

Vibrance

# Pinewood & Hollywood

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Pinewood & Hollywood provides accommodation and personal care for up to eight people who have a learning disability. At the time of the inspection, seven people were using the service.

People's experience of using this service:

Staff had received training for safeguarding and this was updated regularly. Staff were recruited safely and were provided in sufficient numbers to ensure people's needs were met. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence. Medicines were well managed and people received their medicines as prescribed.

People's needs were assessed prior to them moving into the service to help ensure they were cared and supported effectively. The service had been developed and designed in line with values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Staff were effectively trained and promoted choice and independence for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff who were kind, caring and respected their right to privacy and dignity. Staff had an excellent understanding of people's needs.

Staff encouraged people to be involved in making decisions about their care and treatment. People were assisted to pursue social activities of their choice. People and relatives could be assured their concerns would be listened to and acted on to ensure they received a safe service.

The culture of the service was person-centred which supported people to achieve their goals.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

More information is in the detailed findings below.

Rating at last inspection: At the last inspection the service was rated Good (report published 13 September 2016).

Why we inspected: This was a planned inspection to check that this service remained Good.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

# Pinewood & Hollywood

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team: This inspection was carried out by one inspector.

Service and service type: Pinewood & Hollywood is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, the provider 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. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

During our inspection, we spoke with three people and observed the interactions between staff and people that used the service. We spoke with the registered manager, the deputy manager, a project worker and support worker. We looked at the care records of two people who used the service and the personnel files for two members of staff. We also reviewed other information about the service, including health and safety information and records relating to the management and quality of the service. Following the inspection, we spoke with two people's relatives over the telephone, for their views.

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns.
- Established policies and procedures were in place to safeguard people. A relative told us, "The staff keep [family member] safe. I am really pleased, and feel very fortunate as [family member] is happy there."

Assessing risk, safety monitoring and management

- Risks were specific to the person and included guidance for staff in how to reduce and manage these risks. For example, one care plan recorded a person's concern about their possessions and recorded information about how the person wanted staff to support them to keep their possessions safe.
- The premises were managed safely. Internal environmental checks were completed.

Staffing and recruitment

- Staffing levels were sufficient, rotas were well organised and staff confirmed there were sufficient staff to meet people's needs. A staff member told us, "We do have enough staff, the company has it right and people always get their one to one hours."
- During our visit, staff were supporting people, meeting their needs and spent time socialising with them.
- Robust recruitment systems ensured new staff were safe to work in a social care setting.

Using medicines safely

- Staff received training and confirmed they understood the importance of the safe administration and management of medicines.
- People's prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people.
- The service also looked at wider ways of keeping people safe with regard to medicines and had signed up to a national project called STOMP which was concerned with preventing the over-medicating of people. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines, and is about helping people to stay well and have a good quality of life. The service had an action plan in place.

Preventing and controlling infection

- People were protected from the spread of infections. Staff understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.
- The service was very clean.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learned and improvements made when things went wrong. For example, a commode bar was added to a commode to prevent a person falling.

- All accidents and incidents were recorded on an electronic system that was reviewed and approved by both the registered manager and provider.

# Is the service effective?

## Our findings

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

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

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

- The service undertook an initial assessment with people before they moved into the service.
- People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed. A relative told us, "[Family member] went for a weekend first to see how they would fit in. I think it is lovely how they considered the people that lived in the service first."

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to successfully carry out their role.
- Additional training such as epilepsy and dysphagia was provided to meet identified needs.
- The service also has an epilepsy and dysphagia champion to provide additional support for people that used the service and staff.
- A staff member told us, "The training was helpful, and I know what I am doing." Another staff member said, "I cannot fault them. The best training, I have had. We are really pushed to progress."
- Staff had regular supervision meetings and an annual appraisal of their work performance with senior staff. Staff told us they felt supported in their role. One staff member said, "We have supervision every six weeks, we can raise anything. Any time I have any problems I can talk to [registered manager], they are very patient."

Supporting people to eat and drink enough to maintain a balanced diet

- People were fully involved in decisions about the menu.
- We sat with people and staff while they supported people to prepare their packed lunch for the following day. A staff member said, "Everyone is involved here from stirring something, peeling potatoes, setting table, or getting plates out. [Named person] would not like it if I made their packed lunch without them." One person told us, "I help cook here, I peel the potatoes. I chose my dinner, the food is excellent."
- Staff knew people's dietary requirements, for example, one person needed food pureed and another needed a diabetic diet.
- People were referred to the speech and language therapist (SALT) when needed and staff followed their guidance.

Supporting people to live healthier lives, access healthcare services and support. Working with other agencies to provide consistent, effective, timely care

- People had access to a variety of social and healthcare professionals. This included opticians, physiotherapists, community nurses, community learning disability teams, occupational therapists and social workers. They also received regular visits from their GP.
- A relative said, "Whenever there is a health appointment they never shut me out. I go and they come with



me."

- Staff had a handover, we observed the handover and found the information exchange by staff was both detailed and informative.

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

- People's needs were met by the adaption of the premises. People's bedrooms were decorated to reflect their personality and interests.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were. However, we did see two of the authorisations had expired. The registered manager re-submitted applications for these two people straight away.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A relative told us, "They have [family member's] best interests at heart."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind. One person said, "Staff are really excellent. My keyworker is [named staff member] they help me tidy my room. She is a great person and very helpful." Another person said, "I like living here staff help us."
- One person told us using their particular communication, translated to us by a staff member, that they were happy living at the service.
- We saw people were very relaxed in the company of staff. Staff used touch and facial characteristics to engage with the people they supported. We saw affection displayed between people and staff that included hugs, smiles and friendly interactions.
- A relative said, "Staff are excellent."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.

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

- Although some people at the service did not communicate verbally, we saw staff understood what they wanted as they knew them well. Some people used noises, gestures and pictorial information to express themselves and staff explained these to us.
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed, staff sought external professional help to support decision making for people such as advocacy. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the privacy and dignity of each person. Staff told us some people had chosen to only receive care from staff of one gender and this was always respected.
- People were enabled to maintain and develop relationships with those close to them, social networks and the community. A staff member told us, "[Person] went on a Christmas night out with their colleagues from work and loved it. It helps to broaden their friendship groups."
- People were supported to focus on their independence in all areas of their lives. A staff member said, "We try as much as possible to maintain their independence, they are involved with cleaning and cooking. They choose everything, what they wear, what they eat and where they go."
- We observed lots of examples on the day of the inspection where people were encouraged to be independent. For example, one person used an adapted cup that enabled them to drink independently. Another person had a tipper kettle so they could make their own tea.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us staff supported them to plan their care that met their personal needs. People's care was regularly reviewed. A relative told us, "We have a formal review every year but they have various events and parties throughout the year and they are always available to talk to."
- People living at the service could choose what they wanted to do day to day. Some people had voluntary jobs in the local community so went to work on certain days of the week. Other people attended local clubs or leisure pursuits of their choosing.
- One person volunteered in a local café. They told us, "I keep busy, I have my computer and I go to college for cooking. I work in a café and I like my job a lot."
- People could choose where they went on holiday and some of them were preparing for a holiday to Centre Parcs. A staff member said, "One person had a long-term goal to watch Liverpool play football and we made this happen."
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. The registered manager kept records of any minor concerns they had dealt with.
- People and relatives told us they would speak with the staff or registered manager if they had any concerns. One relative said, "I let them know when I am not happy and I would complain if I needed to. They do listen to me."

End of life care and support

- Where people had disclosed their wishes in relation to their end of life care and funeral, these were recorded in people's care plans.
- No one was being supported with end of life care and palliative care needs. However, the registered manager told us they had recently supported a person and worked closely with the local hospice by meeting regularly to discuss the person's needs.
- A relative told us the service had organised grief counselling for their family member when another family member had passed away.

# Is the service well-led?

## Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Managers and staff were clear about their roles and understood quality performance, risks and the regulatory requirements of running a service.
- People and relatives spoke positively about the service. One person said, "I like it here and would not want to move anywhere else." A relative told us, "I am always willing to give them a pat on the back."
- People, relatives and staff were complimentary about the registered manager and provider. One relative said, "I speak to the registered manager about various things we have a good relationship." A staff member said, "They do listen to us, anything I have raised has been valued. I have always felt valued."
- The registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- There were regular staff meetings and hand over meetings between shifts. A staff member said, "Staff talk a lot and we talk through any concerns. We are trying to find ways not to interrupt each other in team meetings."
- Staff understood the vision for the service and they told us they worked as a team to deliver high standards. One staff member said, "It is a positive culture and morale is good. If I had known this place was here I would have joined earlier."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff could speak up freely, raise concerns and discuss ideas.
- Meetings of people who used the service were held regularly and any actions from these meetings were communicated to all staff.
- The provider had surveys in place for people, stakeholders and staff. The feedback was used to continuously improve the service.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at management meetings as well as receiving regular updates regarding developments in health and social care practice from the provider.
- The registered manager and provider carried out regular monitoring and auditing checks to ensure people

received person-centred and high-quality care.

#### Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.
- The service had good links with the local community. People attended lots of local events, had voluntary jobs and were supported by staff.