

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Pinewood & Hollywood

Smithsfield, Colchester, CO1 2HP

Tel: 01206795971

Date of Inspection: 29 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Vibrance
Registered Managers	Mrs. Suzette Doherty Miss Deborah Green
Overview of the service	Pinewood & Hollywood provides accommodation and personal care for to up to eight people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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Some of the people living at Pinewood and Hollywood had complex needs and were unable to speak with us. This meant that people were not able to tell us about their experiences. Some people communicated with us using gestures and facial expressions and this helped us understand their experiences. We also observed how people spent their time and noted how they interacted with other people living in the home and with staff.

We saw that staff treated people with respect and encouraged them to make choices and express their views. It was evident that staff knew people well and were caring in the way they supported people.

There were systems in place to support people to take their medication appropriately and safely.

The environment at Pinewood and Hollywood was homely and people's bedrooms were decorated according to their individual preferences.

The provider had processes in place to seek the opinions of people who lived at Pinewood and Hollywood and their relatives. They also carried out checks to monitor the quality and safety of the service.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in their care.

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### Reasons for our judgement

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People using the service had complex needs and were not always able to understand the care and treatment choices available to them. However, where possible they, or others acting on their behalf, were involved in making decisions about their care and treatment.

Care records confirmed that people were supported to make as many decisions about their lives as they were able. When they were unable to do this because of their learning disability, appropriate processes were in place to support them.

We saw that there were Mental Capacity Assessments (MCAs 2005) in place around people's abilities to make day-to-day decisions; we saw these assessments were updated every six months.

During the course of our inspection we saw that staff listened to people and took their views into account. It was evident that staff knew people well and communication was good.

We saw that staff on duty spoke with people in a courteous manner and treated them with respect.

These processes ensured that people were consulted and involved in making choices and decisions to the best of their ability and were treated with respect.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the care records for four people during our inspection. These showed us that an assessment of the person's needs was carried out and their care plans were developed from the information gathered through the assessment process. We saw care plans relating to nutrition, personal care, moving and handling, hobbies and people's interests.

Care plans were well organised and the information was clear. They recorded what the person could do for themselves and identified areas where the person required support. There were care plans in place around people's personal hygiene needs, independence, health, social interactions and hopes and dreams. The care plans had sufficient detail to ensure staff were able to provide care consistently.

There were risk assessments in place which identified the risks for the individual and how these could be reduced or managed. We saw risk assessments relating to accessing the community and managing behaviours that could be challenging.

The care plans identified any health issues and people were referred to health professionals according to their individual needs. We saw evidence of input from district nursing services, doctors and opticians.

Staff that we spoke with told us that they felt the care plans provided them with the necessary level of information to enable them to support people in meeting their assessed needs. People using the service told us that they felt staff understood their care needs very well

Care plans had been reviewed monthly, to ensure that there was up-to-date information on the person's needs and how these were to be met. Staff spoken with demonstrated that they were aware of the needs of the people they were supporting and their individual personalities and preferences.

The atmosphere throughout the home was relaxed and we saw that staff took time to talk to people. They made time to speak with people respectfully, giving good eye contact and the opportunity to respond. Activities were centred on the individual and what the person preferred to do. We saw that people were relaxed and appeared happy.

These processes showed us that people received care and support according to their individual needs and preferences.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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The provider had policies and procedures in place to guide staff on adult protection and their responsibilities around keeping people safe, including policies about complaints and whistle blowing.

During our inspection, staff were able to show us that they had a good awareness of what constituted abuse or poor practice and demonstrated that they knew what to do if they saw or suspected abuse.

Staff spoken with knew the processes for making safeguarding referrals to the local authority. This showed us that staff understood their responsibilities around keeping vulnerable people safe.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

The home was made up of two large bungalows situated in pleasant grounds in a semirural residential area close to local amenities. Throughout the home there was a good standard of cleanliness. The lounges were decorated with comfortable furniture.

We saw that the management team and staff members had supported people to decorate and personalise their own rooms to reflect their individual tastes and preferences.

The living environment was appropriate to the particular lifestyles and needs of the people living in the home and was homely, clean, safe and comfortable. It was generally well maintained and reflected the individuality of the people using the service.

We saw that people had their personal possessions with them. The communal living areas promoted a homely atmosphere and there were areas where people could spend time quietly alone if they so wished.

On the day of our inspection the home was well lit, clean and tidy and smelt fresh. During the inspection we found the home to be warm and comfortable.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

We looked at training records for staff at the service. These showed that the staff had received a range of training in the past year including fire safety, health and safety, manual handling, infection control, safeguarding vulnerable adults, emergency first aid and the Mental Capacity Act training.

It was evident from the training provided that the provider ensured staff received training in meeting the specific needs of the people they supported.

Staff that we spoke with told us that they felt well supported in their role. They told us that the registered manager was always approachable and they were confident that if they had any concerns they would be listened to and addressed.

As part of the inspection we looked at staff supervision records. These showed us that staff were receiving formal supervision on a bi-monthly basis.

These processes ensured that people using the service were supported by a staff team who themselves were well trained and supervised

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and any identified concerns were acted upon.

During our inspection we saw that each care plan contained comprehensive risk assessments which had been regularly reviewed. This showed the provider had identified and managed risks relating to the health, welfare and safety of people using the service.

The service had in place a range of audits designed to enable the service provision to be kept under review. These audits included; health and safety, medication, staff files, support plans, financial records and infection control audits. Where issues were identified we saw that there were action plans in place to address the identified concerns.

We saw that staff were provided with one to one supervision meetings which gave them the opportunity to discuss the ways they were working and to receive feedback on their work practice.

People who lived at Pinewood and Hollywood received good care which met their needs because there was an effective system in place to ensure their safety and wellbeing.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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