feel." People were mostly

supported to access healthcare support as required, including for example, receiving regular visits to the home from a healthcare professional to manage a specific healthcare condition. One healthcare professional we spoke with told us, "They are good at contacting us with any concerns." The deputy manager had a lead role in maintaining oversight of people's care and support needs. Where the deputy manager had identified that the needs of some people living at the home were not being met they had taken action to address this with the input of healthcare professionals as required. For example, one person living at the home required glasses and a hearing aid and these were not in place, the deputy manager told us that they had made the relevant referrals to access this support for the person. The deputy manager demonstrated a good understanding of people's needs and a keen focus on reviewing how to meet people's needs more closely. They told us, "We are looking at people more closely."

A healthcare professional told us that the deputy manager was responsive to their guidance and recommendations about people's care. The healthcare professional commented that this was a noted improvement at the home as whilst the registered provider had agreed with some of their recommendations, these were not always acted on prior to the deputy manager commencing in their role. We found that one person had left the home as it had not always been possible to safely meet their needs. The healthcare professional told us that they were not confident that sufficient action had been taken to help meet this person's needs or to appropriately assess this person's needs during the admission process. We found that improvements had been made to the admissions process at the home. The deputy manager described admissions processes they had recently followed to assess whether the care provided could meet the needs of prospective residents. The deputy manager confirmed one person had not been able to join the home as it had been established that this person's needs could not be met. A relative of a person who recently joined the home confirmed that several details had been gathered about their relative's needs, abilities and interests as part of the person's pre-admission process. The relative told us, "I feel happy leaving [my relative] here."

Is the service responsive?

Our findings

During our last inspection in April 2016, we found that people who used the service were not supported to have their individual care and support needs met and people did not have access to activities that were of interest to them. This inspection identified that the registered provider had made improvements to this area and this regulation had been met.

People we spoke with told us that they were happy with their care. All of the people at the home were relaxed and content and we observed that staff were attentive and responsive to people's needs and requests throughout the day. One person told us, "Staff are very respectful of [my preferences] and let me do just as I like. It's nice to know they are here if I need them." People told us that they received their medicines as prescribed and did not wait long to receive the support they needed from staff. A staff member told us, "We're trying to add personal touches."

We observed that people were supported to use their equipment safely. One person was supported by staff to move around the home at a pace that met their needs. Staff reassured this person and checked that they were okay. Another person who was at risk of falls was encouraged by staff to use their mobility aid to remain safe. A healthcare professional we spoke with told us that staff followed their instructions well to help minimise another risk to some people living at the home.

Steps were being taken to ensure that people living at the home always had the opportunity to engage in activities of interest to them as they wished. One person told us, "There has been quite a lot going on in here recently, it's since the new manager and deputy manager came. It used to be very boring with just the telly, but now we play games and go out to the shops or for a walk if the weather is nice. I couldn't ask for better and I have my own room if I want to be private or quiet." Another person told us, "I'm easy going and take part in anything. We have shows and people come in to sing or perform. We had some children recently from one of the local schools and there is a carol service this week. We are all invited to join in but it is up to us whether we do or not. The staff encourage people to join in but they don't force anyone."

We observed that some people were engaged in activities at the home, for example, water painting exercises and card games. People who chose not to participate in activities told us that they were satisfied spending time doing activities on their own. A staff member told us, "We have more time for the residents, we sit with them properly... People spend time doing activities, they're engrossed in the activities, they want to do [the activities]." Arrangements had been made for an additional staff member to come in to the home specifically to spend time with people and to support people to partake in activities of interest to them. The registered provider had purchased several activities resources for the home, the manager told us that they would assess people's engagement and interest in these to help inform activity planning at the home.

The manager told us that many people at the home were living with dementia. We observed that staff displayed an understanding of people's needs in practice and the registered provider told us that they intended to build on progress for meeting people's needs at the home. A sensory tabard had been provided to engage and provide tactile stimulation to one person living at the home to help meet their needs. We saw

that another person benefitted from doll therapy, staff engaged the person in this therapy and we saw that the person responded positively to this. The manager told us that a reminiscence corner that had been introduced at the home had engaged people in conversations about their personal histories and interests. A healthcare professional told us that although further improvements were required, the environment had become more accessible to people living with dementia.

People living at the home were supported to continue their religious practices if they wished. One person told us, "I do go out to church sometimes, my family come and fetch me." Another person told us, "I don't go to church but I know that some people have been asked recently about going out to church." One person living at the home attended church services with a relative. Another person engaged in prayer and listened to religious music at the home. A staff member told us about this person and commented, "Religion is important to [the person]. We give her the space to practice."

Some people we spoke with told us that they had been involved in care planning discussions with their relatives and staff. One person told us, "One of the carers sat with me with a cup of tea and we went through a whole booklet about what time I like to go to bed, my hobbies, food likes/dislikes and all that so they are completely up to date about me. If anything changes I would just let them know and they are very willing to change things." Another person told us, "The staff talk to me about anything I need. I don't think we go through a care plan as such but they just ask me generally about what I need and if I want something changing." People's care plans were not always completed with information about people's support needs and risks, to guide staff in providing consistent care in line with people's needs, this was being addressed to reflect staff understanding and the care that people received.

People and relatives felt comfortable raising concerns or complaints. One person told us, "I have never had to complain, but they do listen to me... [they] make sure I am happy." Another person told us, "If I am not happy about something I will talk to the carers and they will sort it out – it's never a problem." A compliments book had been introduced at the home. Several compliments had been received reflecting relatives' and healthcare professionals' satisfaction with improvements to the home. Their compliments referred to improved morale at the home and a more positive, relaxed environment.

The manager told us that one complaint had been received since they joined the home. The complaint had been made by a relative in relation to the quality of care that a person had received over the previous months, with concerns relating to their medicines support and how the person's dignity was promoted. The deputy manager demonstrated that appropriate action was being taken in response to these concerns. A healthcare professional told us, "I have no concerns, but I would raise concerns if necessary and I'm confident that [the manager] would act on feedback."

Is the service well-led?

Our findings

During our last inspection in April 2016, we found that there were not effective systems in place to monitor and improve the quality and safety of the care people received. Although there were areas of further improvement required, we found at our more recent inspection that improvements were being made in this area and this regulation had been met.

A new manager had joined the service in November 2016 and was in the process of completing their application to register. All feedback we received showed that there had been significant improvements since the new manager and deputy manager had joined the home. One person told us, "The manager is good, he often comes and joins in with the activities and makes us have a laugh." Another person told us, "It wasn't very nice here and the place was really going downhill. I didn't enjoy my days very much as everyone seemed stressed and miserable. It's a different picture now though since the new manager and deputy manager came, what a difference to the atmosphere. The staff are much happier now and seem more willing to help me." A relative told us, "They've had a new manager now who has made so much difference."

Staff emphasised to us that they felt supported and valued in their roles. One staff member told us they felt supported in their role and commented, "[The manager] is approachable and [the registered provider] is always [available] at the end of the phone." The manager had introduced competency assessments to assess staff understanding of training, the registered provider told us it was important that staff learning from the training provided was applied and reinforced in order to improve people's care. A system had been developed whereby the deputy manager allocated tasks to staff during their shifts to ensure that staff were aware of their responsibilities. A staff member confirmed this and told us, "[There has been] a big change in leadership, staff and residents are much happier, it feels more uplifted, we all know what we're doing."

One person told us, "I think [staff] are all well trained and work together as a team." Another person told us, "[Staff] do seem a lot happier recently." The manager had held a recent staff meeting where they had shared their ideas, staff told us that this meeting had been positive and interactive. The minutes of this meeting showed that staff had received clear direction and guidance about their roles in terms of their conduct and responsibilities. Staff had reported during this meeting that they felt positive about their roles and the recent changes that had been made to communication methods at the home. One staff member told us, "We are enjoying being more involved in what goes on in the home. It is allowing us to work better as a team and understand the responsibilities of colleagues."

The manager commented to us, "We are people working in someone's home." Our discussions with the manager showed that they had challenged practice at the home when necessary to ensure that people's dignity was always promoted. We found that the deputy manager demonstrated a thorough awareness of people's needs and risks and was proactive in finding ways to make people's care more person-centred. A healthcare professional told us, "[The deputy manager] is informative, seems to know people well." Our discussions with the registered provider, manager and deputy manager showed that they were committed to providing person-centred care and passionate about driving improvement at the home. We found that they had effective systems of communication in place to continue to work together towards these goals.

The manager had devised an action plan which outlined how they would improve the service with the support of the registered provider and deputy manager. We found that the manager monitored progress against a number of planned actions and was able to demonstrate that aspects of their action plan had been completed. For example, the manager had introduced systems to improve the quality and safety of the home through audits of equipment at the home and medicines management. The manager had recently held meetings with people living at the home and issued questionnaires to them and their relatives and staff in order to gather feedback to drive further improvements at the home. Feedback that had been received at the time of our inspection, for example, through the compliments book, showed that morale at the home and the quality of care provided had improved. The registered provider showed us that they had sought external support for developing policies and procedures to support the running of the home. The registered provider had an additional action plan and showed us that they had completed aspects of this.

We found that records in place at the home did not reflect the improved care that people received at the time of our inspection. This included poor record keeping in relation to accidents and incidents at the home, safeguarding concerns, care plan evaluations and complaints handling. The registered provider and manager had recognised concerns in relation to record keeping at the home and described their plans to address this.

The registered provider showed that they understood their responsibilities to the commission, however these responsibilities were not always upheld. The registered provider had not yet established a way to ensure that CQC ratings were always visible and on display at the home alongside other signage and documentation that was on display. The registered provider and manager assured us that this would be promptly addressed. The manager demonstrated understanding of their responsibilities in relation to the duty of candour. However, we had not been notified of three incidents that had occurred at the home as required by law. The registered provider explained that they had not been able to notify us of these incidents due to poor record keeping. The registered provider assured us that this would be addressed. Following these incidents, we had since received a prompt notification from the manager about another incident that had occurred at the home which needed to be shared with the commission.