Bournville Village Trust

Selly Wood House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out this unannounced inspection on the 07and 08 March 2017. Selly Wood House Nursing Home provides nursing care and support for up to 44 older people who may also live with dementia. At the time of our inspection 39 people were residing at the home.

We undertook a comprehensive inspection of this home in October 2015. We found that the home had continued to provide a good service, although we identified some concerns with medicines management and issued a requirement notice. A specialist pharmacy inspector re-visited the home in December 2015 and found the issues had all been fully addressed. The home was compliant with the requirements of the law and meeting people's needs well in the other four of the five key questions we looked at.

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

People told us that they felt safe. People's relatives, staff and health professionals supported this view. Staff had been trained in adult safeguarding and when we spoke with them they showed a good level of knowledge about possible signs of abuse and the action they would take in reporting any concerns.

People received their medicines safely and there were effective systems in place to monitor medicines administration.

The feedback we received about staffing was mixed. Some people reported that they had the support they required and did not have to wait an unreasonable amount of time for support or for a response to their call bell. Other people told us, and some of our observations supported that people were left for long periods without staff support, and some people had to wait a long time for help when they needed the toilet, to change positions or when they called their call bell.

Staff told us they had received induction, sufficient training and on-going support. There were handovers between staff at each shift change. During our inspection we observed that the handovers were not always effective at ensuring temporary staff had the information they needed to support people safely.

Staff had some knowledge of the Mental Capacity Act (MCA) (2005) and described how they supported people with making choices. Restrictions to people's liberty had been identified. When necessary the relevant applications had been made and kept under review.

People had access to regular healthcare and specialist healthcare advice. The nursing care provided was good and followed published good practice guidelines.

People's feedback about the food provided was generally positive. Some people really enjoyed the food. People were able to eat communally in the dining room, or in their bedroom. The staff supported people in a dignified and respectful way when they required help to eat and drink.

We received consistent feedback that the quality of care provided by individual staff was good and people told us that staff were kind and caring. Many of the staff we met had been in post for a long time and they demonstrated that they knew the people they supported well. During our observations we saw good staff practice that ensured people were treated with dignity and respect.

People told us that they were able to be involved in planning their care. This ensured it would meet their individual needs and preferences. Reviews of care happened regularly and records showed the involvement of people or their relatives to ensure people were still happy with the care they were receiving.

People and their relatives were supported to think about the care they would like to receive at the end of their life. The nursing and management staff had developed positive networks with specialist end of life practitioners, to ensure people received good support that enabled them to die without unnecessary pain and with dignity.

There were opportunities for people to join in group activities held in the homes lounges. People were also able to sit in their bedrooms, and quieter lounges. There were some opportunities for people to have one to one time with staff. This was an area both we and the registered provider identified needed further development.

People were generally satisfied with the service and there had been a low number of complaints. Feedback was that the management team were very approachable and that people could approach them at any time if they had concerns. Records showed that complaints were investigated thoroughly and the correspondence showed respect and compassion for the person raising the concern.

People and their relatives all told us the management team were approachable and that they led the home well. They told us they felt able to approach them with concerns or feedback. The systems in place to monitor the quality and safety of the service had largely been entirely effective. Numerous developments and improvements had been identified and action planned since our last inspection to ensure the service provided continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always supported by adequate numbers of staff to maintain their safety or to meet their needs promptly.

Staff were aware of the need to safeguard people and confidently described how they would do this.

The majority of risks people were exposed to were well managed. Staff were aware of the risks and how to support people in line with written guidelines.

Medicines were well managed, and people could be confident they would safely get the medicines they needed.

Is the service effective?

Good

The service was effective.

Staff had been provided with a lot of good training, and were able to support the majority of people's specific healthcare needs well.

Further work had been planned to ensure the staff team have the knowledge required to always uphold people's human and civil rights.

People were supported to maintain good health. Food was provided that helped people stay well nourished.

Is the service caring?

Good

The service was caring.

People consistently received kind and compassionate support from the staff team.

People were treated with dignity and respect.

People were supported to plan their end of life care, and staff worked collaboratively with relatives and other health

professionals to ensure people experienced a peaceful death.

Is the service responsive?

Good

The service was responsive.

People were treated as individuals. Effort was made to get to know people, their life history, family and care preferences.

People enjoyed a wide range of activities, and some people were able to continue with interests they had before moving into the home. Further work was being explored to ensure people cared for in their bedrooms did not become socially isolated.

People felt confident to raise concerns, and these had been treated respectfully and investigated thoroughly.

Is the service well-led?

Good

The service was well led.

There was strong commitment to the on-going development and improvement of the service by all the registered people and the provider's representatives.

Audits and checks had been largely effective at identifying areas that needed attention, and ensuring that these improvements were made.

People, relatives, staff and health professionals gave us consistent feedback that the home was well run, and that senior staff were approachable and effective.

Selly Wood House Nursing Home

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.

This unannounced inspection took place on the 07 and 08 March 2017. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service.

As part of the inspection we looked at information we already had 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. We refer to these as notifications. We reviewed the information from notifications to help us determine the areas we wanted to focus our inspection on. The registered manager had completed and returned a Pre Inspection Record. (PIR) This contained information describing how the registered manager thought the service was meeting people's needs and the requirements of the law. We also received feedback from the local clinical commissioning group, Health Watch and the local authority that monitor the quality of the service.

We visited the home and spoke with 14 people. We met all the other people who lived at the home. Some people living at the home were unable to physically speak with us due to their health conditions. We used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time in communal areas observing how care was delivered.

We spoke with the registered manager, the head of care, three registered nurses, the kitchen staff, three senior carers and three care assistants. We also spoke with 10

relatives. We had feedback from five healthcare professionals. We looked at records including parts of four care plans and the records kept to show the care and support people had been offered. We looked at medication administration records. We looked at three staff files and the way the provider had applied their recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People we met told us they felt safe and had no worries for their own safety or their personal items. People we spoke with told us, "Things couldn't be better," and "I feel safe here…, I know I'm safe.' Relatives we spoke with confirmed that people were safe. Comments from relatives included, "I come at all different times, and I am always made to feel welcome. I feel that they have nothing to hide."

Our observations showed that the atmosphere in the home was mainly calm, and that for the majority of the time people did receive the support they required when they needed it. On two occasions we monitored the time taken to respond to people's call bells. The majority of calls were answered promptly and people received the support they required. One person told us, "When I use the call bell, it is answered quickly." However on other occasions we observed that when the two staff working in the area were already busy supporting a person, the person had to wait up to 12 minutes for support or reassurance. People we spoke with confirmed that this delay did sometimes occur and often at busy periods of the day such as meal times and when people were needing help to get up or go to bed. One person told us, "Nothing here frightens me, but I regularly wait 45 minutes for care." After meals we observed that people had often been returned to their bedroom in a wheelchair and waited up to an hour for the staff to support them into bed, or into a comfy chair. One person told us, "I used to like to go to the dining room for my tea; I don't do that now, as I wait a long time for staff to help me back into my comfy chair." Another person told us, "I do think the home is short staffed at times, mainly at night time when the staffing is reduced. Then I have to wait longer for the call bell to be answered for personal care as I am unable to walk or get out of bed." This view was supported by other people we spoke with who told us, "I sometimes think the home is short staffed and this means when I call for help going to the toilet, sometimes by the time the carer's come I have had an accident which upsets me."

Staff we spoke with told us, "Mornings are the busiest time and when we would benefit from more staff." We spoke with the registered manager about staffing. They explained how they calculated the number of staff required and could give examples of when they had increased the staff on duty to meet people's additional health needs. During our inspection we did identify times when there were not enough staff available to maintain people's safety or meet their needs promptly. On two occasions we observed the same person trying to get out of their bed by climbing over the bed safety rails. On both occasions the person was almost at the point of falling out of bed when inspectors observed them, and called to staff for help. No staff were in the area, and the person would not have been safe without the intervention of inspection staff. The person had been assessed as requiring bed safety rails, but this assessment had not been reviewed as the person's needs changed, and on the day of inspection the support provided was not reviewed and amended to reflect the risks identified the first time we saw this person about to fall. The person was not protected by the appropriate use of equipment, or by the deployment of staff.

We met two agency staff during our inspection that had been requested at short notice, and arrived slightly later than the start of the shift. They had missed the formal handover. When permanent staff were on their rest breaks, we observed these staff were unsure of how to help and support people, and were unclear what people's support needs were for example with eating and drinking. On these occasions people were at risk

of having their needs unmet. We received assurance and were provided with evidence about the action the provider would take to address these findings at the time of our inspection. Following our inspection we received confirmation that this action had taken place, and were provided with information about further work the provider would explore to ensure improvements were maintained and continued in this area.

We looked at the recruitment records for three members of staff. Robust checks had been made before offering potential new staff a position in the home. These included checks of people's character and experience. Undertaking these checks is a way of protecting people from staff that may be unsuitable to work in Adult Social Care. The registered manager had ensured that registered nurses had obtained and maintained their professional registration. We spoke with one member of staff, who had been recruited recently, they told us, "I completed an application form, had an interview, references and DBS check, I thought the whole process was very thorough."

The management team were aware of their responsibilities to report any safeguarding concerns that may arise. Notifications had been sent to the local authority and Care Quality Commission (CQC) as is required. Staff told us they had received safeguarding training. Staff we spoke with told us, "I feel that people living here are safe. However there is a lot of support for us to speak out if we think things are not good." Staff we spoke with demonstrated a low tolerance for abuse, and all aspects of poor care. They were confident that they would report any concerns and in discussions were able to describe how, and to whom they would do this. Information was available on display within the home to remind staff of their responsibilities to safeguard people and the agencies they could contact. The training ensured staff had been made aware of current processes to follow and the signs of possible abuse to be aware of. Relatives we spoke with were also confident their loved one was safe. One relative told us, "I can't describe the peace of mind having [name of relative] living here gives me."

The risks people chose to take, or were exposed to by their medical and other needs had been identified and assessed. The assessment tools for medical risks such as developing sore skin, malnutrition, mobilising, or falling, had been identified, and most had been kept under review. The staff we spoke with were able to describe the action they had to take to protect people. Some people needed the support of staff or specialist equipment to help them move. We observed staff supporting people to stand using safe techniques. Staff offered people reassurance when they supported them in the hoist, and it was positive that each person had their own sling. This is a way of reducing the risk of infections being passed between people. People we spoke with told us that they felt safe when staff used the hoist, and their comments included, "The staff have been well trained and use the hoist in the correct manner. They explain what they are doing throughout the process of transferring me." Another person told us, "Staff use the standing hoist to move me. They handle it well." We observed staff using the moving and handling equipment that people had been assessed to need. Each person had a detailed assessment and care plan, which included photos of the specific equipment each person needed and guidance to reinforce staff knowledge on how to safely use this.

We looked at the action taken to protect people from developing sore skin. We saw that people were regularly supported to change their position, and people we met were sitting or lying on the correct specialist equipment. Staff we spoke with were aware of how to provide good skin care, and the checks to make when supporting people. The very low number of people that had developed sore skin showed these measures were being effective.

People living at the home required support to receive their medicines safely. We observed some parts of several medicine rounds and saw that staff approached people kindly, explaining that it was time to take their medicines. When appropriate the staff explained what the medicines were for, and checked if the

person needed any 'as required medicines'. People we spoke with confirmed they were happy with the management of their medicines. Comments we received included, "All my medicines are given as needed," and "The staff always give me my medication and check that I have taken it all.'

Some people had medicine prescribed that was to be taken "when required". Information was available to staff on why the medicine would be needed, how much to give, and when. This would help staff to administer the medicines consistently and appropriately.

We checked the medicines available in the home against records maintained by the nursing staff. This is a way of determining if people have received the correct doses of prescribed medicines. Our checks showed that people had received the correct amounts of medicine. This helps the medicines to work effectively to control the symptoms and conditions they have been prescribed for. People could be confident that their medicines would be well managed and given as prescribed.

Good

Is the service effective?

Our findings

People using the service gave us mainly positive feedback about the ability of the staff to support them effectively. Comments from some people included, " I think the staff are well trained and use the hoist in the correct manner," and "The staff are well trained', this means when they hoist me I feel safe. They always check with me and ask me permission before I am hoisted. They are also very careful at helping me in and out of bed." One person we spoke with had some specific needs related to their medical condition. They felt staff lacked knowledge about the condition which in turn meant they did not understand the impact of their actions on the person's comfort, safety and peace of mind.

Records we looked at showed that a wide range of training had been provided. This covered both safe working practice and some of the specialist needs of the people the staff team were supporting. Staff told us they felt well trained and supported in their role, and their comments included, "There is loads of new training. This has all been relevant to our role," and "They are always sending us on courses and updating us. I have no concerns about staying up to date or meeting the re-validation requirements."[Registered nurses are required to undertake continuous professional development to ensure their knowledge and skills remain up to date. They are required to evidence this to their professional body, the Nursing and Midwifery Council (NMC) in a process called revalidation]. The health professionals we spoke with in preparation for this inspection praised the professional knowledge and experience of the staff team. They were able to share examples of how this had resulted in positive health and well-being outcomes for the people they supported at the home.

Recently recruited members of staff that we spoke with told us they had received an induction and the opportunity to shadow more experienced members of staff. One recently recruited member of staff told us, "Everyone has been friendly and welcoming. It is a good, full two weeks of induction. It is a mixture of training courses and hands on experience with established staff." Staff that are new to care are required to undertake a nationally recognised induction called the Care Certificate. This ensures the staff are provided with the skills and knowledge they need to care for people safely and following good practice guidelines. When staff required this, it had been provided. The provision of staff training and support meant that people were supported by experienced and qualified staff that could meet their needs. Staff told us that they felt well supported to undertake their work.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Most people told us that they were given the opportunity to make choices and to maintain their independence as far as possible. One relative told us, "Whenever the carer's do anything they always ask permission. They also say please and thank you." One person told us, "They do always offer me choices but they don't always follow it through." We asked the person if they had an example of this and they told us," They offered me a choice of peas or beans with my lunch. I said beans, but they gave me peas. I didn't really mind either, but

why offer if they are not going to listen."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. Where people had identified restrictions on their care the registered manager had applied for DoLS appropriately, some of which had been approved. The Commission had been notified when a DoLS application had been approved, and there was a system in place to ensure that reviews of restrictions were undertaken and re applications made in good time before the application ran out. Staff had received training on the MCA, however we found their knowledge about how the act applied to people living at the home, and their knowledge of which people had restrictions placed on their liberty needed further work. The level of knowledge and practice within the staff team did ensure people were regularly offered choice and the opportunity to be independent, but further knowledge was needed amongst the staff team to ensure people's human and civil rights would always be fully upheld. The management team had identified this in their own audits and explained the work they had already requested to address this.

People's feedback about the food provided was mostly positive. People told us, "The food is good here," and "'there are plenty of choices which help me make the right choices taking into account my special diet." People who required a puree meal told us this was not always nice to eat. Another person told us, "The food is edible, but not always to my liking." We observed the breakfast meals being served to people in their rooms. New trolleys had been purchased that enabled people to have fresh toast, to choose cereals, hot drinks and cooked breakfast items at the time the meal was served. We spent time in the dining room at lunch time, as well as looking at the support people had to eat in their rooms. The dining room was calm, and the tables had been attractively laid with cutlery, table linen, and condiments. We observed people being offered choices. There were cold drinks available and tea and coffee was served at the end of the meal. People were given discreet help by the same member of staff throughout their meal. A carer sat with the person, chatting and helping them to eat while providing reassurance and prompts with their meal. The kitchen staff told us a choice of home meals were served every day. There was a cold drinks station that people could use at any time.

Some people were at risk of not eating or drinking enough and recording charts were in place to monitor the amount offered and taken. These had not always been completed and for some people we could not see that they had been given adequate amounts of fluid to stay hydrated. We found no further evidence to suggest that people had not received enough to drink and the management team agreed to improve upon this. Some people required the texture or nutritional value of their food to be altered. The kitchen staff we spoke with were aware of people's needs, and had been provided with information, that had been regularly updated by the care and nursing staff.

People told us they were happy with the healthcare they received. A number of relatives praised the nursing their care their loved one had received. One relative told us," [name of nurses] are exceptional. Really on the ball with all of the health needs." One person told us, "Feeling safe, the excellent care and the food I enjoy has contributed to my stable health." Another person told us, "There is good co-operation with the GP and the care home."

We looked at the care of four people in detail. The records and discussions with people and their relatives confirmed that changes in people's well-being were observed promptly by care staff. Nurses were then notified and the GP or appropriate health professional was contacted. We looked at the support given to people with wounds, people who had a catheter fitted, people approaching the end of their life and people

who had additional medical conditions such as diabetes. The care planned and delivered followed professional good practice guidelines. Records we viewed showed that people were supported to see the relevant healthcare staff when their needs changed. The health professionals we spoke with told us that staff called them appropriately and followed the guidance they provided. One health professional praised the collaborative working relationship the home had developed with them and described the positive impact this had on people's end of life experience. Staff we spoke with were aware of people's support needs and the support they needed to maintain good health. People could be certain they would receive the support they required to stay healthy.

Good

Is the service caring?

Our findings

People and their relatives gave us consistent feedback that the staff worked with kindness and compassion. People living at the home told us, "'I love each and every one of my carer's. I respect them and they respect me, I'm content here," and "The girls [care staff] are very pleasant, they respect me, I consider this to be a very good nursing home." Another person told us," If I have anything that needs doing, they do it for me; it's a damn good service." Relatives we spoke with praised the kindness and compassion they witnessed from the staff team. Their comments included, "The staff are professional but have a lovely rapport with people. You always feel that the staff's first priority is the patients," and "Staff have only shown [name of person] kindness. They are so committed to his comfort and welfare."

We spoke with some visitors to the home whose relative was approaching the end of their life or who had recently died. They told us, "All the staff go above and beyond what you could expect them to do. They have cared for me as a visitor, and for my relative who lived here." The registered manager and staff team had spoken with people and their relatives about their wishes for the end of their life, and the care and support they would wish to receive. We met a relative of a person who had recently passed away while living at the home. They praised the kindness, compassion and support of all the staff to both them and their loved one. They told us, "The staff here have cared for my relative in the way they would care for a member of their own family .All of the staff team have done far more than you could hope or expect."

We observed and heard staff providing comfort to people when they were confused or distressed. We observed a carer sitting with a person, reassuring them. Although the person was confused the carer reassured them and sat beside her holding her hand and reassuring her she was safe. The person was clearly comforted and reassured by the carer.

People and their relatives had been involved in planning their care. Involving people ensured they had a chance to state how they wish to be supported. One relative we spoke with told us, "I have very much been included as part of the care team." Other relatives told us, "We are happy with the care plan folder which is very comprehensive," and "We are kept fully informed of any changes and consulted on the care plans." Care plans we viewed showed that people's views and preferences had been sought. When possible the person or their relative had signed the plan to confirm it had been discussed with them, and reflected their preferences and wishes. Staff spent time with people or their relatives soon after they moved into the home to talk about people's career and earlier life experiences to get a full picture of them as an individual. We heard staff refer to this knowledge and talk with people about photos and memoirs in their rooms. This provided people with comfort and helped them to connect with staff about the things that were important to them.

We asked people if they had the opportunity to maintain their culture and faith. People told us that ministers did visit the home, and they could see them if they wished. A Christian service was held regularly in the home if people wished to join in. Two relatives explained to us the importance of faith in their loved ones life, they told us that staff would sit and read the Bible to their relative, and another person told us staff would pray at the start of a meal time. One relative told us, "The carer's spend time reading the bible to

[name of person] which I know they enjoy." People had the opportunity to celebrate religious days relevant to their faith.

The chef explained that food of different cultures could be provided if people requested this, and shared examples of special cultural and religious diets they had catered for in the past. Staff we spoke with had knowledge about people's cultural and religious needs. Information about people's cultural and religious needs had been collected during the pre-admission assessment. This was added to when the person arrived at the home, and got to know staff better. People did have opportunities to express their individuality, faith and culture.

People we met had been supported to attend to their personal hygiene needs to a high standard. People's clothes had been laundered with care. Attention had been paid to ensure people's skin was clean and their lips and mouths had been cleansed after meals. Many of the people and relatives we met told us how important this aspect of their care was to them. A relative told us, "My relative is always clean and dry and has his glasses' on." Another relative told us, "When I come, [name of person] is always very clean, dry and has been showered." When people's appearance was of particular importance to them we saw this had been detailed in their care plan. One plan we looked at stated, "I like to wear a scarf, make up and perfume." We met this person and saw that care that met this need had been provided. Another person told us it was important to them that their clothes matched or co-ordinated. They went on to tell us, "They [the staff] always match my clothes, even my socks, and I regularly get to see the hairdresser."

Staff we spoke with described the actions they took to ensure people's dignity was maintained. We observed many interactions where staff did promote people's dignity, including covering the legs of ladies when hoisting them, closing bedroom doors before providing care, and speaking to people discreetly about personal matters.

Good

Is the service responsive?

Our findings

The staff we spoke with were able to describe people's current needs and we saw staff providing care and written care plans that were consistent with the descriptions the staff gave us about people. Either people or their relatives had completed documents that provided information about the person in their earlier life, such as information about their career, or important family members for example. The staff we spoke with and observed had knowledge of people's life experiences and we heard them talking with people about things that were of specific interest to them. We saw staff use this knowledge to comfort and reassure people when they were distressed, or to engage with people when they were supporting them. Staff had completed a 'Daily support plan' for each person. This worked alongside the full care plan, and was a summary of the person's care needs and things that were important to them. One relative we spoke with told us, "Although I don't provide direct care, I do always feel part of the care team. I am included, consulted and informed." The records we looked at contained a written review of care that occurred every six months. In this people and if relevant their relatives had been asked if they were satisfied with the care and support they had received. We could see that changes and suggestions made in the reviews had been used to update and amend people's plans. This ensured people received care that was individual to them, and based on their current needs and wishes.

People told us that they enjoyed the activities available to them. Some people had been able to maintain hobbies that had been of interest to them all their life. One person told us, "I have been able to continue my previous hobby of baking since I moved to the home. I feel like the home offers lots of activities and a willingness to consider the things we would like to do." The person went on to tell us that they had enjoyed a mobile animal zoo visit to the home, a day trip to Blackpool, a visit to a local garden centre, the cinema and city centre shops. The person had photos on display which showed them enjoying these activities. Another person we spoke with told us, "I like to sit outside when the weather is warmer." The person told us about a 'quiz' book that they were enjoying working their way through. Another person told us, "I like to spend most of my time in my room I do go to the dining room for some meals and some activities such as the visiting pets and the exercise sessions." We spoke with the activity organiser for the home who showed us the wide range of activities that take place. The people we met had been provided with a calendar sheet of activities and dates for the coming month. People and their relatives told us how helpful this was, and enabled them to plan their visits to avoid or to partake in activities that were of interest to them and their loved one.

We looked at the activities and opportunities for company and stimulation for people who were in bed, or preferred to stay in their room. Our observations, records and discussions with people identified that sometimes people did feel isolated. One person told us, "I could do with more time to talk to the carer's, I sometimes feel lonely." The registered provider met with us during our inspection and informed us this area of care had already been identified as requiring further work. They described their plans to see the opportunities for people improve and increase in the coming year.

Systems had been developed to ensure staff were kept up to date about changes in people's care. Our observations, discussions with staff and feedback from health professionals was that this was usually very

effective. Health professionals told us that staff were usually very well aware of people's needs and if they called back, or visited the home to see someone, even after a shift had changed the staff had a full knowledge of the reason advice had been sought. Between each shift there was a 'handover' of events that had occurred during the shift. This was a way of ensuring information was passed from one shift to another. It ensured staff had the most up to date information about people and promoted safe and continuous care. The staff we spoke with told us this was helpful. One agency staff we spoke with told us, 'I am given clear instructions when I work here, it is very organised. It is not like this in all other places. There are good handovers in place so I am fully aware of the residents I am helping to care for." Our inspection identified some occasions when the system for providing a handover and an effective exchange of information had not been adequate and this resulted in people's needs being unmet, or people being put at risk of inappropriate care. Overall the handovers were effective and these were a good way of ensuring communication and consistency between each shift.

We looked at the systems for raising concerns or complaints. People told us they would feel able to raise any concerns. People told us, "The home manager is very nice and comes to see me," and "The home manager is very good. She always chats to me at lunch times." People, relatives and staff all told us they felt the culture of the home was open, and that they would feel confident to raise any concerns or complaints. Two relatives shared with us examples of concerns they had brought to the attention of the management team. One relative told us, "The complaints were handled appropriately." Another relative told us, "I was assured that they felt as concerned about the issue as I did. They took it seriously. They took action, told me what they had done, and it didn't ever happen again."

A copy of the complaints procedure was on display in the home. There was also a comments box in reception where people could place feedback or comments for the attention of the management. We looked at the records of formal complaints. Records showed these had been investigated and resolved to the complainant's satisfaction. The written records showed that the registered manager or head of care had responded with compassion and provided detail about the work they had undertaken to resolve the concerns. This demonstrated an open culture to complaints and feedback. On display within the home were a large number of cards and letters of thanks from people who had been pleased with the care and support offered by staff working at the home. People could be confident their concerns would be taken seriously, investigated and detailed feedback provided.

Good

Is the service well-led?

Our findings

We received consistent, positive feedback that the management team was effective and approachable, and that this is turn meant people had high levels of confidence in the care and support people at Selly Wood House received. People told us they felt able to speak with any member of the management team and that interactions with them were positive and compassionate. One member of staff told us, "I find the home manager to be very supportive. I would go to her or anyone of the senior's if I had any concerns." Another member of staff told us, "If I had any concerns, or even ideas, I could go to the home manager, or the head of care. We get a lot of training, support and monitoring, I feel well equipped by them to do my job."

The registered manager and the head of care had a wide range of checks and audits that they used to monitor the quality and safety of the service. These had mainly been effective, as the majority of issues we brought to the attention of the registered manager had already been identified and acted upon, or plans put in place to address the matters. The registered manager had increased the number of staff on duty at the home in response to a number of people's increased nursing needs, however this had not been adequate to fully ensure people's safety or that their needs would be well met. We received assurance that this work would continue.

We looked at the action taken by the registered manager and registered provider after our last inspection, and after subsequent monitoring visits undertaken by contracting agencies. The registered manager and registered provider had a number of development plans in place to ensure that progress was made systematically on improving the environment, the provision of care and staffing. The service is operated by a charity, and the trustees had commissioned a number of audits and checks, including contracting the support of an external professional on a consultancy basis. The registered manager, head of care and a number of nurses and care staff had worked at the home for many years and had an in-depth knowledge of the service. They were able to describe areas they knew required improvement or attention. There was a strong sense that everyone involved in the operation of this service was committed to on-going improvement and providing care and support to a high standard.

The registered provider arranged for a large scale satisfaction survey to be completed every three years. This involved seeking feedback from people suing the service and their relatives. The information was reviewed and analysed by a company external to the home, and used to inform improvements and developments within the home. We were informed the survey was last completed in 2014 and would be repeated this year. The feedback showed that three years ago the majority of people were at least satisfied with the service offered; this shows that the service has offered a consistent level of care over time.

Organisations registered with the Care Quality Commission [CQC] have a legal obligation to notify us about certain events. The registered manager had ensured that notification systems were in place and that staff had the knowledge and resources to do this. Notifications had been as required.

We asked the registered manager and deputy manager about their knowledge of a recent development in Adult Social Care, The Duty of Candour. Although no reportable events had occurred in the home the

management team were aware of their responsibility in this area. The management team operated in an open and transparent way, informing people and their relatives about events relating to their care.

All organisations registered with the Care Quality Commission are required to display the rating awarded to the service. The registered manager had ensured this was clearly on display within home, and on the registered provider's website.