

Hollywood Rest Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 23 October 2014 and was unannounced. At the last inspection carried out on 25 April 2013 we found that the provider was meeting all of the essential standards we inspected.

Hollywood residential home provides accommodation for 36 people. The service did not have a registered manager in post. An application had been submitted to

us for the current acting manager to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

Staff had not been provided with training to equip them with the knowledge they needed to protect people's rights. DoLS applications had not been made when people's liberty had been restricted. This resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 18. You can see what action we told the provider to take at the back of the full version of the report.

We observed that staff were attentive to people and caring. We observed that people were comfortable when staff spoke with them and there was banter and laughter within the home.

People told us they felt safe living at Hollywood, however we observed that not all care practice were safe in relation to assisting people when equipment was used and improvements were needed in this area.

There were sufficient numbers of staff to support people. Some training needed updating so staff would have the appropriate skills to meet people's needs and keep them safe.

Staff were safely recruited so that only suitable people were employed.

People's healthcare needs were met because they were supported to see healthcare professionals when needed. People did not always receive their medication as prescribed. The acting manager told us that training had been arranged to ensure staff administered medication safely and as prescribed.

People told us that the staff were very good, kind and respectful. Relatives told us they were kept informed about their relative's care.

Staff involved people in their care giving them choices and explanations and treated them with dignity and respect.

People knew who they could talk to if they had any concerns or complaints and these were thoroughly investigated and responded to. People were confident they were listened to and their concerns taken seriously.

People and their relatives told us that staff and the acting manager was approachable at all times.

Summary of findings

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 not always safe

Although people told us that they felt safe we found that people were not always supported safely when using equipment so people could be at risk harm. People did not always receive their medication as prescribed to keep them healthy

Requires Improvement



Is the service effective?

The service was not always effective.

Staff did not have all the appropriate skills and knowledge to meet people's needs to ensure people received effective care.

People were supported to have sufficient to eat and drink and their health needs were appropriately supported.

Staff had not been provided with training to equip them with the knowledge they needed to protect people's rights. DoLS applications had not been made when people's liberty had been restricted.

Requires Improvement



Is the service caring?

The service was caring.

People told us they were treated well by staff and we saw positive interactions between people and staff.

People were supported to express their views and to make decisions about their support needs to enable them to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and planned. People took part in a range of social activities of their choosing.

People were confident that they could speak with staff if they had any concerns and that they would be listened to.

Good



Is the service well-led?

The service was not always well-led.

There was no registered manager in post. Systems for monitoring the quality of the service was not effective.

Although people were able to comment on the quality of the service they were not actively involved in how the service was run.

Requires Improvement



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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 was 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.

The inspection took place on 23 October 2014 and was unannounced. The inspection team consisted of three inspectors 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 service. Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We also asked the provider to provide additional information in the form of a Provider Information Return (PIR). This gives the provider an opportunity to tell us about their service. By gathering information from different sources this enables us to have a better understanding about the service and how the provider provides care to meet people needs.

We spoke with 15 people, seven care staff, five relatives, one visiting professional, acting manager and the registered provider. We looked at the care records of four people. Other records looked at included two staff recruitment files, staff planner, complaints and safeguarding records. This enabled us to have a good understanding of how staff and the people who lived there were able to contribute to their care.

We observed how people were cared for by using a Short Observational framework for inspection (SOFI). SOFI is a way of observing people's care to help us understand the experience of people who live there.

Is the service safe?

Our findings

All the people we spoken with told us that they felt safe with the staff that supported them. One person told us, “I am always happy with the girls that care for me”. A relative told us, “I think people are very safe here.” One person who lived there told us, “It’s safe and secure here.”

All staff were aware of the different kinds of abuse and there was information available so they knew how to report any concerns they may have. This included whistle blowing. (Whistle blowing means that a person can report wrong doing and their identity would be protected). One staff member told us, I would not care if they knew it was me, to me it is my job to keep people safe.”

Staff told us they were aware of external agencies that they could report to if they suspected abuse or had concerns about people. Records showed where concerns had been identified the provider had taken the appropriate action and made the appropriate referrals. This showed that staff were supported to keep people safe because they had the skills and knowledge to identify and report any concerns.

Staff were supported to keep people safe because risks were assessed and plans put in place to manage them. However we saw that staff did not always follow the management plans. The acting manager told us that some risk assessments required updating to ensure staff had the information needed to reduce risks to people.

Our observation showed that not all staff knew how to use equipment safely. For example we saw two staff using a hoist for one person in an unsafe way we asked the provider to oversee the procedure to ensure the persons safety. Both staff told us that they felt the training they had had in the use of the hoist was not adequate. The provider arranged further training for the staff and assured us that until trained and competent other staff would assist the individual. This showed that actions were being taken to protect people from unnecessary injury and discomfort.

Staff spoken with knew the procedures for handling any emergencies in the home such as fire and medical emergencies. All staff spoken with told us that they had received training in first aid so they knew what to do in an emergency. Fire training and drills were carried out regularly. This showed that staff had the skills and knowledge to take the appropriate actions in the event of an emergency.

People and relatives spoken with told us that they felt that there was enough staff to meet people’s needs. One person told us, “There is plenty of staff around if you have any worries.” A relative told us, “Yes they have adequate staff, but there is always room for more.” All staff spoken with told us that they had enough time to spend with each person without needing to rush.

We observed that people did not wait when they called staff and saw that there were sufficient staff to meet people’s needs. One staff member told us, “Sometimes the staffing levels are increased, depending on people needs”. This showed that there was sufficient staff and flexibility to increase staffing levels as people’s needs changed. We spoke with four staff about the way they were recruited. All four told us that they had a number of checks before they started to work at the home including a police check, and references. Records confirmed that appropriate checks were made to ensure staff were suitable to work in the home.

People told us that staff gave them their medication when they needed it. One person told us, “They [staff] make sure I have my tablets. I used to get confused with them, so it is nice that I don’t have to worry about that.” We saw that staff ensured people had suitable drinks to take their medication with. We saw that when a person asked what their tablets were for staff explained it to them.

We saw that one person’s medication had been left on top of the medicine cupboard in a pot. We looked at the person’s medication administration record (MAR) and saw that the medication had been signed as given. The staff member told us that the person did not want the medication at the time she had offered, but failed to record this. We looked at a sample of medicines received in the home. We saw that there was excessive stock of some medicines and no records to show how much medication was held in the home. A staff member told us, “We keep extra stock, I don’t know how much as we do not check.” The acting manager told us that there had been no audits completed for a while but she had sampled some MARs and identified that a full audit of all medication was required before a monthly audits could be completed. However in general people received their medicines as prescribed but improvements were required to ensure an effective monitoring system.

Is the service effective?

Our findings

People spoken with told us that staff knew what they were doing. One person told us, "I think staff are very skilled to do what they do." People spoken with told us when staff assisted them with their care they were involved in saying how they wanted this done. One person told us, "Staff do what I ask them to do in a way I want it done". Another person told us, "First thing in a morning they ask how I am and what I need." Staff spoken with were able to tell us about people's different care needs and how they supported them to make choices.

With the exception of one relative all the people we spoke with told us they were happy with their care. All staff told us that some training needed updating but felt that the training they had enabled them to undertake their role and meet people's needs. One staff told us, "I did not feel that the induction was good when I first started as training was cramped and I did not feel as if I had taken in all that I needed." The acting manager told us that she had identified that further training was required to bring staff up to date with current good practice. We saw that there was a plan in place to achieve this. This showed that although staff were provided with training some training was no effective to ensure staff felt confident to provide effective care.

Staff spoken with had little understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. (DoLS) The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The DoLS provide a legal framework around the deprivation of liberty so people's rights are protected. Staff told us they had not received training in this area. The acting manager told us that some people lacked the capacity to make some decision about their care but no best interests meetings had been held to ensure that decisions were made in their best interests. For example. One person who wanted to go out was restricted because there were locks on the doors. This meant that people's rights MCA and DoLS were not protected. This resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 18.

People told us that they enjoyed their meals and we saw that meals were well presented. People told us that they had a choice of meals and could ask for extra or something different if they did not like what was on the menu. We spoke to all staff about people's dietary needs and they were able to explain what people liked and disliked and how they ensured people's individual needs were met. One staff member told us, "We have a lot of different people who like different things. Where we know people's preferences the cook caters for them so they have what they have been used to."

We saw that there were drinks and snacks on offer throughout the day. People told us that they could choose what they wanted, they only had to ask. Specialist diets were provided for people with specific dietary needs such as diabetic and vegetarian diets. Where people needed support with eating, we saw that staff supported them at a pace suitable to each person's needs. However we saw one staff member standing over a person when assisting them so the person's experience was not dignified.

During the meal time we saw that when one person changed their mind an alternative was offered. The person told us "I have what I want when I want, the cook is very good." We heard another person say, "I don't fancy that." Staff then asked what they wanted and this was given. This showed that people's individual dietary preferences were supported. Care plans showed that people received support from dietitians when necessary in order to assess people's nutritional needs.

One person told us, "I think they [staff] look after me" People told us they had been involved in saying how they wanted staff to support them with their health and care. People told us they saw the doctor when they needed. One person told us, "You only have to get a sniffle and the doctor is called." Another person told us that they had their feet done every couple of months. Staff told us if they had any concerns about people's health, additional support was provided or other health care professionals were made aware and advice sought. We saw that people had specialist equipment which showed that people were supported to have their health care needs met.

Is the service caring?

Our findings

All the people we spoke with told us that the staff were very good and respectful towards them. One person told us, "They are very good, always willing to help, I can ask them for anything and they always help and it's with a smile." One relative told us, "The staff are approachable and very helpful." We saw that people responded well to the staff and the interactions were calm and caring.

All staff spoken with knew the little details about people that made them happy. We saw interactions with one person who lived there who held an object that was important to them. We saw staff spoke respectfully and helped the individual look after this important object. This showed that staff understood the importance of this object to the person and realised it made the person happy.

We observed a relaxed atmosphere throughout the home and we saw that staff chatted with people and people appeared comfortable in their presence.

We observed that staff gave people choices and discussed with them what they wanted support with. When speaking with staff they clearly knew what people's care needs were and how to support them to be as independent as possible so they had some control over their lives.

People told us that they were supported to continue to practice their religions, eat the food they wanted and dress in the way they felt comfortable. We saw that staff

addressed people by their preferred name. For example, One person told us, "I don't like being called by my full name I have asked staff to call me by the shorten version." We observed staff doing this throughout the day.

People spoken with told us that staff always asked how they wanted to be supported. One person told us, "They make sure my door is shut and staff knock before I tell them to come in." Staff spoken with told us how they involved people whilst providing care and support to ensure that people's privacy and dignity was maintained. For example, being discreet when supporting people with personal care and ensuring that people wore clothes appropriate for their age and gender.

We saw that people had been supported to wear jewellery and people looked smart. A staff member told us we encourage people to be independence and maintaining people's dignity is part of that independence." This showed that staff understood the importance of maintaining people's dignity, preference and choices.

There were no restrictions when family or friends could visit. Relatives told us that they could visit at any time and stay as long as they wanted. One relative told us, "It's an open door; I would be worried if there was restrictions. I think it says a lot when you do not have to tell them you are coming. My relative is very happy here."

Staff told us if someone was ill then arrangement would be made so relatives could stay as long as they wanted to. This showed that people were supported to maintain contact with people important to them.

Is the service responsive?

Our findings

People spoken with told us that staff asked them how they wanted their care to be provided. One person told us they [staff] ask me how I like things doing I am not sure if I have a care plan, but I am happy with what they help me with". Another person told us, "We say what we want doing and staff do it."

We saw that staff responded to people when they asked for assistance and sat with people chatting so some time was taken to interact socially with people. We saw that people's needs had been assessed and plans put in place to meet the identified needs. The acting manager told us that although staff knew how to meet people's needs care plans and reviews needed to be updated so they are more personalised to people's individual needs.

People told us that they could join in group activities if they wanted to. One person told us that each morning there was a keep fit session. We observed people doing this on the day of our visit. The session catered for those who were able to move more freely and those with restricted mobility

did chair exercises. People appeared to enjoy this. One person said "It wakes me up, I look forward to it." Some people had individual hobbies in the summer like gardening. Some people told us they went out with their families more in the summer. One person told us, "I do what I want. Sometimes I just like to sit and observe others." This showed people's preferences were respected.

People and relatives spoken with told us they were given information on how to make a complaint. We saw that there was information displayed in the home about who to contact if they wanted to make a complaint. Records confirmed that complaints had been investigated and outcomes relayed to the complainant. These were dealt with by the manager and forwarded to the provider if further investigation was needed. The complaint policy showed the time scale in which complaints would be responded to. One person told us, "Nothing gets brushed under the carpet, they [staff] know if something is wrong I tell them and they put it right." This showed that people were able to make a complaint and felt assured that they would be listened to.

Is the service well-led?

Our findings

There was no registered manager in post. However an application had been submitted to us for registration for the acting manager. The acting manager was relatively new to the role and had only been in post for two weeks at the time of our inspection. People spoken with knew who the new manager was and one person told us, "She is very nice at least you see her." Another person told us, "Things seem different it seems as if things get done, she is never far away, and she speak with us every day see if we are alright."

Staff told us they felt supported and the acting manager was very approachable. One staff member told us, "I don't feel silly in asking her things, she also takes an interest in what people are telling her, you can tell that she is listening and not just there." Staff had been consulted about the home and how improvements were needed to ensure people received good care. A staff member told us, "The manager wants to improve things with our help and she is asking people [people who live at the home] what they want." This showed that the staff team and the acting manager sought the views of the people and involved them to find out what improvements could be made.

All the people spoken told us there was a good atmosphere in the home and staff were respectful. We observed that staff seemed to work well together and the manager supported them at busy times. We observed that people were relaxed and had a good rapport with staff. The acting manager was visible throughout the day and one person said, "The manager is always around keeping her eye on things and we joke about it."

The acting manager was clear about the challenges she faced and the improvements that were needed. The acting manager had a clear vision of where she wanted to improve the service and staff were aware of this vision. We saw that the action plan that had been developed had a clear structured timescale to address the issues. Although the provider had systems in place for monitoring the service provided to people, these were not analysed so improvement could be made where needed. We saw that the action plan that had been developed had a clear structured timescale to address the issues that had been identified by the acting manager and provider.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The provider must ensure where any restrictions apply for people the appropriate assessments have been carried out. All restriction must be in the persons best interest.</p>