

Bournville Village Trust

# Selly Wood House Nursing Home

## Inspection report

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07 November 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Selly Wood House is a care home providing nursing and personal care for 37 people aged 65 and over at the time of the inspection. The service can support up to 44 people.

### People's experience of using this service and what we found

People were safe using the service. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. At the time of our site visit, we found there were enough suitably recruited staff on duty to meet people's needs and to keep people safe. People were supported by staff who knew their needs well. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People had been assessed before being accepted to the service to ensure the provider could meet their needs. Assessments addressed people's physical and health needs, their cultural and language needs, and what was important to them. Staff received training which helped them to deliver personalised care. People were happy with the choice of food available and where appropriate, received additional support with their dietary needs. The provider worked well with external health and social care professionals and people were supported to access these services when they needed them to ensure their health was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service required some improvement to ensure the provider continued to support this practice.

Staff were knowledgeable about people's care and support needs. People and relatives told us how caring the staff were. Staff enjoyed their work and got on well with the people they supported. Staff encouraged people's independence, protected their privacy and treated them with dignity.

The provider had appropriate governance systems in place to monitor the delivery and quality of the service provided for people to maintain improvements.

Some of the people using the service at the time of the inspection could not always tell us about their experiences. Whilst on site, we saw positive interactions between people and staff and people looked comfortable with the way they were being supported. Relatives we spoke with gave us positive feedback on the service and the way the staff supported their family members to remain safe. Staff provided responsive care to people in line with their preferences and choices. Where people communicated non-verbally staff knew how to engage with them.

People were supported by staff who knew their preferences. Complaints made since the last inspection had

been investigated and relatives knew who to contact if they had any concerns. Relatives and staff were happy with the way the service was being led and there was a culture amongst the staff team in providing person-centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was overall good (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was consistently well-led.

Details are in our safe findings below.

# Selly Wood House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector, an assistant inspector, an Expert by Experience and a Specialist Advisor on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisor was a nurse with experience of caring for people with complex support needs.

#### Service and service type

Selly Wood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first with an announced visit on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

had previously sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed feedback available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people who lived at the home, five relatives and two health care professionals about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five staff, two nursing staff and the registered manager.

We reviewed a range of records. This included four people's care records and two medication records. We discussed the provider's recruitment and staff supervision processes with staff. Staff were able to access the provider's policies when they needed to.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the home was a safe place to be. One person said, "Yes I feel safe there are people all around me you just have to pull the cord and someone comes, you only have to wait a short time. I had a fall, there was such a fast response they (staff) examined me on the floor kept an eye on me for a few days."
- Staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "Safeguarding means making sure everyone is safe in the environment. I look out if there is a change in peoples' behaviour, if people are upset, have marks on the body, not eating. If I see concerns I'd report to the nurse on duty, document in client's file, I'd follow up. If I was not happy speak to the manager, or if needed, I'd go higher to CQC."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

Assessing risk, safety monitoring and management.

- Risks to people's safety had been assessed. There were risk assessments in place that detailed how staff should support people to remain safe and staff knowledge reflected this information. For example, where people required support to have their nutrition or medicine via a PEG, (Percutaneous endoscopic gastrostomy is medical procedure in which a tube is passed into a person's stomach when oral intake is not always possible), protocols were clearly recorded and nursing staff had received training on how to do this safely.
- Staff we spoke with were aware of the action to take in the event of an emergency such as fire.
- Discussions with staff showed they had a good understanding of the risks to people and we saw they took care to keep people safe.
- Changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Staffing and recruitment

- We saw where people required support, this was generally being provided in a timely way.
- There was some feedback from relatives concerning the use of agency staff. The registered manager explained they would 'block book' agency staff when planned cover was required, for example, covering staff holiday leave to ensure the same care staff would be assigned to the home. Staff told us they would cover for each other with unplanned absences and when cover was needed at short notice.
- The provider had a recruitment process in place to prevent unsuitable staff working with vulnerable adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. We saw medicines had been stored safely and records indicated people had received their medicine as required.
- Nursing staff were seen to support people to take their medicine in a safe way. This included informing the person it was time for their medicine and staying with them while they took this.

#### Preventing and controlling infection

- There were systems in place to prevent and control infection. We saw that the home was clean, tidy and odourless. Staff were seen to wear personal protective equipment where needed.
- No concerns were raised by people, relatives or staff about the provider's infection control.

#### Learning lessons when things go wrong

- Where accidents and incidents occurred, they were analysed to reduce the risk of re-occurrence to maintain people's safety in future.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them moving into Selly Wood. The assessments considered people's needs including the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they had completed induction training when they first started to work at Selly Wood and were supported with on-going training which they said was 'good'. One staff member told us, "Training is good, always have the possibility to go higher (within the home) I like the refreshers. We get them every year."
- People we spoke with told us they were confident staff had the right level of experience and knowledge to support them effectively and safely. One person said, "The staff know what they need to do for me."
- We discussed with the registered manager how people were supported with the oral health care. We were told monitoring checks were completed on people's toiletries such as toothpaste, toothbrushes and mouth wash to make sure people had enough supplies. One person told us, "They (staff) help me clean my teeth every day."
- Staff confirmed they received support from the registered manager that included an assessment of their competencies and supervision.

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

- People told us they were given a choice of meals available. One person told us, "The food you can ask for something else if you don't like the options."
- Where people required support to eat, this was provided in a supportive way by staff.
- People's dietary needs were being met. People at risk of choking had received appropriate assessments from healthcare professionals (Speech and Language Therapist – SALT).

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People and relatives spoken with confirmed there was access to healthcare professionals when needed to maintain and improve people's health.

- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the management team and others, including health and social care professionals, and seek urgent medical help for the person if necessary.

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

- The building design of the home met people's needs. The communal areas were large and spacious. There was outdoor space available if people wished to use this.
- People we spoke with said they liked their bedrooms and were able to choose to spend time alone or with others.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have the mental capacity to make some decisions, the service had ensured decisions were taken in people's best interests in line with the MCA.
- Staff had received training to aid their understanding of the MCA. Staff knew how to seek consent from people and knew decisions were made in people's best interests.
- We saw the service had applied for DoLS where appropriate and were waiting for some of these to be authorised by the local authority.
- Staff understood the importance of giving people choice. People told us staff would always seek their consent before supporting them.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Our own observations showed staff treating people with patience, humour and respect.
- People and most of the relatives we spoke with told us they were happy with the way care and support was delivered. A relative said, "[Person] has difficulty trusting people and can get frightened at night especially of having the door shut they (staff) know that and accommodate it; they (staff) shut the door for care but it's open at all other times. They come regularly and make sure [person's name] is ok."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.
- People's equality and diversity was respected. For example, there were arrangements in place for members from local churches to visit people in the home.

Respecting and promoting people's privacy, dignity and independence

- People told us staff would treat them with dignity. One person told us, "All the girls are good I could not wish for anything better. They (staff) don't take your dignity away. They take my dress off then cover me up to put my night gown on. They treat you with respect. I have never had a sharp word. I love the carers I don't want to leave here."
- People were supported to maintain and develop relationships with those close to them.
- Relatives told us they were free to visit anytime and always made to feel welcome by the staff.
- People were encouraged to be as independent as they could and for people without family support to help them make decisions about their care and support, the provider ensured advocates were requested. An advocate is independent and appointed to make sure the person's voice is heard on issues that are important to them and have the person's views and wishes genuinely considered, when decisions are being made about their lives.

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

- We saw people were given opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.
- Staff told us they would always do their best to involve people in decisions about their care. One staff member said, "It's important people have a choice of what they want to wear, how often have hair done, creams, how they like their make-up." One person told us, "[Staff name] came in this morning and asked me what I'd like to wear."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at were person centred and people and relatives told us they had been involved the planning and review of the care and support. One person said, "I've reviewed my care plan."
- Staff we spoke with were knowledgeable about people's care and support needs.
- Staff knew how to communicate with people whose verbal communication was limited and ensured they used their knowledge about people when providing choices. One staff member told us, "You give them (people) choices. If someone refuses personal care, try to go back again and try to encourage and explain it is good for them, try to go back later."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People we spoke with told us they were able to find things to do and we saw some people engaged in activities during the inspection, for example reading magazines and newspapers, completing puzzles and generally relaxing in their rooms listening to their radios or watching television. One person told us, "The exercise man comes to my room every week to give me one to one, he is better for me than the physio, he is really good."
- The overall feedback from people and relatives on the activities was mixed. One person told us, "We have games and entertainment it's not to my liking a bit old fashioned. The activity co-ordinator has tried to get something to my taste she brought her dog in last week and that was nice." Another person said, "The activities are wonderful." A staff member explained, "A lot of people are in bed, you do try to encourage them to join group activities, but they don't want to do it. Sometimes family members want the residents to do more but we can't force them. I come to take them (people) out on days off as over-time."
- We were told three different visitors from different places of worship visited every week so people could continue practising their faith.

#### Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint.
- The provider's procedures outlined the process for dealing with complaints. We saw there was a process in place to monitor complaints and record action taken to identify trends and improve the service for people.

#### End of life care and support

- The service specialises in supporting people with end of life (EOL). The care plans we looked at were person centred and took account of people's preferences in the event of their health deteriorating. The provider had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way. A healthcare professional we spoke with told us how well they worked with the home when supporting people and their relatives at this time in their lives.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were quality assurance processes in place to regularly monitor the delivery of service to people. These processes included regular audits of medicines. Audits also included regular checks on pressure relieving mattresses to make sure they were working properly and were not damaged.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed within the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted upon their duty of candour where incidents had occurred. We found where these incidents had occurred, thorough investigations had been completed and shared with the relevant people and agencies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives had shared with us their views on the management team. One person told us, "I was (feeling) down [registered manager] came every day to see I was alright and said, 'we are here to help you in every way' and they (staff) did."
- Staff we spoke with felt supported by the registered manager and told us they were approachable. One staff member said, "Managers are really good they always around for us to speak to, always here to help on the floor. They are very supportive they offer training opportunities. We have staff meetings and any issues get raised. It is a happy place to work."
- Staff we spoke with demonstrated they were motivated and shared an enthusiasm to provide good quality care. One staff member said, "I like my job, I enjoy talking to the residents, they uplift you and make me smile."
- Changes to how the service operated and if there were any changes in people's health were discussed at staff meetings and handovers to keep staff up to date with daily events.

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

- People and relatives were supported to have their say in the day to day care, support and management of the home. The registered manager explained they had held regular meetings with people and relatives.

One person told us, "I went to a meeting and complained about the decorating in my room and now they (the provider) have painted it."

- Relatives told us staff kept in regular contact with them concerning any changes in people's health.

Continuous learning and improving care. Working in partnership with others

- The provider had worked in partnership with other health care organisations for people's benefit. We spoke with two health care professionals who had nothing but praise for how the staff and nurses supported people living at the home.
- The provider and staff displayed a commitment to providing good quality care and support.