

Silverleigh Limited

Silverleigh

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Silverleigh is registered to provide accommodation and nursing and personal care for up to 65 people. The service is intended for older people, who may also have a physical disability, mental health needs or a dementia type illness. The service is in a large detached building located in the market town of Axminster in East Devon. The home is within walking distance of Axminster town centre, local church and post office and benefits from being next to the local GP surgery.

This inspection took place on 3, 5 and 6 February 2020, the first day was unannounced. There were 61 people living at the service at the time of the inspection. The majority of people were living with dementia.

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

People continued to receive kind, compassionate care from a team of highly motivated staff who were very well trained and skilled. People received an excellent quality of care because the provider and management team set high expectations about standards of care and led by example. The provider used evidence based best practice and had developed models of dementia care from learning from their own services.

Everybody gave very good feedback about how caring, well managed and supportive the staff and management team were. We saw many examples of where staff went the extra mile to support people to live fulfilling lives. People were very relaxed and happy in the company of staff. Staff were very attentive and responded to people's needs promptly and appropriately in a calm non-judgemental manner. People were involved in decisions about the home and their personal needs.

The provider's ethos continued to focus on an entirely holistic approach to the provision of care and specialist dementia care. They had gone to extraordinary lengths to ensure that the building was adapted to meet people's needs and ensure their accommodation was truly individualised and personal. They were continually updating, adding and improving the environment at the home. The atmosphere at the home was very welcoming and relaxed.

The provider, registered manager and staff team were very highly motivated and proud of the service they delivered to people. The whole team demonstrated they shared responsibility for promoting people's wellbeing, safety and quality of life.

There were consistently high levels of engagement with people using the service, families and other professionals.

People who lived with dementia continued to receive excellent care tailored to their individual needs. Staff completed bespoke dementia training to increase their understanding of the condition.

A brilliant activities team promoted inclusion and empowered people to do activities, hobbies and interests which gave them a feeling of well-being and being valued.

People experienced end of life care in an individualised and dignified way. Staff recognised the importance of holistically supporting people at the end of their lives. They also supported relatives with a booklet of information about end of life and what families and friends might expect and experiencing grief.

People received personalised care which was centred around them as individuals. Care plans were in place which reflected people's wishes. They were used by staff to meet people's assessed needs and preferences and to help them achieve their goals. Staff knew people well, cared about them and understood their care and support needs. Staff recognised the importance of promoting people's independence and supporting them to live fulfilling lives.

Staff recruitment and staffing levels supported people to stay safe while going about their daily lives. Staff also understood their role and responsibilities to protect people from abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had their nutritional needs assessed and met. Everyone praised the standard of food provided at the home. People received their medicines when they were needed and in ways that suited them. There were systems in place to check that medicines were administered correctly and safely.

Governance was well-embedded into the running of the home. There was a strong framework of accountability to monitor performance and risk leading to quality improvements within the home. The provider and the management team saw this as a key responsibility and a means to continually learn and adapt. The provider believed in succession planning and the continuous development of their services.

Rating at last inspection

The last rating for this service was outstanding (published 9 August 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 reinspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Silverleigh

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 an inspector and an expert by experience on the second day of the inspection. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Service and service type

Silverleigh 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.

There was a registered manager in post. 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.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection. We also used the information the provider 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.

During the inspection

We spoke with 8 people, two relatives and 13 members of staff. This included the registered manager, two deputy managers, registered nurses, team leaders, care staff, the cook, activity person, dining room supervisor and housekeeping staff. We also spoke with the provider and the provider's group manager. We reviewed a range of records. This included three people's care records and medication records on the provider's computerised care system. We looked at a staff file in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staff rota's, training matrix, complaints, quality assurance and quality monitoring.

Throughout the inspection we were able to observe staff interactions with people in the communal areas to see how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed the lunchtime meal time experience in the dining room and for those people who ate in their rooms.

After the inspection

We sought feedback from 14 health and social care professionals who supports the home and received a response from two of them. We also sought feedback from the local safeguarding team to ask if they had any open concerns about the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. Comments included, "I feel very safe living here because there are always people around and the staff are always looking out for us", "Everyone is so helpful and thoughtful to each other, so I never feel unsafe or uncertain of anything" and "I love this place, and I feel safe because we all know each other."
- People were protected because all staff received training on how to recognise and report signs of abuse. Staff said they would not hesitate to report any concerns and were confident the registered manager would take action to make sure people were protected.
- The registered manager understood their safeguarding responsibilities and reported concerns when necessary.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care records contained individual risk assessments for falls, nutrition monitoring and skin integrity. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. Where people were identified at risk of falling from their chair or bed, specialist sensors had been put in place linked to the call bell system. This alerted staff to support them when they wanted to get up. One relative told us, "We haven't had any more problems with skin care or bed sores since [person] came to live here."
- The registered manager completed general risk assessments to identify any potential hazards. For example, they identified call bells and vacuum cleaner leads could be a trip hazard as was the house cat and put in place actions needed by staff to avoid accidents.
- Checks and audits were in place to protect people from the risks of unsafe and unsuitable premises. For example, checks of water temperatures, wheelchairs, equipment and window restrictors. Where concerns were identified action was taken. For example, where water temperatures had exceeded the health and safety recommended temperatures, action was taken to make these safe.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and emergency lighting was undertaken.
- Fire checks and drills were carried out in accordance with fire regulations. The registered manager had worked with staff about actions to take in the event of a fire which had included additional training and fire wardens on each shift. They had also implemented emergency grab bags to be used in the event of a fire, which contained emergency contacts and information.
- People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of an emergency to keep them safe. This meant emergency services would be able to access people's information in the event of an emergency evacuation.

- The provider used the 'Herbert Protocol' (a form which contains a list of information to help the police if a person goes missing). The registered manager said, "If a person leaves the home, we ring the police explain what happened and now have a spreadsheet on each resident which we can email to the police and they can start looking."
- The provider had a business continuity plan in place to keep people safe in the event of a major incident at the home. This included working with another service as a place of safety in the event of an evacuation.
 - Staff had a good understanding of how to keep people safe and about their responsibilities for reporting accidents, incidents or concerns. The management team monitored accidents and incidents at the home to look for patterns and trends.

Staffing and recruitment

- Staff were not rushed during our inspection and acted quickly to support people when requests were made. The atmosphere at the home was busy but pleasant. People, relatives and staff said there were enough staff to meet people's needs. People said staff responded promptly to call bells.
- The provider used their own staffing tool to assess weekly the staff levels needed to support people's needs. Where staff levels had needed to be increased this had been put in place. For example, the registered manager had put an additional staff member on nights due to people's changing needs at night. They were also looking to increase the activity team, who could also undertake care duties if required.
- Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. The provider carried out the necessary recruitment checks before staff commenced employment. Records showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place.
- The registered manager said it was important to recruit the right staff. Potential staff were able to visit the home to undertake a taster day to see if it was right for them. As part of the interview process, they were shown around and their interactions with people and staff observed. The registered manager said senior staff members were involved in the interview process, so they were involved in the decision making.

Using medicines safely

- Medicines were safely managed. The provider had a medicine champion who had allocated duties to monitor medicines in the home. Staff said they were very well supported by the medicine champion and any issues were quickly addressed.
- There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security. The provider used a computerised system for medicine management which guided staff about medicines which were scheduled to be administered and flagged up if there had been any errors.
- Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines and had their competency regularly reviewed.
- The pharmacist providing medicines to the home had undertaken a review in April 2019 and had identified no concerns.

Preventing and controlling infection

- The home had a very pleasant homely atmosphere with no unpleasant odours and was clean throughout.
- Housekeeping staff undertook regular cleaning of people's rooms and communal areas and followed a cleaning schedule. Audits were completed to monitor the cleanliness of the home.
- Staff used protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.
- The provider's infection control policy had been reviewed and was in line with current best practice.

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 outstanding. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider continued to ensure that the building was adapted to meet people's needs and ensure their accommodation was truly individualised and personal. They followed their aim to provide a continuous service to the residents in their care, in a homely, safe and therapeutic environment. The home was tastefully and skilfully decorated to meet the needs of people living with dementia. Colours, symbols and pictures were used to help people to recognise the lounges, bathrooms and toilets. Different areas of the home had themes and had pictures in order to promote discussions and reminiscence. For example, Hollywood greats, seaside and forest scenes. People were seen enjoying these areas with staff and family members.
- Since our last inspection the provider had put coloured carpet on each tread of the staircase (rainbow effect) so it was clearer for people using the stairs. The deputy manager told us that people liked the new carpets and would say the colour of the carpet when they used the stairs. The provider had also added red borders around light switches and coloured toilet seats to enable people to use them independently. Staff were continually reviewing and adding art work and reminiscence pictures in communal areas to ensure they were of interest to people and used as an aid to start conversations. A new sensory room for people was in the process of being set up. This had equipment to relax and comfort people, which included lights, water and sound. This was because research showed the use of sensory rooms enables people's feeling of comfort and well-being, improves their communication and memory as well as positive mood and behaviour changes.
- People and relatives were very complimentary about the décor and atmosphere at the home. Comments included, "It's lovely here. I am very happy and have a lovely life" and "Everything is well thought out and planned. The décor and ambience of this place are excellent."
- The corridors and public areas of the home were uncluttered and welcoming. The fixtures and fittings were in an excellent state of repair, imaginatively decorated throughout and with some visual cues and colour schemes aimed at supporting the needs of people living with visual impairment, mobility issues and mild-to-moderate dementias. Each person had a personalised 'front door' to help them recognise their room with pictures and numbers, all helpful in enabling people to recognise their own and other people's doors. Coloured corridor 'pathways' provide further assistance to people, making it easier for people unfamiliar with the layout to orientate themselves within the building.
- The provider had recognised the importance of having numerous communal areas within the home for people to use either as a group or in private. For example, a reading room, conservatory area, small seating areas around the home. The reading room was used for closed activities such as SONAS (a Gaelic word which means 'wellbeing', 'joy' or 'contentment'). SONAS is a therapeutic communication activity designed

for older people with a diagnosis of dementia to activate their potential for communication whatever that potential might be.

- Technology was used to enable people to stay in touch with family and friends and to keep informed on social media. People had access to two portable laptop computers which were used for online video calling, social media and for people to access their own music playlists.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who were very skilled and knowledgeable to meet their needs. Staff were trained to understand dementia and were passionate in ensuring they continued to put this into practice.

- The provider continuously and proactively looked to further support and develop staff to ensure they deliver high-quality care and support to people. For example, the provider had followed the Bradford University model of dementia care and had further developed it. This was because of the learnt experiences of the staff team and as a result had developed their own bespoke dementia training. For example, they used headphones for reminiscence e.g. jungle sounds. The registered manager said the training provided had increased staff confidence in understanding the impact of dementia in different people. Staff confirmed the training had given them more insight and improved their practice. For example, practice had improved episodes of challenging behaviours, which had reduced the need to use medicines.

- People and their relatives told us staff were well qualified and very skilled to care for people. They described staff as having excellent understanding of people's needs. We saw that staff were skilled at identifying changes in people's anxiety levels and sensitively and discreetly supported people who became distressed. People's individual life and dementia journey was important to staff and was used to inform best interest decisions.

- Health and social care professionals said they found the service managed complex people effectively. One said, "They have numerous staff more than others in the area and they have got the skill set to manage the complexity we need."

- All new staff completed the providers thorough induction and a period working alongside experienced staff to get to know people's needs. Staff received regular training which included online and face to face training. For example, health and safety, food hygiene, safeguarding, infection control, moving and handling, first aid as well as equality and diversity training. Where people had specific needs, staff were trained to meet those needs. For example, respiratory disorders, diabetes awareness and soul midwifery.

- The provider had provided a virtual dementia training for staff which local health professionals, families and friends had also been able to attend. The registered manager said attending the training sessions provides relatives with a greater understanding of people living with dementia.

- Training was viewed as important for staff development and for the quality of care delivered to people. The registered manager said if staff came to them asking for specific training, they would do their best to facilitate it. Staff praised the training and development opportunities at the home. One staff member said how they had been signed up to undertake a leadership and management course. They went on to say how they found the training at the home informative and a chance to refresh their knowledge.

- Staff said they felt well supported in their work and had opportunities to receive feedback through regular supervision and appraisals. Staff said they felt appreciated. The provider told us they recognised the importance of supporting and appreciating good staff and that staff received on their birthday £10 for every year they had worked for the provider. They also received vouchers and bubbly at Christmas.

- Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and registered to practice. The NMC is the regulator for nursing and midwifery professions in the UK.

- The nurses at the service were supported to complete the revalidation process. Nurses are required by the NMC to undertake a revalidation process to demonstrate their competence.

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

- The provider maintained very good nutritional support for people and ensured people had their nutritional needs assessed and met. They recognised the importance of providing exceptional homemade food for people and that mealtimes were an important part of daily life. The mealtimes we observed demonstrated this as they were very sociable and inclusive with the dining areas presented nicely with table cloths and condiments. Staff were very attentive and supported people who required assistance appropriately and discreetly. People were able to choose from a visual picture menu, staff were observed always offering people choices. Desserts were on display in a glass cabinet for people to choose and where not possible for people to access, staff took a trolley of different desserts for them to choose which they wanted and possibly more than one.
- We observed that people living with dementia had access to special coloured and adaptive cutlery and plates which follow best practice. For example, to aid people living with dementia increase their dietary intake the management team had implemented red plates as evidence showed that people's food intake was higher when they used red plates. The registered manager said it had aided people with a visual impairment maintain their independence as they had been able to clearly see their meals. They gave an example, when using a white plate, they might not see mashed potato and cauliflower.
- Everyone highly praised the standard of food provided at the home. People said they liked the food and could make choices about what they had to eat. Comments included, "The food is always lovely and I enjoy my meals", "There are several choices offered but you can request something else if you want and they'll try to do it for you" and "The food is nice and they will always bring me a drink, anytime, if I ask."
- People's dietary needs and preferences were clearly documented in the kitchen to inform the cooks. Staff knew people's likes and dislikes and if they had any dietary restrictions. The cooks met with people and their families to discuss their dietary needs, likes and dislikes and adapted their menu's accordingly. Staff carried portable devices linked to the computerised care records where they recorded people's diet and fluid intake if identified at risk. This could be monitored to ensure people were having enough.
- People were regularly weighed and in the event of weight loss action was taken to implement nutritious supplements and regular snacks of the persons choosing and to juice machines around the home with vitamins fortified juices.
- The management team had been working with the catering team regarding modified diets and the 'International Dysphagia Diet Standardisation Initiative (IDDSI) framework'. This had included specific training to all staff to understand the new framework, information booklets, developing presentation of modified meals. Staff were alerted on the care computerised system regarding details of people requiring a modified diet. As well as the management team the providers group manager reviewed people's weight each week and ensured the appropriate actions were being undertaken. They said people were maintaining their weights and, in some cases, had put on weight.
- The provider told us about the wonderful cakes provided by the kitchen for people's and staff birthdays and special occasions as well as day to day. The cook at the service had won the cake category in the 'National Association of Care Catering (NACC)' awards.

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

- People had their needs comprehensively assessed by the management team before they moved to the home. This helped to make sure the care home was able to meet their needs and expectations.
- People said their needs were met. One person said, "This is a lovely home and I wouldn't want to move anywhere else. They meet all my needs."
- People's care was provided in accordance with their wishes and preferences. From initial assessments, care plans were written to give staff details of how people wanted to be cared for. Staff took account of people's individual preferences and care planning ensured they were provided with their choices. The care and support needs of each person were reviewed each month to ensure their care remained effective, was

person-centred and based upon their specific needs.

- Staff knew people extremely well and how they liked to be supported. Staff we met were able to tell us about people's personal needs and choices.

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

- To ensure people lived healthy lives at the home, staff recognised the importance of gathering information at a pre admission assessment. They looked at people's strengths, limitations and health needs. People were supported to maintain good health and were referred to appropriate health professionals as required. Referrals were made promptly to external professionals and people's care plans were updated as required.
- Staff worked closely with a local GP whose surgery was next to the home. GPs undertook regular medicine reviews to ensure people were receiving appropriate medicines. The provider also provided specialist services to people on an individual need. For example, a physiotherapist. Care records showed that people had access to, dentists, chiropodists, opticians, tissue viability service, dietician and community nurses.
- People and relatives said staff contacted health professionals if required and kept them informed. Comments included, "If I feel unwell, I ask and, if the nurse thinks it appropriate, they'll arrange a doctor's appointment."

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.

- Staff adhered to the five principles of the MCA. That is, presuming capacity, providing all necessary support to enable people to consent, people being able to make a decision that others did not think was wise. Also ensuring best interest decision were made and recorded and, operating the least restrictive practice.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff completed mental capacity assessments where consent was required to support a person with personal care or continence care. Mental capacity assessments and best interest decisions were made in consultation with people, relatives and appropriate professionals.
- The management team had a clear understanding of their responsibilities in relation to DoLS. Appropriate DoLS applications had been put in place for people having their liberties restricted. Authorised DoLS were monitored and any conditions added to people's care plans.
- Staff had a good understanding of people's right to make unwise decisions when they had the capacity to do so.

- The management team ensured they had clear documentation of any relatives with power of attorney to ensure they had the legal authority to make decisions.

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 outstanding. At this inspection this key question has changed to good. 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

- The service provided people with wonderful care and support from staff who valued them as individuals. Everybody involved with the home were highly motivated to ensure people received care which was compassionate, friendly and kind. The inspection team were embraced with the same respect, warmth and welcoming that was offered to people, relatives and staff. Throughout our visit people were positively interacting with staff, chatting, laughing and joking. They looked relaxed and content. Staff supported people and relatives to share any concerns or anxieties and staff responded quickly to a change of mood in someone who could not communicate during our visit. All staff had an equality, diversity and human rights approach to supporting people and respected individuals' preferences.
- People and their relatives strongly praised the sensitive, considerate and compassionate care provided by the service. Everyone we spoke with described a marvellous, caring, kind, friendly and respectful staff team. They told us they were always treated well. Comments included, "They are all such caring people. They really look after us well", "They all seem happy and that makes me feel happy, too" and "We are happy, and we love the caring atmosphere here." Relative's had also sent messages of thanks to the staff. These included, "As a family, we couldn't have chosen a better home and that is a credit to you all as a team for making us feel that Silverleigh was nans home" and "I have nothing but praise for your caring, kindness, patience and response to all dads needs and my own requests. I thank you all for your loving attention."
- Staff were very supportive of people and went above and beyond to enable them to live fulfilling lives. For example, a staff member supported a person in their own time to a family wedding, another assisted a person who had recently lost a spouse to clear their home. Another person had been given notice from other provider's because they presented with challenges they could not meet. The person had very negative views about care homes and had no interest in daily life. Silverleigh staff spent time getting to know the person and had supported them emotionally and physically, encouraged independence with their specific needs which had enabled them to go home. The registered manager said the person told them they had changed their life.
- The provider was passionate about delivering a high standard of care which was holistic, and person centred. They invested in their workforce and instilled in them the ability to deliver an exceptionally empathic and caring approach. For example, people with no relatives had flowers delivered each week to give them a feeling of belonging and worth.
- Staff told us they were very happy working at Silverleigh because of the homely family feel and staff always willing to go the extra mile to support people. One staff member said, "We have a lot of professional caring people working here, staff are really caring and give extra time."
- Staff were knowledgeable about diversity and human rights. They had received training in dignity, equality

and diversity and kept up to date with the latest good practice.

- Staff supported people to follow their religious beliefs. For example, helping one person put out candles for Hanukah and honouring another person's last wishes as a Buddhist.
- People said they felt there was no obvious discrimination against anyone because of who they are, how they presented themselves, what they liked and whom they loved. One person said, "The staff are quite mixed...international and multi-cultural. So, I don't stand out or get treated differently in any way."

Respecting and promoting people's privacy, dignity and independence

- Staff were exceptionally, vigilant, attentive, kind, and respectful. They anticipated people's needs and checked on people's comfort and responded to in a timely manner to requests and escalating situations. Staff created an inclusive, comfortable and safe environment where people were encouraged to overcome obstacles. People were able to maintain their independence where possible. People were able to move around the communal areas freely with staff being aware of where they were and discreetly supporting them. The deputy manager told us because the home was next door to the local GP surgery, where possible they supported people to attend the surgery and use local transport to help promote their independence.
- Staff ensured people's privacy and choices were supported and respected. They respected people's privacy and dignity by providing personal care and assisting with toileting needs discreetly. People were enabled to explore and express their sexual feelings and staff shared information about intimacy and privacy in a way people understood.
- People's personal care and appearance were maintained to a high standard. People wore clothes of their choosing and wore accessories like scarfs and pieces of jewellery. Where some liked to wear makeup, this was respected and others who liked to be cleanly shaven this was undertaken. One relative said, "(Person) is better dressed and their hair and things are better looked after here than when they lived alone at home."
- Staff were highly motivated and keen to support people to the best of their ability, treating them with dignity and respect. For example, the majority of people used cloth napkins rather than food protectors to protect their clothing. This demonstrated a strong, dignified and person-centred culture.

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

- People were supported to maintain friendships and relationships that were integral to their emotional wellbeing. People had regular contact with friends and family with staff supporting them to use transport, accompanying them, celebrating birthdays and using video calling to keep in contact with families. There were no restrictions on relatives or friends visiting the service. The registered manager had implemented the principles of 'John's campaign' which is where there is an open visiting culture, supporting families and friends to have unrestricted visiting. This enabled them to be with the person living with dementia when they were stressed, anxious, upset or lonely. Where families were not able to visit regularly, with people's consent, staff sent photographs and supported them with video calling.
- Staff were passionate about involving people and their relatives in every aspect of their care. People whether they had capacity or not, and their representatives were at the core of their decision-making. For example, one person had always spent Christmas with their spouse. Staff worked with the person and their spouse and arranged that they stayed at the home together over Christmas. Another example is where a family member wanted to be actively involved with their relatives end of life process. Staff had supported them using their 'soul midwifery' approach and at the end the family member had worked with staff to undertake last offices for their relative (a ritual providing an opportunity for people to offer a final mark of respect to the deceased person).
- There were many examples of thankyou comments from relatives. For example, "Thank you for all the love and care you give to my parents", "I know that when I go home I can always sleep soundly knowing that my mother is safe in your care" and "We have such fond memories of Silverleigh and we know you took our mum in your hearts, and that is so comforting to us, you give the most amazing specialised dementia care."

- Although there were 61 people at the home, some with highly complex needs, the home felt constantly calm and relaxed. People were either engaged in facilitated activities or happily living within their own reality. For example, one person happily spent their time rearranging furniture in a small area in the home, another kept busy as if at work.

- The management team were using a 'dementia mapping' tool to help understand people's experience. Dementia mapping is an observational tool used in 'public' areas. They observed what happens to people with dementia over a period of time. As a result of the mapping sessions several improvements were made to enhance people's daily experience. For example, one person had been observed watching an art class. Staff identified they had liked art in the past and as a result they had been supported to undertake art classes which had significantly improved their demeanour and happiness. The deputy manager said, "She felt like she had a purpose."

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service continued to be exceedingly responsive. Staff promoted inclusion and empowered people to do activities, hobbies and interests which gave them a feeling of well-being and being valued. People and relatives talked with enthusiasm about the activities at the home. For example, a relative asked about companionship for a person when they met with the activity team. As a result, twice a week the person went to the sea front and to a local pub for a pint with a staff member. Another person had a set routine before coming to Silverleigh which included taking a 45-minute walk twice a day and swimming twice a week, which staff have continued to facilitate.
- The provider employed eight activity staff who prioritised people to have stimulation to suit them. Since our last inspection the activity team have increased their hours to cover from eight in the morning to nine at night to support different people's needs. They worked tirelessly to provide meaningful activities and experiences. Staff assessed people's skill levels and regularly reviewed them as their dementia progressed. There was an extensive and varied programme of activities that met people's individual needs. An activity plan advised people about planned activities being undertaken. This contained a variety of music, reminiscence, creative and physical activities. The activity lead said it was just an outline and was very adaptable depending on people's wishes.
- There were numerous activities being undertaken during our visits, taking advantage of several communal areas. Where people found noise/larger groups distressing, a smaller group activity was available.
 - Where people were unable or chose not to join in activities in the communal space they were visited in their rooms. Staff spent time with them supporting them with activities of their choosing. For example, reading poetry and having a hand massage.
 - Since our last visit the provider had put in place an interactive dementia table, which is an interactive light projector developed to promote stimulation for people living with dementia. We saw people enjoying using this while waiting to have their hair done.
 - Staff had supported people to form a choir at the home. The choir performed at parties at the home and had special outfits to wear. This had given them a sense of belonging and worth and followed research which suggests that listening to or singing songs can provide emotional and behavioural benefits for people living with dementia.
 - People were supported to stay in touch with family, friend and organisations they belonged to. For example, one person had been in the forces and told staff they had lost contact with a friend. Staff contacted the organisation and they managed to track the person down who had since visited as well as others from the same organisation.
 - People were able to purchase sweets, toiletries and stationary from a small shop at the home operated by

the staff team which opened each afternoon.

- The service took a key role in the local community and actively sought and built further links. Community involvement was closely linked to the activity programme. It included regular visits to a community cafe where people could speak with staff, other people and members of the local community, to pubs to watch football/rugby and attending church concerts. People from the local community were also welcomed into the home. For example, people from the local church and British Legion.
- External outings to places of interest were also organised using the providers transport. People were supported to, visit the market in the town, hydro pool and museums. Also, specific outings arranged for people which included a person who was a mechanic wanting to go to the Haynes museum.
- A monthly newsletter advised people and relatives of events happening at the home and people's and staff birthdays which were being celebrated.

End of life care and support

- The registered manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way. There was no one receiving 'end of life' care at the time of our visit.
- People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse.
- A number of staff had been trained as 'Soul Midwives'. This uses the approach that palliative care is not just about managing the medical condition of a person, but it also involves taking a holistic approach to the care of the individual as well as supporting their loved ones. Staff continued to provide a holistic and spiritual approach to facilitating a peaceful and dignified death for people. They used several techniques to provide comfort to people, for example, gentle massage, music or poetry read.
- The team were also working towards the Gold standard Framework which is a model of good practice of care for people who are nearing the end of their lives.
- The registered manager had a 'one door policy' where it recognised that people should enter and leave by the same door. This meant that people who pass away at the home left respectfully through the main door with appropriate music being played, which gave people and staff the opportunity to pay their respects. The management team had arranged for staff to visit the local undertakers in order to have an understanding of the continuation of care when someone passed away.
- The providers group manager had produced a booklet which contained information about end of life and what families and friends might expect and experiencing grief. This was discreetly made accessible in the home.

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

- People were provided with personalised care which was centred around them as individuals. The providers objectives were to establish a person-centred plan of care for each person which encompasses all of their physical, psychological, emotional and social needs. People received care and support that was responsive to their needs because staff had a very good knowledge of them and recognised their different needs and triggers. For example, one person had unpredictable behaviours which could be challenging. Staff had got to know the person well and before each interaction they would evaluate the person's presentation and assess the action required. Staff told us this might mean stepping away and returning a little bit later, talking about their family or asking another staff member to step in who had a good relationship with the person.
- People had a care plan in place on the provider's electronic care system. There were relevant assessments completed, from initial planning through to on-going reviews of care. Care plans included short, and long-term goals people hoped to achieve with support. Staff used the care plans to ensure they met people's assessed needs and preferences and to help them achieve their goals. Staff were able to tell us detailed

information about people's backgrounds and life history from information gathered.

- People had cultural care plans with information about people's history, their likes and dislikes and how they liked to spend their time. This enabled staff to know about people's lives, their families and what they enjoyed doing. Information was easily accessible to staff who had their individual passwords to access the electronic care system which ensured people received the care required. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.
- Staff ensured people and their relatives when appropriate to do so were involved in their monthly reviews to ensure they were happy with the care they received. One relative said how they always felt fully informed. Comments included, "We discuss my care needs, and I can talk to (family member) before deciding anything", "The staff always ask before changing anything in my care plan" and "I and my siblings have power of attorney for everything, and the staff keep us fully in the picture."
- There was a staff handover meeting at each shift change. This helped ensure staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. Activity staff also fed back information to staff about how people were feeling so staff were informed about people's well-being.

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.

- People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people had their hearing aids in place and had their glasses cleaned. If required a telephone amplifier was available to help people with hearing difficulties use the telephone. Staff had supported one person to communicate by using a communication white board.
- The pre-admission process identified people's communication needs and ensured these were reflected in their care plans.
- Information was provided to people in accessible formats where needed, to help people understand the care and support available to them. For example, the monthly newsletter, guidance for visitors and contractors about fire procedures, fire alarm notice and visitor's privacy notices.
- The registered manager was looking at training for staff where English was not their first language.

Improving care quality in response to complaints or concerns

- People knew how to raise any complaints they may have. They were confident their complaints would be dealt with promptly and had confidence in the registered manager to take action.
- The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People received an excellent quality of care because the provider and management team set high expectations about standards of care and led by example. The new highly motivated registered manager had transferred from one of the provider's other homes where they had headed a team which achieved an outstanding rating with CQC in their last two inspections. They had also won a bronze award in the Proud to Care Devon and Cornwall awards in the registered manager category. They had worked for the provider for over 12 years and shared the provider's vision and values of providing people with high-quality person-centred care. The registered manager was very proud of the home. They said, "What makes us different is that the residents are the heart of Silverleigh, this is their home and we are coming to visit them. We respect and value every resident as an individual and strive as a home to get better and better."
- Relatives spoke very highly of the registered manager and the team. Comments included, "The manager seems to know what everyone needs, and the staff seem happy, which I think is a good sign" and "The manager communicates very well. They tell us everything."
- Health professionals said they found the registered manager and management team really good and helpful. One commented "I have found the service to be really really good under (registered manager)."
- Staff were highly motivated to provide an excellent service and told us they had confidence in the registered manager and management team. Without exception all staff were full of praise for the registered manager and said how they felt included, empowered and well supported. Comments included, "I was dubious at first, but she is lovely... I can go and talk to her and things get done...staff feel they can be open with her and she doesn't put you down, a really good manager", "Very supportive and listens" and "(registered manager) amazing... great not a bad word to say about her."
- Staff were all positive about the changes the registered manager had made and their ethos. Comments included, "Where residents are concerned there is nothing (registered manager) would not do to improve the quality of their life" and "Since her short time here, (registered manager) has flourished in managing the nursing home...I have every faith in (registered manager) as my manager."

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

- Since the last inspection the provider had increased the management team at the home. They had recruited a second deputy manager and promoted the previous registered manager of Silverleigh into the role of 'Group manager' and introduced a new executive chef role. This meant the group manager could use

their experience to spread best practice and continuity across the providers group of homes. The provider told us they and the management team were exceptionally committed to continuous quality improvements and making a difference for people. They went on to say, "The team go above and beyond...devoted guardians of our residents here."

- The deputy managers both praised the support and development they had received from the registered manager. One told us how they were putting together a deputy's bible of guidance to use.
- The whole team demonstrated they shared responsibility for promoting people's wellbeing, safety and quality of life. Staff understood their role and responsibilities. There was a designated lead nurse to oversee clinical care for people who required nursing care at the home. The management team were on call to support staff deal with any issues occurring out of hours.
- The provider's ethos was to focus on an entirely holistic approach to the provision of care and specialist dementia care. They promised on their website that they would continually strive on a daily basis to "Deliver great care, great carer's and great careers." They recognised the care delivered covered all aspects of people's wellbeing and quality of life, from the ambience of their homes, activities available and variety of food served. The management team and staff at the home followed this ethos.
- Governance was well-embedded into the running of the home. There was a strong framework of accountability to monitor performance and risk leading to quality improvements within the home. The provider and the management team saw this as a key responsibility and a means to continually learn and adapt.
- The provider had robust quality assurance processes in place which included regular audits. These processes identified and managed risks to the quality of service delivery. Audits included, medicines management and infection control. The provider had a good oversight of the running of the service. They regularly visited the home. The group manager undertook regular spot checks at the home and weekly care plan audits and the service put in place action plans for areas of concern they identified.
- The provider is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained.
- It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection was on display at the home and highlighted on the provider's website.
- In January 2020 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.
- Meeting minutes confirmed staff learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

Continuous learning and improving care

- The provider used evidence based best practice and had developed models of dementia care from learning from their own services. They used the Soul Midwifery, the end of life gold standard framework and used dementia mapping to identify ways of improving people's experience.
- The provider believed in succession planning and ongoing further development of their services. The week of our visit they had a management meeting across their services, where the managers were asked to bring ideas about further developments. The registered manager said ideas they had put forward included research and developing mental health first aid counselling, buying equipment for a silent disco and purchasing a virtual reality mask for people to use to support people in their reality. For example, if a person became distressed and talked about London, they could use the mask to feel they were in London. These ideas had all been agreed at the meeting and were being actioned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in decisions about the home and their personal needs. The registered manager told us, "To ensure everything we do in the home is driven by the needs, abilities and aspirations of our residents. We recognise how important it is to retain this focus and shall remain vigilant in ensuring that the facilities, resources, policies, activities and services provided by the home remain resident lead. In order to achieve this a residents committee was held three monthly or more regularly if needed. They discussed activities in and out of the home and put forward suggestions they felt would improve and benefit others. For example, supporting poor families within the community. The provider acted upon this suggestion and donated money to a local charity. Discussion groups are held on a regular basis to keep people updated about current affairs.

- People's care needs and wishes were discussed with them and their families as appropriate on an on-going basis at support meetings and more formally when their care plans were reviewed. Staff put up communication notices and have individual communication books to keep relatives and visitors informed. During the inspection we heard staff offering people choices about what they wanted to do and about food and drink.

- Regular satisfaction surveys sought the opinion of people, relatives, professionals and staff about the service. These were all very positive about the home. Comments included, "Staff are skilled and efficient and always friendly and cheerful", "prior to my move to Silverleigh, the manager was very friendly and welcoming in a way that was informal yet reassuring" and "The staff greet us as humans and look at us as a person and not someone with dementia."

- A national care homes review website had received six reviews in the last 12 months, from relatives of people using the service. They scored 4.9 out of a possible five, with everyone saying they would be extremely likely to recommend Silverleigh. Comments included, "The staff treat people as unique individuals with their own set of circumstances, an ethos which is entrenched and comes naturally to the caring, compassionate and joyful staff... Staff are very astute at noticing if there is a change in my Mum's condition and they act accordingly, keeping me updated where appropriate. The superb management of the manager and her administration team are always thereabouts, and they know the people and their visitors as well as the rest of the team do."

- The management team welcomed relatives and friends to the home. Relatives were able to have lunch with people living at the home and join in with activities. The provider was an important part of the local community. Staff had developed and continued to develop community links to reflect the changing needs and preferences of the people who lived at the home. For example, a local community café, library, concerts and local church.

- The staff worked in partnership with other professionals such as community nurses and doctors, to make sure people's health needs were met. One relative told us, "The management are very approachable and work well with us and the Mental Health Nurse who comes to visit (person)."