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

Overall summary

This unannounced inspection took place on 13 and 14 May 2015. Our last inspection of this nursing home was in 2013. At that time we found the provider was compliant with the requirements of the law and meeting the needs of the people living at the home.

Selly Wood House is a nursing home that can provide accommodation and nursing care to up to 44 older people. Each person has their own single room, some of which have an ensuite toilet. There are communal bathrooms with assisted bathing facilities on each floor of the home. On the ground floor there is one large communal lounge and two smaller communal lounges are located one each on the first and second floor. There is a dining room. The accommodation is over the ground, first and second floor and there is a passenger lift providing full access to all areas of the home.

Selly Wood House does have a registered manager in post; however they were on extended leave due to poor physical health. The provider was aware of the planned return date of the registered manager. In the interim the

Summary of findings

provider had secured an agency manager, and provided additional support to the home from within the organisation. 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 were supported by staff who had received training on how to protect people from abuse. Robust safeguarding procedures were in place which the manager was following. Staff we spoke with were able to explain a variety of actions and checks they took both individually and as a team to ensure people received the support they needed and were protected where ever possible from harm.

Medicine administration records and stocks of medicine (including skin patches and inhalers) available in the home did not show that people were getting their medicines at the frequency or in the doses that their doctor had prescribed them. This meant people's medical conditions were not always being treated appropriately by the use of their medicines.

We found that staff were ensuring that the legal rights of people were protected and the provider was keen further increase their confidence and knowledge.

People were being supported to maintain and improve their health. Strong links had been developed with a wide variety of health care professionals and medical staff to ensure people were assessed and treated to help them maintain good health.

People told us they enjoyed the food served and we observed people in the dining room getting good support to eat a wide variety of foods. We found further support and planning was required to ensure people at higher risk of dehydration and malnutrition always got the support they required.

We observed and heard exceptionally caring and compassionate interactions between staff and people throughout our inspection. People and their relatives consistently praised the approach and attitude of the entire staff team.

The manager had developed systems to respond to concerns and complaints. People we spoke with told us they had been happy with the home and had been able to get any grumbles or concerns dealt with promptly by speaking directly with the manager.

The activities and opportunities available to people were varied and people had been supported to attend events that were important to them in the local community. Activities that were of interest to individuals and small groups had been developed as well as activities that appealed to the majority of people living at the home. We identified further opportunities should be made available for people being cared for in bed.

The systems in place to check on the quality and safety of the service were established. While these had been effective at monitoring the majority of the service they had not identified problems with medicine management and nutrition and hydration for people at highest risk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not safe in all areas.

Audits of medicine records and stocks of medicine did not show that people's medical conditions were always being treated appropriately with the use of medicines.

There were sufficient staff available to meet people's assessed care needs.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Is the service effective?

Good

The service was effective.

Staff were highly motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People's health care needs were well met.

Most people had adequate food and drinks and the support they required to eat and drink. Some people with higher support needs did not always receive the food and drinks they required.

Is the service caring?

Good

The service was caring.

The established staff team knew people well and provided support discreetly and with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

People's preferences in relation to their end of life care had been discussed and the service aimed to provide people with a home for the rest of their lives.

Is the service responsive?

Good

People were supported by care staff to contribute to the assessment and planning of their care on a daily basis.

Staff had an excellent understanding of each person's communication and support needs and their personal preferences. This helped to ensure people received individual care.

Summary of findings

People, relatives and staff were able to continually express their views and give honest feedback on any issues or concerns they might have.

Is the service well-led?

Good

The service was well led.

People received excellent care based on a culture of continual learning and individuality.

People were supported by a highly motivated and dedicated team of care staff. The provider and the registered manager were exceptionally approachable, supportive, and caring toward people, relatives and staff.

People's care and support was continually reviewed using quality assurance systems. These were largely effective although they had failed to identify problems with food and nutrition and medicines.

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 inspection took place on 13 and 14 May 2015 and was unannounced.

The inspection was undertaken by two inspectors, an expert by experience with experience of services for older people and a pharmacy inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about this service prior to our inspection. We looked at the information we had received from relatives, the local authority commissioner and the statutory notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 20 people who lived at the home. Some people's needs meant they were verbally unable to tell us about their experiences and we observed how staff supported these people throughout the inspection.

During the inspection we spoke with 2 health professionals, the relatives of 9 people a representative of the provider, the head of care, kitchen staff and 6 care staff. We looked at the medicine management processes and at the records maintained by the home about staffing, training and monitoring the quality of the service.

Requires improvement

Is the service safe?

Our findings

We looked in detail at 10 people's medicine management. Medicine administration records and stocks of medicine (including skin patches and inhalers) available in the home did not show that people were getting their medicines at the frequency or in the doses that their doctor had prescribed them. This meant people's medical conditions were not always being treated appropriately by the use of their medicines.

We found one person was being administered a "when required" medicine for pain relief. It was not evident this was being given effectively, and the person continued to experience pain. We looked at how controlled drugs were managed. We found that the Controlled Drugs were being stored securely and regularly audited to ensure that they could be accounted for. We found that one person was scheduled to have their analgesic patch changed on the day before the inspection; however this had not taken place. When we identified this oversight with the staff the matter was immediately rectified. We found other examples that showed the information available to staff for the administration of when required medicines (PRN) was not robust enough to ensure that the medicines were given in a timely and consistent way by the nurses and senior care staff.

We looked at the temperature records for the refrigerator that was storing medicines. The fridge temperature records showed that medicines on the whole were being stored correctly except on two occasions in April 2015 the fridge temperature had dropped below the minimum temperature. On these occasions there no evidence that any action had been taken to ensure the safety of the temperature sensitive insulin being stored in there.

We observed staff patiently supporting people to take their medicines and explaining what they were for. We observed one pot of medicines left by a person's bed. There was no evidence of how the risks associated with this practice had been assessed and managed to ensure this was a safe practice for both the person and other people who may be able to access the medicines.

Medicines must be administered accurately, in accordance with any prescribed instructions and at suitable times to make sure that people who use the service are not placed at risk. Failing to do this was a breach of regulation 12(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014. When this was brought to the provider's attention they took immediate action to address and improve upon this situation.

People living at Selly Wood House told us they felt safe. People's comments included, "I do feel safe yes, that's a big thing" , "I feel safe, I feel cared for, what more can you ask?" and " I feel safe and very content here."

Relatives of people living at the home confirmed they also felt their relative was safe in the home. Two of the five relatives told us they had been immediately impressed with the care they observed and atmosphere of the home when they came to look around the service before their relative moved in.

Staff told us they had received recent training in safeguarding adults and training about bullying and harassment. Records of staff training confirmed this. Staff we spoke with described how they would respond to allegations or incidents of abuse. Staff told us that people were safe and explained to us the actions they took each day to ensure people's safety was maintained. People living at the home and their relatives told us they were often asked if they were happy with the support being given and if they had any concerns about safety. We saw meeting minutes that confirmed safeguarding was on the agenda at every meeting and there was opportunity for people to raise concerns if they had any. The registered provider had organised "Voice" sessions for staff. These provided an opportunity for staff to meet directly with representatives of the provider and human resources to raise any suggestions or concerns they had.

The registered provider had developed a safeguarding procedure which provided staff with the information they would need to ensure incidents or allegations of abuse would be reported as required and that people involved would get the support they needed.

The registered provider took people's safety seriously and had developed and implemented systems by which they could review incidents and occurrences to ensure that action was taken to reduce or stop the likelihood of it occurring again. An example of this was that people at an increased risk of falls had been identified and a range of actions planned for each person that might reduce the risk of them falling again, or decrease the impact of the injury if they did fall.

Requires improvement

Is the service safe?

The majority of people we met required help to move around the home and some people also required the use of a hoist to transfer from one piece of furniture to another. We observed staff supporting people using safe techniques, using equipment skilfully and giving people time to move at their own pace. One person we spoke with told us, "I have a hoist now. Staff know what they are doing with it."

The provider had identified possible risks to people's safety and had completed risk assessments for relevant risks to each person. Examples of these included risks to people's health such as not eating or drinking enough and the risk of getting sore skin. People who wished and were able were encouraged to be as independent as possible and to take risks. We spoke to two people about this and they explained the actions the registered provider had taken to ensure the risks had been considered, that people had the support and in some cases assistive technology they required to do this as safely as possible.

The majority of people, relatives and staff we spoke with confirmed that there were enough staff on duty. One relative told us, "We can always find staff if we need them."

People living at the home told us, "I have the buzzer; whenever I buzz someone comes up to me. I don't have to wait long." One of the five relatives we spoke with identified that the number of staff on duty later in the afternoon and evening decreased and they reported some experiences they had witnessed where their relative had not received the support they required. The registered provider had used a formal assessment tool to determine how many staff were required each shift. They had kept this under review as the number and needs of people living at the home changed. We saw that the numbers of staff on duty had changed to reflect the findings of the assessment tool.

Staff we spoke with recalled the recruitment checks they had been subject to prior to starting work at the home. The recruitment records we saw showed that checks had been made and arrangements were in place to update them as required.

The provider had plans in place to ensure the premises of the home maintained a homely, comfortable and safe place for people to live. We saw that checks had been made of the services and equipment provided to ensure they were all in good order and safe to use.

Good

Is the service effective?

Our findings

We asked staff about their induction, training and development to determine if they had the skills required to meet the needs of people who used the service. Staff we spoke with confirmed they had received an induction, had on-going training and there was support through supervisions, and team meetings. Staff comments included, "The induction was all about the people living here. What they need and how they like their needs to be met" and "We get training every month. It is usually very helpful." A relative told us, "Staff are all on the ball. They know what people need and how to support them." We reviewed the providers training records and confirmed that staff had been offered the training they required to provide care which would meet people's specific needs.

During the inspection we observed and heard staff seeking consent from people regards their every day care needs. We heard staff asking people how they would like to be supported, where they would like to sit and what they would like to eat and drink for example.

The Mental Capacity Act 2005(MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a supervisory body for authority to deprive someone of their liberty. We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to determine if the restriction is needed. We found that the home had commenced work on training staff and where necessary they were assessing people and making DoLs applications. The provider was keen to develop further in this area and was able to show us evidence of support and training that had been booked to develop the staff team.

We checked that people were being offered enough food and drink and support with eating and drinking to protect them from the risks associated with dehydration and malnutrition. People told us the food was good and that there was plenty to eat and drink. People's comments included, "The food is very good", "Lovely" and "You would never die of hunger here. There is plenty of food of every type." We spoke with the kitchen staff who explained how they had spent time talking with people or their families to ensure any specific dietary, cultural or food preferences were known and these were then included in the menu planning. We saw that in addition to the main menu people had been able to make individual requests for food which reflected their tastes, preferences or culture. We saw that people had been provided with adapted cups and crockery if they needed this to enable them to be as independent as possible. People told us staff provided them with the support they needed and their comments included, "I'm not very good with my food. They are always asking me what they can get for me, would I like this would I like that. They are worried about me losing weight." We observed the main meal lunch time in the dining room and we found the atmosphere was relaxed. The meal time was very much a social occasion and people enjoyed getting together. People in the dining room had the support they needed to eat and enjoy their meal.

We looked at the support offered to people who were at risk of not eating or drinking enough. These people were often being cared for in bed. People had been risk assessed and monitoring records were in place to enable staff to gauge if they needed further support. Overall we found this support was being effective as people were gaining weight and maintaining good health, however not all records showed the people at increased risk had been offered enough to eat or drink, and records we reviewed did not show that staff had always identified this and taken appropriate action. When this was brought to the provider's attention they took immediate action to address and improve upon this situation.

We looked at how people's health needs were being met. People told us they felt their health needs were well met and their comments included, "If you don't feel well you tell one of the girls. They fetch a nurse." A relative told us, "The nurse has worked with mum for some years now. He always comes and lets her know when her care plan is being reviewed and any changes they would like to make with her care or medicines." People told us they were able to see the doctor, dentist, optician and chiropodist. We observed people wearing the glasses and hearing aids they were assessed as needing, and these were all clean and well maintained. We spoke with two health professionals. Both gave very positive feedback and were able to describe

Good

Is the service effective?

improvements to the health of the people they came into the home to support. They both told us that staff always followed up on suggestions or changes to people's care when this was identified as being required.

People living at Selly Wood House experienced a range of nursing and support needs. We found these had been underpinned with assessments and care plans to ensure the needs were known, that people's wishes about how the needs would be met had been made clear and the matters could be effectively monitored. The plans showed people's needs had been well met, that the appropriate health professionals had been consulted and people's needs had been kept under review. This ensured people received the support they required to maintain good health.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were gentle and that they were kind and caring in their approach. Their comments included, "Staff are so kind to mum, I feel they genuinely love her", "Some of the staff have become like grand-daughters to me", and "You can count on every member of staff here, regardless of their position or seniority. Anyone of them would help you if they possibly could." People and their relatives went on to describe staff actions and support that they felt was above and beyond what they could reasonably expect. This included staff supporting people to undertake activities outside the home on their days off, bringing in flowers out of the garden for people cared for in bed and helping people to purchase things of particular importance to them. The observations we made over two days supported their views that staff inherently valued the people they were caring for and did their utmost to treat people as individuals.

Staff displayed warmth, respect and patience. When people had difficulty expressing themselves we saw staff listen carefully and they made sure they understood what the person was saying. Some communication aids were available in the home, including a copy of the menu in picture format.

We observed staff doing all possible to respect people's privacy and dignity and follow professional codes of conduct. This included discreetly wiping people's faces and hands after meals, attending to people's hair, and paying attention to promoting an individual's self-esteem by ensuring the person's clothing protected their modesty. When carrying out tasks staff explained to the person what they were doing, such as preparing to use the wheelchair or assist them with eating.

People were supported with choosing how they wished to be dressed. Some people were able to tell staff and make choices about their clothes. Other people's health needs meant this was not always possible. Despite this we saw staff had paid attention to people's appearance, matching clothes and choosing accessories for the person such as a scarf or jewellery. We saw that people had been supported with the level of help they required to maintain their personal hygiene. People's nails had been manicured, people were clean and attention had been paid to people's hair. Relatives told us, "We have no concerns at all. It is a lovely home; [Name of my relative] is always really well cared for. She is always clean and fresh"; "Mums clothes are always beautifully laundered and taken care of. Staff see the clothes as an extension of mum" and "The girls [care staff] are all so caring. I can't fault how they are with mum."

We observed numerous positive interactions between staff and people using the service. This included staff spending quality time engaging with people, talking, reassuring them about the time and place, and what else would be happening during the day. Staff were familiar with people's preferred names and introduced them to us as they wished. Staff respected confidentiality and had discreet conversations with people about private matters without other people listening to their conversations.

The home focused on each person as an individual. People and their relatives told us they had been involved in discussions about their care and that care plans had been developed with them. We saw that people or their representatives had been asked to sign them.

We observed relatives and friends visiting without restriction. We heard staff talking with and providing support to visitors about matters of concern to them and updating them about their relatives care. Staff made visitors feel welcome and we observed them being offered refreshments or the opportunity to take a meal in the home.

People's preferences in relation to their end of life care had been discussed and the service aimed to provide people with a home for the rest of their lives. Staff we spoke with described some of the ways they had been able to support people and their families towards the end of a person's life. One staff spoke with particular compassion about ideas they had raised to further develop and improve the care they give people at the end of their lives.

Good

Is the service responsive?

Our findings

People we asked told us they had been involved in the planning of their care. Visitors we spoke with confirmed that they had been asked for information about their relatives, and we saw that this had been used to develop a section of the care plan about the person's life history. Staff we spoke with all had a detailed knowledge of the people we spoke with them about, and during the inspection we observed staff referring to people, places and events that brought people comfort or made them laugh. People told us that staff knew their individual ways and preferences. Comments we received included, "My keyworker is [name of the member of staff].She knows me", "I like my mug of tea strong with little milk, they know that. And [name of another person] likes her coffee black, so that's what they give her" and "They know what I like. I like to have two baths a week and soak in the hot water. I don't like showers."

The range of activities and opportunities available to people living at the home reflected people's interests and lifestyle prior to them moving into Selly Wood House. Some people and members of staff told us about activities and events that people really liked. We observed people had opportunity to join in a chair based activity session, see the hair dresser, enjoy an activity where they had chance to remember and discuss things they may have used or owned earlier in their life. People, staff, and visitors told us about regular events they enjoyed which included a poetry reading group, Tai Chi and art classes. People told us, and we saw records showing people had been supported to attend events of specific importance to them such as funerals, religious services, and family celebrations. One person told us, "We sit out in the summer. That's nice. There is plenty going on that you can join in with." Many of the people we met had lived in the local area all of their life and the provider had developed community links and enabled people to maintain contact with the community they had lived and worked in all of their life. There were activities for people who were being cared for in bed, the frequency of these was not always enough to ensure the person would not feel isolated. The provider and activities worker were both aware of this and were able to describe the plans that were in place to improve this situation. The home was providing activities of interest to people which improved their quality of life and helped them maintain their individual interests.

We met people who had a telephone in their room. One person told us how they enjoyed being able to make or receive calls at their convenience and how this helped them to stay in touch with people important to them. We met relatives who lived abroad who were visiting their loved one at the time of our inspection. They told us how the home had supported their relative to make or receive international calls and to use computer based technology to stay in touch.

We looked at the action the registered manager had taken in response to any experiences, concerns or complaints that had been brought to their attention. People told us they felt comfortable to raise concerns with a member of the leadership team. One person told us, "I only have to press the buzzer and say I would like to speak with the manager and they would fetch her…but I don't ever need to call her." Records we looked at showed that concerns, suggestions and grumbles had been resolved and action taken to change or improve the service. Relatives we spoke with told us, "I did raise a concern when mum first moved in. As you would expect it was dealt with robustly and professionally. There has been no repeat of that event." A person living in the home told us, "I don't have much to complain about. It is very good here. If I did I would talk to the nurse-I am confident it would be quickly sorted out." The provider had acted on complaints and feedback. This showed they were using these events as an opportunity to improve the service people received.

Good

Is the service well-led?

Our findings

People and their relatives consistently told us they had positive experiences of living at Selly Wood House. Comments included, "I don't think I could be in a better place" and "I don't have any troubles here at all." Staff we met told us they were happy in their role and felt supported and motivated to provide a good service. The culture of the service was open, honest and caring and fully focussed on the needs of the people it was supporting. During our conversations with people, staff and managers and through our observations we identified numerous "unique" approaches used to meet people's individual care needs. The support provided was highly personalised and designed to enable people to live the lives they chose.

Healthcare professionals we spoke with described the home in consistently positive terms. They told us the service was responsive, that people received very good care, and that they rated it amongst the best homes in the local area.

The service was run by a board of trustees representing a charitable organisation. The trustees had commissioned reports and audits by external based companies. The manager and area manager had been required to provide reports and progress updates on specific issues so the trustees could assure themselves the service was running in the way they wished.

Manager's and senior staff were active members in a number of peer and industry specific groups, which they attended to share good practice, to challenge each other and to ensure they stayed abreast of current and upcoming developments within social care and nursing care for older people.

Senior staff we met recognised the importance of supported and motivated staff in providing a good service. They were able to demonstrate that staff had been rewarded for particular pieces of work, and the provider's commitment to training and professional development was strong.

People and their relatives shared with us ways in which they were involved in the running of the home. Their comments included, "We can make suggestions at any time" and "I honestly do feel listened to." These initiatives included regular meetings, being offered the opportunity to make suggestions, join in social events and speak with the manager at any time. Minutes showed these meetings were open and honest where people had opportunity to raise both ideas and concerns. Minutes from subsequent meetings showed that progress was made with matters that had been explored.

There was a registered manager in post. They were on extended leave relating to their health at the time of our inspection and the provider had taken action to ensure the day to day management of the home was steady for people living and working at the home. People we spoke with praised the work of the registered manager and the cover and support provided by senior staff in her absence. Their comments included, "The Managers are brilliant", "There is a lot going on here to make this a very well run home" and "There is a very visible leadership within the home. You can always find a senior person to speak with if you need to." The manager had submitted statutory notifications to us as is required by law, and the home had complied with the conditions of registration. The inspection identified many very good outcomes for people living at the home, and the feedback from people and their relatives was consistently positive. The systems in place to audit and check on the quality of the service provided had failed to identify the issues with medication management. The matters of concern we brought to the providers attention were responded to promptly and robustly. We were provided with evidence of the action the provider had planned and taken to ensure the matters identified would be responded to with immediate effect, and saw that support from people external to the organisation had been sought where the provider identified that additional expertise or resources were required to address the issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicines must be administered accurately, in accordance with any prescribed instructions and at suitable times to make sure that people who use the service are not placed at risk.