

# Silverleigh Limited

# Silverleigh

## Inspection report

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## Ratings

| Overall rating for this service | Inspected but not rated        |
|---------------------------------|--------------------------------|
| Is the service safe?            | <b>Inspected but not rated</b> |
| Is the service effective?       | <b>Inspected but not rated</b> |
| Is the service well-led?        | <b>Inspected but not rated</b> |

# 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 targeted inspection took place on 2 September. There were 53 people living at the service at the time of the inspection. One of these was staying for a respite stay and told us they were considering staying permanently. The majority of people were living with dementia.

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

People said they were happy with the care they received. They said staff were always available if they wanted them. Relatives were positive about the home and the arrangements which had been made to keep them informed and in contact. Comments included, "We always get a warm welcome when we visit...the Home always inform us if there is any incident, such as a fall, or they're under the weather. Communication is very good, and we get a monthly programme sent to us."

Since the last inspection in February 2020, the service had been impacted by Covid 19. This had meant that staff had worked under very difficult circumstances to provide care and keep people safe. The provider had also put in place an interim management team to manage the service.

Staff said they had found the past six months very difficult and were adjusting to the sudden change in the management team. It was evident from staff feedback that the staff morale at the home was low with a lot of uncertainty. The interim management team were aware of the concerns and anxieties and were trying to restore staff trust and confidence. Staff said they had seen some improvements since the interim manager had been at the home. Most said they would be confident to raise a concern with the interim management team.

To manage during the pandemic, changes had been made to the provision of care and a reduced menu was implemented at the home. We discussed with the management team about the need to return to their previous level of service, action was being taken to address this.

There were enough staff to meet people's needs on the day of our inspection. We observed people in communal areas received the support they required to meet their physical needs. The provider told us they had needed to use a lot of agency staff to cover staffing shortfalls. Staff did not always feel there were enough staff to give people the same level of care they had before the outbreak, as people's needs had increased. The group manager demonstrated on the provider's staffing tool that they had above the required staff hours allocated. However, they said they would review people's dependencies again with a

nurse and a staff member to ensure they had the correct information to allocate staff numbers.

Staff said they had been able to provide people with their personal and continence needs. They also confirmed people had been monitored in the communal areas.

Alleged concerns had been raised with Care Quality Commission (CQC) about people being abused at the home. These concerns had been shared with the local authority safeguarding team who have investigated and closed the concerns.

Concerns had been raised with CQC that the low staff morale and anxieties were leading to disagreements within the staff team had impacted on people. Staff confirmed there had been staff disagreements, but these had been aired in private. Accidents and incident records showed there had not been an increase in people's altercation in the past few months caused by the unrest.

Where staff had raised concerns with the interim management team, we were assured that they were investigating and taking action. Most staff said they had confidence that if they raised concerns with the interim management team, they would take the appropriate action. Staff comments included, "I am glad to see new management and they seem to be more proactive...", "Our management team is very good and professional even though they are under lot of pressure at the moment."

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our thematic review of infection control and prevention in care homes. We found that staff were following up to date infection prevention and control guidance to help people to stay safe. However, the provider's infection control policy was not up to date with the current Covid 19 guidance.

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

#### Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted due to concerns received about staffing levels, the high use of agency staff, some staffs' skills, a poor atmosphere with low staff morale. Also, concerns that people were not having their personal care needs met, allegations of abuse, and concerns about the leadership and interim management at the home. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. We found the interim management team had already identified the concerns we found and were taking action. The overall rating for the service has not changed following this targeted inspection and remains Outstanding.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question Good We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### Is the service effective?

At our last inspection we rated this key question good . We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about

**Inspected but not rated**

### Is the service well-led?

At our last inspection we rated this key question outstanding. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# 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 under the Care Act 2014. This was a targeted inspection to check on specific concerns we had about staffing levels, the high use of agency staff, some staffs skills, people not having their personal care needs met, allegations of abuse, a poor atmosphere with low staff morale and concerns about the leadership and interim management at the home.

#### Inspection team

The inspection was carried out by two inspectors.

#### 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.

At the time of the inspection the registered manager had not been not working at the home since the 22 July 2020. Three days before the inspection they had submitted their resignation to the provider. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had informed CQC in July 2020 they had put in place an interim management team at the home. This included a registered manager and deputy manager from one of the provider's other homes and the provider's group manager.

#### Notice of inspection

This inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to Covid 19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the group

manager to send us staff rota's, information about people at the service and their support needs, staff contact details and audits and policies.

We emailed 74 staff members from the full list of staff and received an email response from 16 of them and a written letter passed to us at the inspection.

We were in contact with the local authority safeguarding team and locality manager regarding the concerns we had received.

During the inspection

We saw most of the people the service supported in communal areas. We spoke in depth with three of the four people at the home who could tell us about their experiences of care.

We spent time in communal areas observing staff supporting and interacting with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We sought feedback from relatives and advocates of everyone who lived at the home by asking the provider to send them our contact details. We received feedback from nine relatives.

We spoke with the interim manager and group manager, a nurse, a head of care, the medication administrator, three care staff and a housekeeper. We also met with the nominated individual and the group finance manager.

We reviewed the complaints log, infection control audit, falls and incidents analysis and minutes of staff meetings.

After the inspection visit.

We reviewed the information we had received from the provider and staff and relatives' responses.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about staffing levels, the high use of agency staff, people not having their personal care needs met and allegations of abuse. We will assess all of the key questions at the next comprehensive inspection of the service.

### Staffing and recruitment

- Concerns had been raised with us prior to the inspection about staffing levels at the home and the amount of agency staff being used. We found there were enough staff to meet people's needs. Where there were staffing shortfalls, the provider had used agency staff to cover.
- We had been in communication with the interim management team prior to the inspection about staffing difficulties at the home. We were told that a large amount of staff had been granted leave, at the same time. This had impacted on staff availability and they had used agency staff to help cover shortfalls on the rota.
- The provider's staffing tool assessed people's dependencies and the staff hours required to support them. Copies of staff rotas showed there were enough staff allocated to support people safely.
- People said they were happy with the care they received. They said staff were always available if they wanted them. One person said, "They are all lovely, I only have to ask, and they do it." Another said, "There is always someone around, I just have to raise my hand and they are there."
- Staff confirmed that people had their continence needs met and were assisted to the toilet when needed. When people were in their rooms, they had regular checks. We were told that there had been times when people had needed to wait to get up in the morning, but this had improved.
- We observed that staff were not rushed, and people appeared to receive the physical care they required. For example, one person appeared uncomfortable and staff noticed this and sought assistance from another member of staff to assist them to a more comfortable position. One person spilt a drink and staff quickly noticed and assisted.
- Staff expressed that it had been a very difficult distressing time. They said they did not always feel there were enough staff to give people the same level of care they had before the outbreak, as people's needs had increased. They said the high use of agency staff had made it more difficult, but things were a bit better because they had consistent agency staff who had got to know the homes routines. The group manager told us they would be reviewing people's dependencies again with a nurse and staff to ensure they were accurate.
- Staff confirmed that agency staff worked alongside experienced staff until they felt confident about working alone. One staff member told us, "Agency staff are never expected to work alone and usually work with stronger, more senior members of the care team. Agency staff are given access and encouraged to use the iPod care plan system." This meant agency staff had the information they needed to support people.

Systems and processes to safeguard people from the risk of abuse

- Alleged concerns had been raised with CQC about people being abused at the home. These concerns had been shared with the local authority safeguarding team who have investigated and found no evidence of abuse. The interim management team were made aware of the concerns, investigated and took action to make improvements, where needed.
- Some staff told us they had expressed concerns to the management team about some staff members approach. The interim management team told us they had been investigating the concerns raised and were taking action in relation to these. We discussed these and were assured appropriate action was being taken.
- The majority of staff said they had confidence that if they raised concerns with the interim management team, they would take the appropriate action. A staff member told us, "I had expressed a concern that I felt an incident that should have been safeguarded had not been. It was looked into and the management team at the time had not done this, so the interim team ensured this was done."
- Concerns had been raised prior to the inspection that staff had been falling out and having disagreements with raised voices while on duty. Staff spoken with said they had not witnessed any disagreements aired in front of people. They said there had been unrest amongst the staff, but this had been aired in private. The management team were working with staff to reassure them and support them after a very turbulent period due to a covid 19 outbreak and a change in the management team.
- People looked comfortable and relaxed with staff supporting them. The lounge area was calm, and staff interacted with people in a kind manner.

#### Preventing and controlling infection

- We were not assured that the provider's infection prevention and control policy was up to date and in line with current guidance in relation to covid 19. We highlighted this to them, and they made adjustments to the policy in line with current government guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check specific concerns about some staff skills and a poor atmosphere with low staff morale. We will assess all of the key questions at the next comprehensive inspection of the service.

Supporting people to live healthier lives, access healthcare services and support

- Concerns had been raised that people were not being monitored in communal areas and the poor staff atmosphere had resulted in an increase in altercations. We looked at accidents and incidents to see if there had been an increase in altercations between people which might indicate reduced monitoring by staff. We found these had decreased since our last inspection. The interim manager had reviewed all accidents and incidents as part of their quality monitoring and had not identified any themes or trends which would suggest there had been a lack of staff or a bad atmosphere.
- We observed that staff worked together co-operatively. There was limited fun or humour, but staff appeared respectful of each other. They requested assistance where needed to support people. Concerns raised about some staff members skills had been explored by the interim management team and they had undergone some refresher training and were revisiting their induction.
- In the main lounge area there were always staff present to monitor people's well-being. We discussed with the interim management team that there was limited interaction between people and not a lot going on in relation to activities, compared with their previous inspection. We were told that there was still a regular program of activities but because of the pandemic, they had not been able to use external entertainers to enhance the activity program. Staff rotas showed that there were eight designated staff providing activities from nine o'clock in the morning to eight o'clock at night.
- During the pandemic staff had worked under very difficult circumstances to provide care and keep people safe. To be able to manage at this difficult time changes had been made to the provision of care and the menu. We discussed with the management team about the need to return to their previous level of service. The group manager told us the following day that action had already been undertaken to restore the full menu choices and they were completing an action plan about moving forward.

# 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 outstanding. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the leadership at the service. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Concerns were raised before the inspection about the sudden change in management at the home and the impact this had had on the service. The interim manager, group manager and relief deputy manager the provider had put in place to manage the home, had been dealing with some difficult situations. They were working to reimplement systems which had lapsed and to deal with some long running concerns the staff had raised.
- Concerns had also been raised about the low staff morale and staff anxieties at the home were having a negative impact on people's care. We found that there had been challenges since our last inspection in February 2020, with covid 19 and the change in the management team. However, the management team were working with staff to restore their confidence and morale. All staff confirmed it had been a very difficult time, but most said they could see some improvements happening. Most thought there had been no impact on people living at the home.
- Staff said the interim manager was approachable, listened to their concerns and had been proactive in responding to concerns raised. Comments included, "I am confident that the interim management team is working hard to ensure the smooth running of the home" and "I feel that the interim management team have been trying their hardest to ensure things run smoothly, but despite their best efforts they appear to be bombarded by complaints. (Group manager) has always been professional, willing to listen, implement change, and address issues. Suggestions I've made recently have been listened to and are either implemented or going to be..."
- The provider and management team had several meetings with the staff teams to hear their views, concerns and to try and reassure them. They said it had been difficult because they were not able to disclose confidential information to staff, which had made them feel uneasy.
- The interim management team were completing the providers quality monitoring audits to see where there had been lapses and to help prioritise where they needed to take action.
- To help keep staff informed the interim manager had added a place on the providers computerised care system where information could be easily shared with staff to help relieve their anxieties.
- Relatives had not been able to visit the home during the height of the pandemic. Now this had eased, systems were in place for scheduled visits and garden visits. Relatives were positive about the home and the

arrangements which had been made to keep them informed and in contact. Comments included, "They have kept me fully informed at all stages, ringing me whenever there was an update on her health or if she had any minor accidents. This has continued to the same standard during the pandemic. During lockdown they have gently encouraged and supported me making phone calls to Mum and never made me feel like an inconvenience. They have been equally supportive in the organising of recent garden visits. Communication is good, with monthly newsletters. When I call, I can always speak to someone who is able to answer my questions."