

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

Saville Manor Nursing Home

Saville Road, Stoke Bishop, Bristol, BS9 1JA

Tel: 01179687412

Date of Inspection: 02 July 2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Cedar Care Homes Limited
Registered Manager	Mrs. Reni John
Overview of the service	Saville Manor Nursing Home
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services and talked with other authorities.

What people told us and what we found

We spoke with fourteen people who used the service to find out what they thought of Saville Manor and the staff who worked there. We also met three people's relatives at the home.

People had positive views of Saville Manor. Examples of comments included, "if you have to go anywhere then this is the best place to be" and "it is a very good home and it takes you on and looks after you".

Peoples were effectively assisted by the staff so that their range of nursing and care needs were met.

The majority of people felt satisfied with the meals that were provided with at the home. A small number of people felt that sometimes the food lacked flavour and was bland.

People were assisted by staff who were supervised to make sure they provided them with suitable care and support. The staff were able to obtain further qualifications and were trained in subjects relevant to peoples' needs.

The quality of care and overall service people received was checked and monitored to make sure it was safe and suitable.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People's diversity, values and human rights were respected. Every person we spoke with had positive opinions of the service that was provided at the home. People also had positive comments to tell us about the staff and the way that they assisted them with their needs. Examples of comments included, "the staff treat me very well and I have a keyworker who did my life story in a book for me ", and "the staff are all very good they do knock on the door and they are polite to me".

We asked one of the nurses how they maintained peoples' dignity when they assisted them. They told us some examples of how they did this. They said they ensured that they knocked on doors and waited for a response before they went into rooms. They also told us when they provided personal care they ensured people had a cover across their body so they were not exposed. They also told us they conducted checks to ensure that the staff they supervised spoke with people politely and with respect. We observed nurses and care workers knock on doors and talk with people in a polite and respectful way.

People expressed their views and were involved in making decisions about their care and treatment. We looked at four people's care records. We saw information that showed people were involved in helping to decided how to meet their needs. They had also had an input into making decisions about what was in their care plan. We saw that people had signed to say they had been involved in planning their care.

The manager ensured that they were available to the people who lived at the home. People were able to make their views known to them. Everyone we spoke with told us they saw the manager every day when they were on duty. One person told us, "the manager is lovely and we see her all the time". We saw in the four care records we read that the manager met with people and their relatives regularly and talked with them about their care. We saw that the manager spoke with them to find out if they were satisfied with the care they received.

People were kept well informed about the way the home was run. We saw that the home produced its own regular newsletter. This was displayed prominently in the home. There

was information about the running of the home included in the newsletter. For example new staff members introduced themselves with a photo and information about what they would be doing at Saville Manor.

A variety of suitable activities and events took place in the home so that people were provided with stimulation and entertainment. A significant number of people we met spoke positively about the activities organisers and the range of things they arrange. One person told us, "there is always something going on".

During the inspection we saw that the activities organiser had arranged a quiz group with a number of people who lived at the home. We saw people actively engaged with this activity.

We viewed a list of recent and forthcoming activities at the home. People were invited to go on a trip to the local café in the near future. We also saw that there were planned reminiscence groups, arts and craft groups, and a range of musical entertainers. There were also regular bingo sessions and a variety of gentle exercise groups.

People who used the service were supported to be able to influence the way the service was run. We saw there were house meetings that were run for people who used the service who wanted to attend. Examples of matters raised at the house meetings included people's views of the food, possible venues for a holiday peoples view of the social activities and the and musical entertainers who performed for them at the home .

People were offered choices and supported to be independent in their daily life. We heard staff on duty knock on bedroom doors and ask people when they wanted to get up and what activities they would like to do that day.

People were supported to be able to practise their religious beliefs at the home. One person told us there were regular religious services held at the home. They told us they appreciated being able to attend.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Peoples range of needs were being effectively met by the staff who supported them. We observed the staff assist people with a range of needs. These included helping people to eat their meals and drink so that their nutritional needs were met. We also saw staff assist people with their mobility needs, and to take their medicines safely. We also heard staff talk with people and plan with them their personal care needs at a time suitable for them. The staff were calm in manner and they assisted people discreetly.

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We read four care records to find out how people were assisted with their nursing and personal care needs. The information we read in the care plans was detailed and informative. The care records showed how to support each person with their range of nursing and personal care needs. The nurses had identified people's needs and written what actions to take to effectively meet them. We saw the nurses and care workers provided assistance to people in the ways that had been set out in their care records.

The care plans included information that showed an assessment of each person's potential level of pain had been carried out. Actions that could be taken if a person was thought to be in pain were also clearly recorded. This showed that peoples care was planned to include the effective management of pain.

Peoples needs were met because there was a suitable system in place for staff to effectively plan and deliver care to them. We discussed with a nurse and three care workers how they ensured peoples' needs were properly met. The staff told that that senior staff allocated each member of staff on duty a small number of people in a particular part

of the home to care and support at the start of each shift.

The staff told us about examples of the actions they took to ensure people received effective support and assistance. The staff told us this that caring for people in small teams in different parts of the home helped ensure they received an individualised service centred on meeting their particular needs.

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Risks to people's safety and well-being were managed effectively. We read information in the care records that showed that possible risks to people's safety and wellbeing had been identified. For example it had been identified that there were risks when one person need to be assisted with their mobility. In another person care records we saw that the risk of them developing pressure sore had been identified. The actions needed and the equipment to help to reduce this risk and prevent a pressure sore had been identified and put in place.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The majority of the people we spoke with told us they thought the choices and flavours of meals that were served were satisfactory for their needs. The provider may find it useful to note that we spoke to a small number of people who told us they thought the food lacked taste. One person told us the food was "bland and boring". This could impact negatively on people's nutritional needs if it put them off eating enough food for their health to be maintained.

Staff gave people suitable support with their nutritional needs. We observed the lunchtime meal being served to people in the dining room and to people in their rooms. We saw one of the nurses and the care workers assist people who needed extra support to eat their meals. The staff sat by people and spoke with them with a calm and friendly manner. We heard the staff prompting people to eat their meals in a discrete and sensitive way.

We observed staff take drinks trolleys around the home throughout the morning and the afternoon between meals. People were regularly offered extra drinks and snacks by the member of staff who took the trolley around the home.

People were provided with a choice of suitable and nutritious food and drink. We saw that people were offered a choice of at least three main meals options at lunch time. The menu choices looked nutritionally well balanced. We saw people were offered different types of juices to drink with their meals. We observed there were also special diets served for people who needed them. We heard people ask the staff for an alternative meal option that was not on the main menu. We heard staff respond positively to their request. They spoke with the chef and ensured the person was offered another meal option.

We looked at the menu records for the last four weeks to find out what meals people were offered. We saw that there were choices of at least two main courses for lunch as well as a choice for desserts. One of the nurses told us that a community based dietician reviewed the menus to ensure they were well balanced. We saw guidance from the dietician to assist the chef to make sure that the menus were suitable for people at the home. The nurse also told us the GP visited the home regularly and offered advice.

Care planning processes helped ensure people received suitable support to meet their nutritional needs. We read information in the four care plans we looked at which showed

staff had worked with people to identify if they had particular nutritional needs. We saw information in the care plans that set out what actions were to take to help people to meet their identified nutritional needs. For example it had been identified if people needed extra physical support from staff with their meals, and when people required nutritional supplements for their health to be maintained.

People were assisted with their nutritional needs by nurses who were competent to be able to support them effectively. The nurses we spoke with told us they had recently been on a training course to increase their understanding about how to support people who may be at risk of malnutrition. This was supported by the records seen.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Everyone we spoke with told thought the staff who supported them were suitable and competent . Examples the comments people made included, "I the staff are all very nice", and "I'm quite content with all of them they are as good as can be expected".

Staff supervision systems in the home helped ensure people received a well-planned and suitable service. The nurses and care workers told us how staff were provided with on the job supervision when they assisted people who used the service. They told us that care workers were always allocated to work with a senior care worker or a nurse. This meant that staff were effectively supervised by a senior member of staff. We saw this system in operation throughout our visit, when we observed care staff communicate with senior staff. We heard senior staff speak with their team to assist them to plan what care and support they provided people.

Staff received suitable development to enable them to improve in their overall performance at work. The staff told us that they had an annual performance and development review.. We saw the records of the last appraisal that the two nurses and two care workers had. The manager had recognised and praised the staff's achievements. They had also addressed any problems and learning needs each member of staff had. This aim of this process was to help motivate staff to improve and develop their skills and overall performance.

The provider may find it useful to note that before the manager had met with staff in the last four weeks there had been some slippage in the frequency of staff supervision meetings. The provider's own policy recommended staff should receive supervision at least every three months. It had been over three months since the two nurses and two care workers had met with the manager. This could impact on the quality of service people received if staff were not being regularly and effectively supervised in their work.

Staff were able, from time to time, to obtain further relevant qualifications. The nurses and the care workers told us they were encouraged to attend training relevant to the needs of the people they supported. We viewed the training records of the two nurses and two care workers we spoke with. Courses that staff had been on included how to care for people with dignity, understanding mental capacity, safeguarding vulnerable adults, health and

safety, infection control and safe moving and handling.

The nurses kept their clinical knowledge up to date so that they were able to provide people with safe and suitable nursing care. The nurses had attended clinical updates and training in Venipuncture. This meant they were able to help people who required intravenous therapy at the home. The nurse had also attended a course about understanding the nutritional needs of older people, and safe wound care.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager was accessible to the people who used the service and they were able to make their views known to them. The majority of people we spoke with knew the manager. They said that the manager was a really friendly and approachable person. People also told us that the manager walked around the home every day to see everyone. No one we spoke with told us they had any complaints about the service. However people said they felt it would be easy to make them known to the manager if they did.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A senior manager told us that the provider sent out surveys to people who used the service and their relatives on a yearly basis. We found that an action plan was put in place to address matters that arose from the feedback from the survey forms.

There was an effective system in place to check on and improve where necessary the service people received. We looked in detail at the quality checking system that was used to monitor and improve the quality of service. Areas of the service that were regularly checked and monitored included care planning, health needs, management of falls, management of medicines, infection control, health and safety in the environment and the quality of the food. We saw information where improvements to the service had been identified. The manager had written an action plan with a timescale for the improvements to be made.

There was evidence that learning from incidents and investigations took place and changes were implemented where needed. There was a system to effectively manage risks to people's health and safety. We saw that information about any incidents and accidents that had involved people who used the service was clearly recorded. We read information written about each incident by a nurse or the manager. We saw that actions that were to be put in place to minimise future risks to people had been identified. We also saw that where needed care plans were amended to reflect this updated information.

The provider took account of complaints and comments to improve the service. We saw that there was an easy to follow complaints procedure in place to help people to make a

complaint. We saw that there had been two complaints made in the last twelve months. We saw that the investigations into both complaints were thorough. We saw that a response with a detailed explanation of what had taken place, and how the complaints were resolved had been sent to both complainants. This showed that the complaint had been properly investigated and resolved to the satisfaction of the complainant.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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