

Silverleigh Limited

Silverleigh

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

Silverleigh is registered to provide accommodation and nursing and personal care for up to 54 people. The service is intended for older people, who may also have a physical disability, mental health needs or a dementia type illness.

This inspection took place on 29 June and 15 July 2015 and was unannounced. There were 51 people living at the home at the time of the inspection.

We last inspected this service on 9 January 2014. At that time we found improvement was needed to ensure the systems in the laundry promoted good infection control and a compliance action was issued. In May 2014 we followed up on our inspection of 9 January 2014 to check

that action had been taken to meet the compliance action. We did not revisit Silverleigh as part of that review because Silverleigh were able to demonstrate that they were meeting the standards without the need for a visit. We found the service had taken action to comply with the compliance action.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service, their relatives and visiting professionals said they felt the service was safe, effective, caring, responsive and well led.

People said they were well cared and felt safe at the service. Comments included, "No-one shouts or is rude. Staff are gentle, never rough with me..." and "I do feel safe. There is always someone around when you need them. That is reassuring for me." Relative's said "I have been impressed by the home...I have not seen any concerning practice...the staff are very caring..." and "I feel my relative is absolutely safe here...this place is wonderful." Visiting health and social care professionals had no concerns about the service. Their comments included, "They are looking after people with complex needs... I am very impressed every time I visit" and "It is a pretty impressive service. We have no concerns about people's safety or the care provided"

The service worked in a way which ensured people were safe. Staff were knowledgeable about how to identify and respond to safeguarding concerns if they arose. Clear guidance and policies were available if they needed to raise a safeguarding concern. Risks to people's health and wellbeing were managed in ways which least restricted people's freedom and choices. People were protected against the risks associated with medicines as there were good systems in place for the management of medicines. Staffing levels were appropriate to meet people's needs and preferences. People said staff were always available when needed. Robust recruitment checks ensured people were protected from unsuitable staff.

People were protected by good practice in relation to decision making processes at the service. Practice was in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain their health. They were provided with varied and nutritious meals and received support from a variety of external health professionals. Staff received training, induction and supervision to ensure they understood people's needs and were able to work effectively and safely. Staff said they were well supported to do their job.

Throughout the inspection we observed people were comfortable and relaxed with the staff who supported them. People living at the service were free to move around and were able to choose how and where they spent their day. Staff practice within the home meant people's privacy and dignity was respected, and the standard of personal care was good.

People had access to a wide variety of activities, including regular outings to places of interest. The service had an activities team of nine staff, led by a staff member who had achieved a diploma in activities specifically for people living with dementia. The service focused on creative ways to enable people to enjoy daily life. Activities were varied and planned to meet people's preferences and abilities.

The service was well-led by the registered manager, who was described by many as approachable, helpful and knowledgeable. There were effective quality assurance processes in place to monitor the service and plan on-going improvements. There were systems in place to share information and seek people's views about the running of the service. Accidents and incidents were appropriately recorded and analysed and action taken when necessary to reduce foreseen risks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People said they felt safe at the home. Relatives and visiting professionals were confident the care and support provided ensured people's safety.

There were systems in place to make sure people were protected from abuse and avoidable harm. Risks to individuals were well managed to ensure that people had their freedom and choices supported.

Appropriate arrangements were in place for the safe management of medicines.

There were sufficient numbers of qualified and competent staff on each shift and adequate pre-employment checks were undertaken to protect people from unsuitable staff.

Good



Is the service effective?

The service was effective.

The service was meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were up-held.

People were supported to receive adequate nutrition and hydration. There was a varied and nutritious menu available daily for people to choose from.

People had access to relevant healthcare services for on-going healthcare support. The service worked in partnership with other professionals to ensure people's health needs were monitored and met.

Staff were well supported. They received regular and appropriate training, supervision and appraisals to enable them to provide the care and support people required.

Good



Is the service caring?

The service was caring.

Observations and comments from people and relatives showed that staff were kind, caring and patient in their interactions with people.

Staff knew people well and how to support them in a way which promoted their independence and choice.

People's privacy and dignity was respected.

Relatives and friends were encouraged to visit at any time and they said they were made to feel very welcome during their visits.

Good



Is the service responsive?

The service was responsive.

Outstanding



Summary of findings

Staff understood people's preferences and their abilities well. A varied activity programme took into account people's personal hobbies and interests and introduced them to new activities.

People and relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

People's care plans were detailed, personalised and contained information to enable staff to meet their care needs.

Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable and communicated well with people who used the service, staff and outside professionals.

There was an open culture within the service. People using the service, relatives, professionals and staff spoke highly of the registered manager.

The service had good systems in place to assess and monitor the quality of the service to ensure continued improvements.

Accidents and incidents were routinely monitored and analysed for trends and themes to prevent recurrence.

People benefitted from the way the service worked in partnership with other agencies and professionals.

Good



Silverleigh

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 29 June and 15 July 2015 and was undertaken by one inspector.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

The majority of people using the service were unable to provide detailed feedback about their experience of life at the home. During the inspection we used different methods to help us understand their experiences. These

methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke with five people using the service, and six relatives of people who lived there. We also spoke with nine staff, including the registered manager; a company director; nursing clinical lead, care staff; ancillary staff and activities staff. We received feedback from seven health and social professionals who visited the service regularly, including a speech and language therapist (SALT); a tissue viability nurse specialist; a district nurse; two specialist advisors, one for Parkinson's disease and one for Huntington's Disease and the local GP practice.

We reviewed the care records of five people and a range of other documents, including medication records, three staff recruitment files and staff training records and records relating to the management of the home.

Is the service safe?

Our findings

People using the service said they felt safe living at Silverleigh. Relatives and health and social care professionals were equally confident that people were well cared for and safe. Comments from people using the service included, “I am happy here. Everyone is very nice and kind”; “No-one shouts or is rude. Staff are gentle, never rough with me...” and “I do feel safe. There is always someone around when you need them. That is reassuring for me.”

Relative’s comments included, “We feel it is safe here and have no concerns”; “I have been impressed by the home...I have not seen any concerning practice...the staff are very caring...” and “I feel my relative is absolutely safe here...this place is wonderful.”

Visiting health and social care professionals also felt the service was safe. Their comment included, “They are looking after people with complex needs...I am very impressed every time I visit”; “It is a pretty impressive service. We have no concerns about people’s safety or the care provided” and “They are doing a very good job. I am happy to place people there and would recommend the service”.

Staff said and training records confirmed they had received training in safeguarding. Staff had a good knowledge of the different types of abuse. Staff also understood whistleblowing procedures and how to report any concerns or unsafe practice. Whistleblowing is when a worker reports suspected wrongdoing at work. Staff said they could report any concerns to the registered manager or senior staff and were confident they would be dealt with. They said they would not hesitate to report any concerns. Staff spoken with, with the exception of one, knew who they could report concerns to externally should they need to. The registered manager said she would ensure the staff member was supported with additional training so they were aware of how to report concerns externally. The provider had safeguarding and whistleblowing policies available to guide staff should they have any concerns. Staff also had access to Devon County Council’s local joint working protocols to ensure consistency in line with multi agency working.

The service had a robust procedure in relation to the management of small sums of money held on people’s

behalf. Detailed financial records were kept for each person, which showed any money paid into or out of their account. The record was signed by two senior members of staff to verify the accuracy of each transaction. Money and records were stored securely and a restricted number of staff had access. A monthly audit was completed to ensure accounts were accurate. No discrepancies were found in the records we reviewed.

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people’s needs and keep them safe. People received care and support in a timely way and staff had time to engage people in conversation and activities. People said they rarely had to wait for staff’s attention, one person said, “I don’t wait long, maybe five or 10 minutes if the girls are busy.” Another person said, “Staff always have time to help with my shower. I don’t feel rushed by them.”

Relatives and professionals said staff were always available for them to speak with and they felt people were provided with the care and support they needed. One relative said, “The staff are always around. The staffing is excellent compared to other places”; another said, “The staffing levels are very good. If you need them in an emergency they are there in no time at all.” A third relative commented, “...it has never seemed short of staff.” Comments from professionals included, “Staff are always around to help quickly and efficiently” and “The home is well staffed and staff are knowledgeable about everyone living there.”

There were 51 people living in the home at the time of the inspection, 17 of which required nursing care, meaning they had been assessed as having nursing needs and were funded for this. The registered manager said the preferred staffing levels needed on each day shift to meet people’s needs were; one registered nurse, and nine care staff. The nursing and care staff team were supported by the registered manager, deputy manager, head of care and the activities team. There were six activities staff providing activities seven days a week. The service also employed an administrator; two chefs; kitchen assistants; general mealtime assistants; laundry and housekeeping staff and a maintenance person. The staff rota confirmed that the preferred staffing levels described by the registered manager were met except on occasions where short notice sickness was reported. On these occasions staff said cover was always sought but if the shift could not be covered they ‘pulled together’. Staff said the activities staff provided

Is the service safe?

additional support to people in communal areas when needed. All staff said there were enough staff to meet people's needs. Comments included, "Staffing is good. People get the care they need. We don't feel rushed here" and "We have a good team. We have time to spend with people and read care plans".

The rota ensured each shift had an adequate mix of skills, knowledge, qualifications and competencies. There was always a registered nurse on duty along with a senior member of care staff to lead each shift. At the time of the inspection, building works were underway to extend the home and provide a further 11 bedrooms. The registered manager had started recruiting new staff to ensure sufficient staff were available when the new building was completed in September, subject to CQC registration.

Risks to people's safety and wellbeing had been assessed, and risk assessments in the care records showed staff how to manage risks to reduce possible harm to people. Risk assessments were intended to ensure any identified risks were minimised, without impinging on people's independence or choice. For example, there were instructions for staff on how to manage the risk of one person leaving the building unaccompanied. Staff monitored the person's movements discreetly enabling the person to move freely around the home but ensuring they were safe. A family member said their relative's 'risky behaviours' had reduced since moving to the home as staff had "planned interventions when delivering care..."

Other risk assessments included risks associated with people's mobility, choking, nutrition; pressure damage and falls. Each assessment reviewed had clear instructions for staff to follow to reduce the risk. Where people were at risk of pressure damage, pressure relieving equipment was available such as mattresses and cushions. If a person had been identified as having a risk of choking, a referral had been made to the speech and language therapist (SALT). Their recommendations had been recorded and were followed by staff. A speech and language therapist said the communication between them and the home was "excellent" and that referrals were always timely and appropriate. They added, "They (the home) have a proactive approach which has led to an improvement in people's quality of life". They explained how one person's swallowing risk had improved and staff had "Handled safety issues related to swallowing very well..."

We discussed how the service managed the risks associated with people's behaviours which may challenge the service and whether restraint was used at the home. The registered manager and staff confirmed that restraint was not used; rather other techniques such as distraction and de-escalation were employed. We saw staff use these techniques during the inspection. On one occasion a person became distressed and started to shout at others. Staff intervened in a calm and sensitive way, providing reassurance they successfully managed to redirect the person's attention. One relative said they had witnessed staff on several occasions deal with difficult situations in a calm manner. All relatives and visiting professionals confirmed they had not witnessed any practice which gave them cause for concern.

People's medicines were generally well managed. Staff responsible for administering medicines had received appropriate training to do so. People said they received their medicines regularly as prescribed and on time. We observed that medicines were safely dispensed to people and they were given support in an unrushed way to take them. Medicines were stored safely and securely within the treatment room, at a temperature recommended by the manufacturer. Secure storage was also available in people's bedrooms. There were appropriate processes in place for the ordering, receipt and disposal of medicines. Where people were prescribed medicines "as required" there were clear instructions about when these should be used and records of what had been given, when and why. Some people were prescribed topical creams and records showed these had been used as prescribed.

The medicine files contained a photograph of each person along with details of any allergies they may have. Medication Administration Record (MAR) reviewed did not contain any unexplained gaps. Where medicines had been declined or not given the reason was recorded on the MAR. Where staff had made handwritten entries on the MAR charts, these had not always been signed by two staff to verify the accuracy of the entry. This was discussed with the registered manager and clinical lead as it had been identified as an area for action following a recent audit by the supplying pharmacy. The registered manager confirmed action would be taken to ensure staff worked within The Royal Pharmaceutical Society guidance about 'The Handling of Medicines in Social Care', a copy of which was at the home; and the NICE 'Managing medicines in care homes' guidance 2014.

Is the service safe?

Regular medicines audits had been completed by senior staff and a recent external audit of the homes medicine procedures had been completed by a pharmacist. Where the pharmacist had made recommendations these had been acted upon. The registered manager said no medicine errors had occurred at the service. Visiting professionals said they were happy with the way people's medicines were managed. People's medicines were reviewed by their GP at least annually to ensure current medicines were still required.

Accidents and incidents were reported and reviewed to identify ways to reduce risks as much as possible. A relative told us about the actions the home had taken following a fall from bed by their family member. They said there had not been a repeat fall since action had been taken to lower the bed. Crash mats had also been placed by the bed to reduce the risk of serious injury. One GP said, "The service learns from incidents, they pre-empt problems and adjust the way they work to reduce incidents."

There was always a member of staff on duty who was a trained first aider, to ensure any emergencies of this nature were dealt with effectively. A trained fire warden was also on duty each day in order to assist in an emergency related to fire safety.

Care records reviewed contained a Personal Emergency Evacuation Plan (PEEP). This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies.

Appropriate checks were undertaken before staff began work at the service. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Since the last inspection a fire safety visit had been undertaken by Devon and Somerset Fire and Rescue Service. They identified urgent actions which needed to be taken in order for the service to fully comply with their regulations. We contacted the fire service as part of this inspection and they confirmed a satisfactory action plan had been returned to them and at a subsequent visit they found the action plan had been fulfilled. A fire officer said, "The work completed was done to a high standard".

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

The registered manager confirmed that two people currently had authorised DoLS in place and a number of other applications had been submitted to the local authority earlier in the year; the outcome of these applications had not yet been determined. Where one person was making an active attempt to leave the building in spite of the potential risk to their safety, the registered manager had submitted an urgent DoLS application. The registered manager had contacted the local DoLS team to ensure the temporary measures in place to protect the person were satisfactory. A mental capacity assessment had been completed in relation to the issue, and a best interest meeting had been held with the family and senior staff to agree a way of protecting the person in the least restrictive way. This showed the registered manager understood the requirements of the MCA and where relevant the specific requirements of the DoLS.

Mental capacity refers to a person's ability to make a decision. Mental capacity assessments had been completed for specific decisions, for example the use of covert medicines, which had then required a best interest meeting. These meetings were held with members of the family, appropriate healthcare professionals and senior staff at the home in order to make decisions in people's best interest.

The registered manager and staff spoken with had a good understanding of the Mental Capacity Act (MCA) 2005 and how to ensure people's legal rights were protected where they did not have the mental capacity to make decisions for themselves. Records showed staff had received training relating to the MCA and the Deprivation of Liberty Safeguards.

We asked people if they had choices about their care and daily routines. People said staff sought their agreement

before providing care. This included support regarding what time they got up in the morning; where they spent their time, and what activities they participated with. People confirmed their wishes were respected.

We observed the support people received throughout the inspection. Staff gave people time to respond and picked up on non-verbal clues, for example when assisting them at mealtimes or supporting people with social activities. This demonstrated staff sought people's agreement or consent before support and care was provided.

People were supported by staff with the necessary skills and knowledge as effective induction, training and supervision was well established. Staff said they felt well supported to do their job. They were encouraged to learn and were able to ask for advice and guidance from the registered manager and other senior staff. One told us, "I feel very supported..." Another commented, "This is a great place to work. I love it."

Relatives and visiting professionals expressed their confidence in staff's skills and knowledge. An external NVQ assessor said the service was a "Well organised, professional home with good management and training." Other comments included, "Staff are knowledgeable and competent", "Staff are aware of individual's needs..." and "...I still think they (staff) really know their stuff." A relative said, "Staff are happy, it makes a difference..."

Staff confirmed they were provided with induction training when they first started work to help them understand people's needs and work safely. Records showed induction training followed nationally recognised standards for induction (the Care Certificate framework, which replaced the Common Induction Standards in April 2015.) The induction was delivered over a 12 week period depending on individual experience and learning needs.

Many staff were experienced in care and nearly 50% of staff had obtained National Vocational Qualifications (NVQ). The service was supportive of staff who wished to obtain similar health and social care qualifications. The staff training matrix showed staff had received a variety of training relevant to their role. Staff spoken with confirmed this. Training included safeguarding, moving and handling, fire safety, health and safety, basic food hygiene, infection control, and dementia awareness. Additional training had also been provided such as, managing challenging behaviour; physical intervention, pressure area care and

Is the service effective?

end of life care. Training records showed that nearly half the staff team had received training related to physical intervention and managing challenging behaviour. This helped staff's understanding of how to deal with challenging situations which may present. Training was delivered by a range of methods, for example taught group sessions; on-line sessions and a subscribed television training channel.

Staff said they received formal one to one supervision regularly with their line manager. This provided staff with an opportunity to discuss their work and training needs and hear feedback about their performance. New staff had a supervision session weekly to ensure they were settling into their role and to provide an opportunity for them to discuss any issues. Records confirmed staff also had an annual appraisal.

We observed breakfast, lunch time and supper time over two days. Mealtimes were not rushed and people received the one to one support they needed to meet their nutritional needs. Staff were engaged with the person they supported and support was offered at a pace which suited the individual. The exception was one supper time. We observed one member of staff moving between two tables, assisting four people. This meant people did not get the individual support they required.

Meals provided included a good selection of fruit and vegetables, a variety of options and meals suitable for people on special diets. People were able to choose what they ate at each mealtime. There was an extensive choice at breakfast, including cereals, yoghurts, fresh fruit, juices, as well as a full English breakfast. Several people enjoyed a cooked breakfast; one person said breakfast was "delicious!" For lunch, people were offered a daily 'classic menu' of seven choices plus one 'special' for the day. A desert fridge displayed a selection of homemade desserts and there was a hot pudding of the day. Where people required a soft or pureed meal, these were attractively presented. Between mealtimes hot and cold drinks and snacks, such as sandwiches, biscuits and homemade cakes, were served. People said they enjoyed the food. Comments included, "The food is very good. Always a good choice"; "The deserts are particularly good" and "The food is good. I like the cottage pie." One person said their special diet was well catered for.

People's nutritional needs had been assessed using a recognised assessment tool, which highlighted people's

risk of malnutrition. Where a risk was identified advice had been sought from external professionals such as the GP or specialist nurse. Nutritional supplements were used by some people. Staff were aware of the people who required supplements and we found these were given as prescribed or recommended. People's weight was regularly monitored to help identify any changes. A GP said they were always alerted in a timely way to concerns relating to weight loss. One relative said staff were alert when their relative was reluctant to accept food and alternatives and supplements were offered to ensure the person received adequate nourishment. This showed staff had a flexible approach to meet people's changing needs.

People had access to and support from a variety of healthcare professionals in order to meet their individual physical and mental health needs. For example, people had contact with GPs, nurse specialists, mental health specialists, speech and language therapists (SALT), opticians, and dentists. One relative said, "The medical care is first class..."

All of the healthcare professionals spoken with expressed confidence in the service and the staff's ability to meet people's assessed and changing needs. A GP said, "They are very good in terms of looking after acutely and chronically sick people. They pre-empt health problems. The service is as good as you can get..." A special health advisor said, "There is good monitoring of people's conditions and staff are knowledgeable about changes to people." A third professional said, "The service is brilliant and the communication with us is spot on..." All professional confirmed their recommendations were implemented by staff. A tissue viability nurse said they had no concerns about the standard of care provided in relation to wound care and pressure area care. They added, "It feels it is one of the really good homes..."

The adaptation, design and decoration of the home assisted people's independence and well-being. The lay out was such it enabled people to have the support they needed in the least restrictive way. This meant that people had freedom to walk with relatively few restrictions, which is important for some people when they feel restless. There was good signage around the home. Colours, symbols and pictures were used to help people to recognise their bedroom, the lounges, bathrooms and toilets.

There were two communal sitting rooms, a conservatory area, dining room and seating areas throughout the home.

Is the service effective?

The décor incorporated stimulating and interesting reminiscence areas with photographs and memorabilia which people could enjoy; touch and remember. We observed people were comfortable and relaxed within the environment.

There was a 'Snug Inn', which had been designed with a functional bar so that people could enjoy being in a pub like atmosphere with traditional pub games and playing cards. Alcoholic or non-alcoholic drinks were available if people wished. There was an attractive 'bistro' area and people took their meals there or met with family and friends.

A 'General Store' was available and offered people the opportunity to choose and purchase toiletry items, a

variety of sweets, chocolates and other sundry items, such as cards and small gifts. The shop had been designed to recreate an old fashioned feel with a small area displaying memorabilia and a collection of old advertising labels from years gone by. Loose sweets could be bought, weighed out on old fashioned scales and sold in candy bags. Both the Bar and the shop were non profit making.

There was limited access to the garden space due to building works, which were due to be completed at the end of August 2015. However, staff told us about the plans for the garden, which included a sensory area. Several people living at the home had an interest in gardening and we were told they would be involved in the garden's creation.

Is the service caring?

Our findings

People said staff treated them with kindness and compassion, taking into consideration their preferences and needs. One person said, “everyone is very nice and kind.” Other comments included, “Staff are good as a rule, gentle and considerate with me...” and “They will do anything for you...” People confirmed staff listened to them and acted on their wishes. One person said, “They (staff) are good. They help me when I need them. They know how I like things. I couldn’t ask for more...”

Relatives spoke highly of the care and support their family member received. One said their loved one was very well cared for and ...”his needs are met by skilled and sympathetic staff. At no point during my many visits have I heard staff members raise their voices or sound irritated by repetitive behaviours. Staff are cheerful and courteous and always have time to speak.” Another relative described how their family member had “blossomed” at the home. They added, “The staff care for us too...”

Some people were not able to communicate their views verbally about the staff, however, we observed positive relationships had been developed. Staff’s approach was kind and empathetic towards people. A relative said they had been “amazed at how quickly” their relative had settled at the home; they added “I have found this place wonderful...” Visiting professionals praised the staff approach. One said, “The staff are very good. They anticipate potential distress and anxiety. They treat everyone with respect...” Other comments included, “The staff are very caring, they go out of their way for people. They know the intricacies of how people function...”; “It is a happy place” and “Staff are very passionate and caring. They are there for the people using the service.”

The registered manager and staff knew people well and were able to describe people’s care needs, preferences and individual personalities. One visiting professional said, “This is a very homely and friendly place and people are valued...”

Staff interacted with people in a meaningful and caring way. For example, two people were taking great care of a doll and a soft toy dog. It was clear people derived pleasure and comfort from their interactions with the doll and the dog and staff acknowledged this. This elicited smiles from both people and showed staff were attentive and

considerate. If people became anxious or distressed staff recognised this. One person was worried about whether their family were visiting; the registered manager intervened immediately, providing information and reassurance to the person. The person was comforted, calmed and reassured by the interaction. This showed staff understood how to communicate effectively with people.

There was a relaxed, calm and happy atmosphere. People were able to move around the home freely and spend time in different parts of the home. One person visited the registered manager in their office; the registered manager said this was a regular occurrence and they were more than happy to accommodate this. Another person had a cup of tea and a snack in the staff room with staff. Staff chatted with the person and they were made to feel welcome and comfortable. This meant people were able to choose where and how they spent their time. A relative said, “I liked the fact that this one (Silverleigh) was non-institutional but inclusive...”

Staff were patient and calm when communicating with people, explaining things clearly and slowly and giving people time to respond. For example, when staff assisted people, for example with moving, they did so carefully and competently, providing reassurance throughout. One relative said “Staff always ask people what they want and involve them. When they hoist my husband they tell him what they are doing. They are very good.” Another relative whose family member had moved from another service recently said, “It is the first time in two years I have seen her content...”

Staff were mindful of people’s privacy and dignity. One professional said, “They treat people with respect, this is at the core of what they do. This comes from the top...” People looked well cared for. People were wearing clean clothing and were well groomed. Visiting family members and professionals said people’s person care was always well attended to. One relative explained their relative could be resistant to personal care at times but added, “Staff have good strategies to keep his nails clean and cut.” Other comments included, “Personal care is very good. People always look smart”; “There is a high standard of care given” and “She always looks clean and smart...” This showed staff had taken time to support people with their personal appearance.

One person said they had been affected by the building work as their room directly looked out onto the newly

Is the service caring?

emerging building. As there were no privacy nets or blinds in the person's room, they had to close their curtains to ensure privacy from the builders when in their room during the day. This meant their room was dark during the day. They had been offered another room on a temporary basis but did not want to move. With their permission, we discussed the issue of privacy with the registered manager. She assured us she would speak with the person and look for a solution that would suit them.

Staff did not discuss any personal information openly or compromise confidentiality. Issues of privacy, dignity, confidentiality and choice formed part of the induction training. At staff meetings staff discussed a 'policy of the month' – confidentiality was discussed at the May 2015 staff meeting to remind staff of their duty. Staff were able to describe how they maintained people's privacy and dignity and how important this was for people. One staff member said, "We treat people how we would like to be treated, with respect. Each person has different needs and likes and we work hard to make sure these are met..."

The service recognised the importance of people's relationships. People said visiting times were flexible. Visitors were offered refreshments and meals to enable them to spend sociable time with their loved ones. Visitors said they visited regularly at various times and were always made to feel welcome. They said staff always had time to speak with them and answer any questions they might have. One relative said, "Staff are always so welcoming..." Other comments included, "I visit four or five days a week for up to four or five hours a day. The staff are lovely, I can see what goes on here...I have no concerns" and "I think Silverleigh is very solution-focussed – I had spent so long finding solutions to problems with life that I found it hard to

realise that I didn't have to do that anymore. When he arrived in Silverleigh, from day one, staff would say 'Don't worry about it ...that's our job now.'" One relative spoke about how they and others were involved in the Christmas celebrations at the home. They explained the service had organised for a number of relatives to have Christmas lunch with their loved ones, they added, "It was just lovely...we really appreciated the effort they made."

People said regular 'residents meetings' were held and were generally well attended. One person said the meetings meant they could hear about any developments at the home, as well as share thoughts and ideas for improvements. People living at Silverleigh and their relatives had been fully informed about the planned building work and given regular up-dates about the progress.

The service held a 'relatives' support group' every three months. An agenda and minutes were produced for each meeting and shared with relatives. The aim of the meeting was to give relatives an opportunity to share experiences and ideas and raise any issues they might have. One relative said how good it was to get to know other people and that lots of information was given to them about changes at the home but also "useful tips on how to keep your partner interested..." They added, "At the meetings relatives are full of praise for the home. Everything is good..." Relatives said they felt supported by the staff group, who listened to them and ensured they were kept up to date with any changes or incidents in a timely manner. The registered manager explained they planned to invite relatives to attend future dementia awareness training to enable them to continue to be fully involved in the care of their family member.



Is the service responsive?

Our findings

People received personalised care that aimed to meet their individual needs. People confirmed the daily routines were flexible and they were able to make decisions about the times they got up and went to bed; how and where they spent their day and what activities they participated in. One person said, “We are offered choices, even about the gender of care staff”; another said, “I choose my routine and what I wear.” People said staff listened to them and respected their wishes and choices.

One relative said they had chosen Silverleigh as “It seemed to me a place where I could trust the people and the place with my precious husband.” Another relative commented, “Although there are many care homes nearer to my home...I would rather my dear husband is cared for where I feel he is very well cared for.” Visiting professionals commented on the personal service provided. One said, “There is a high standard of care, which is person centred. The ethos is inclusive and they create a relaxed atmosphere...”; another said, “It is a very personalised service...”

Before people moved to the home an assessment of their needs was completed to ensure their needs and expectations could be met. Care plans contained detailed information about people’s needs and the interventions and goals required to ensure needs were met. Care plans covered areas such as psychological support; personal care; skin care; communication, behavioural issues and risks, nutrition, night time routine, and moving and handling requirements.

Detailed information was included about people’s preferences such as the time they liked to get up and go to bed, their hobbies and interests and how they liked to spend their day. Staff said they had the information they needed to provide person centred care; they had time to read care plans and all were knowledgeable of people’s needs and preferences.

People said they were aware of their care plan and they had been involved in discussions about how they wanted their care and support. Relatives said they had been invited to ‘care review meetings’ and were consulted about their

family members care needs, wishes and preferences, where appropriate. One relative said, “At a recent review I was amazed at the detail of information they checked. They have good knowledge of my wife...”

The daily care notes reflected the care delivered, how the person spent their day and their mood, and provided a sense of the person’s wellbeing. From the daily notes we established staff were responsive and flexible to people’s individual needs. For example, one person had been restless at night so staff involved the person in familiar chores, such as folding laundry.

People had access to a range of activities to suit their preferences and abilities. One person said, “There are lots of things to do if you want to but you are not forced...” Another person said, “There’s lots going on here. I can choose what I join in with. I go out every day...”. A third person said, “I like the music and dancing and I like to go to church. There are always several things going on.” We asked one person if they liked to join activities, they said, “Not if I can help it!” They preferred to spend time with staff or on their own. Although staff encouraged people to join in with activities, people’s wishes were respected where people declined.

There was a team of nine activity staff, led by a member of staff who had obtained a diploma in activities specifically related to people with dementia. The activities co-ordinator described how the activities programme was planned around people’s interests and hobbies as well as considering their abilities. They said, “We focus on their needs and preferences. We adapt things where we see the need, for example, for people with advanced dementia we can focus on sensory activities such as music, tactile materials, colours and aromatherapy.”

During the inspection we saw people were engaged in a variety of activities, for example, several people attended an exercise class; people went swimming at the local pool and had other outings to local places; staff spent one to one with people and some people went out independently for walks or to the local shops.

Both group and one to one activities were provided, including exercises, a weekly Tai Chi lesson, and a weekly physical fitness class taken by a qualified personal trainer. Some people used the local hydrotherapy pool in Axminster twice a week for swimming. One relative met their relative at the pool weekly and expressed how much



Is the service responsive?

this activity was enjoyed by them both. One person had been a keen gardener and staff encouraged and supported them to prune plants in the front garden, an activity they enjoyed and one which made them feel valued.

An Aromatherapist offered one to one relaxation and massage sessions. Other activities included drumming workshops, poetry reading, games, pampering sessions, quizzes, discussions, reminiscence activities and musical events with singing and dancing. Workshops for brass polishing and wood sanding were also on offer. Activities also encompassed different skills and aspects of life, for example helping with everyday home activities, such as peeling of vegetables, folding laundry, painting, and planting. Daily newspapers were delivered and there were regular visits from a mobile library. The home subscribed to 'the Daily Sparkle' which was designed to stimulate and improve memory. It contained articles, quizzes, old news stories, gossip, puzzles, singalongs and entertainment, which staff used to engage people in conversation and activity. A monthly 'Silverleigh newspaper' was produced which provided people and their relatives with up-dates about changes at the home, reminders of activities and events for the month, birthday celebrations and welcomed new residents.

A minibus offered trips out four afternoons a week. People visited local garden centres, the sea front, and other local places of interest. Staff ensured everyone was offered an opportunity to enjoy a regular trip out. For people who were unable to attend a Sunday Service in Axminster a combined service with communion was held at Silverleigh once a month.

For people who were less able or chose to remain in their room, records showed they received regular one to one time with activities staff at least two or three times a week. One person had poor eye sight and the activities staff helped them to order audio books regular, which they enjoyed. In addition to planned and organised activities, we observed staff spent time with people chatting, reading the paper or just sitting and holding a hand.

Activities staff were regularly exploring new activities, for example the use of 'theme bags'. These contained items relating to various themes, such as 'the forest'; farm; transport and eras of 1940's, 50's and 60's. These items then provided a focal point for conversation and reminiscence. Relatives were encouraged to use the resource when

visiting to stimulate conversations or provide a more sensory experience for the individual. Sensory blankets were also available within the corridors and again relatives were encouraged to use these during their visits.

People's independence was supported. Silverleigh is located close to the main town with shops and cafes and some people went out daily. People also engaged with local community events. For example several people had attended a local church concert the week before the inspection.

The home had three cats, which people obviously enjoyed petting and chatting to. One person was able to bring their dog when they moved to the home and the activities staff helped to look after the dog. We saw a person enjoying a walk around the block with the dog one afternoon.

Relatives and visiting professionals felt the varied activities were one of the strengths of the service. Comments from relatives included, "There is so much going on...my wife loves the music and singing and she joins in with that. She is very much included here. The activities are a big plus" and "...he does not join in the many activities on offer but he is taken for a walk daily...and he has been given priority on the bus trips out as that is the one thing he'll join in." Visiting professionals commented, "It has a feel good atmosphere, lots of activities going on and people seem to be happy..." and "There is always a hive of activity there. Staff ensure people are included. They really are very good..."

The way mealtimes were organised was person centred and promoted flexibility and choice. Meals were served from a hot counter in the dining room, which formed a focal point for people, which stimulated senses as it was very visual and the smells were appetising. People entering the dining room perused the choices on their way to their tables. A bespoke chilled cabinet displayed a variety of desserts and people were encouraged to make their choice; we observed many people enjoyed doing this; some choosing more than one dessert. Menus provided a visual prompt for people, with a photograph of each meal available so people could be more independent with their choice. Staff showed people the menu and discussed their choices.

We visited some people's bedrooms with their permission. People had personalised their rooms and they were encouraged to bring small pieces of furniture with them



Is the service responsive?

and other personal item such as ornaments and photographs. One relative explained how staff had helped to 'de-clutter' their relative's bedroom once mentioned to them. They said they had gone out for an hour or so and when they came back it was all done. They added, "Staff said what I am always told which is, 'you only have to ask and we'll do it.'"

There was a clear complaints procedure in place. People were aware of how to raise any complaints or concern they may have. They said they could speak with staff or the registered manager. One person said, "I have nothing to complain about but if I did I would speak with...(the registered manager)." Another said, "I have no complaints, not in the past and not now." People were confident if they did have any concerns they would be listened to and acted upon. All relatives spoken with were aware of how to raise a

complaint. None had any complaints or concerns and all felt confident any concerns would be addressed. One relative said, "We have no cause for complaint." Another said, "I feel anything can be discussed with staff."

Visiting professionals said they had no concerns but should they need to discuss any concerns they felt confident these would be listened to. One professional said, "They (staff) are always willing to listen to any suggestions I make. They are open and work in partnership with us." Other comments included, "The manager is very approachable and I could raise any concern with her and she would deal it."

The registered manager confirmed three complaints had been received since the last inspection. All had been investigated and resolved.

Is the service well-led?

Our findings

People living at Silverleigh, their relatives, visiting professionals and staff were positive about the management of the service. Comments included, "...the registered manager is easy to talk to. I can see her anytime I need to"; "The communication is really excellent. The manager is very helpful and friendly..."; "The service is very well managed. The manager is very approachable" and "It is very well run, staff seem happy, the culture is open. It would be nice if all services could be like this..."

The registered manager was visible within the home throughout the inspection and people, relatives and staff knew they could speak to her at any time. The office was visible as it was located in the reception area and the door was always open. People frequently visited the registered manager in her office to have a chat, or have their queries answered or just to sit quietly. One relative felt they could always discuss possible changes or improvements for the service with the registered manager. They said if they had seen something that seemed good to them elsewhere, they asked the registered manager what she thought or why she didn't do it, and the manager could always tell them. Another relative said, "Really kind and pleasant staff here, from senior management to domestic staff..."

There was a positive and open culture at the service, which was confirmed by all we spoke with. During the inspection we found the atmosphere at the service was relaxed and friendly. We observed many positive interactions between the staff on duty, people living at the home and relatives. Staff said they enjoyed working at the home; they felt well supported and valued. Staff were well supported by the management structures within the home. There was always a senior member of staff on duty and a senior member of the management team on call should additional support be required out of hours. Senior members of staff allocated work responsibilities at the beginning of shifts which ensured that staff knew their role and responsibilities for the day. Senior staff also offered support and guidance to new and less experienced staff. Comments from staff included, "It is lovely here. We all get on like a house on fire"; "We have a cohesive team. We work together..." and "You have fantastic support here. We have lots of training, get regular supervision and there is good team spirit..."

A range of systems were used to monitor the quality and safety of the service. For example, people who used the service and their relatives were asked for their views about their care and support and these were acted on. Questionnaires were used throughout the year to explore various topics such as meals and mealtimes. We saw evidence the provider also carried out annual satisfaction surveys covering various aspects of the service, including accommodation; housekeeping, staff approach and activities. Although the results of the latest survey completed in June 2015 had not been collated, we reviewed a number of completed responses from people using the service and their relatives. Responses were overwhelming positive, with the majority of areas being scored as excellent or good. Where suggestions for improvement had been made, these had been followed up by the registered manager. For example, one person had requested crusty rolls and lasagne and these had been made available to the person. Another person had wanted the lighting in their room to be changed and this had been done as requested. There were many positive comments received from relatives about the overall quality of care provided to their family member.

Regular audits were completed by the registered manager, senior staff or the provider's representative to monitor the quality of service. These included health and safety, infection control, medication, care plans and premises checks. Actions resulting from the audits were recorded and checked by the registered manager or senior staff to ensure they had been completed.

The accident and incident reporting system in place was effective. The registered manager monitored all accidents and incidents and collated details monthly to help identify any themes or trends. Appropriate investigations of all accidents and /incidents were undertaken and actions were implemented where necessary to reduce a reoccurrence. For example, if a person experienced falls in the month, referrals were made via the GP to the 'falls clinic'. One person who had experienced falls and an injury was referred to an occupational therapist and their recommendations had been implemented and the risk of falls had reduced. One GP said, "It is a learning organisation. They adjust the way they work to learn from previous incidents...there is an open and transparent culture."

Is the service well-led?

Regular staff meetings took place for all staff, including nursing and care staff, activities staff and ancillary staff. From records viewed, staff meetings provided an opportunity for the registered manager and senior staff to up-date the team on changes and development. Meeting also offered staff an opportunity to discuss work issues, and reflect on what was working well and what improvements could be made. The minutes included discussions on training, general care issues, incidents, updated policies and procedures and best practice issues. Staff said they were always updated about any changes and felt they could raise queries or suggestions with the registered manager or other senior members of staff.

People benefitted from the partnership working established with other professionals. This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement, for example GPs and specialist nurses. Professionals contacted as part of the inspection said the service made appropriate referral and always acted on their advice or recommendations. Comments included, “I feel it is one of the really good homes. It runs smoothly and

has a good atmosphere. There is good communication with us...”; “This is a very good home...they work in partnership. I would be very happy to recommend the service”; “Pretty impressive service” and “Excellent service. I would be happy to be there myself.”

Records we reviewed during the inspection, for example staff files, care records, daily notes and audits were up to date; all records requested during the inspection were readily available. Staff personnel records and individual care records were securely stored.

The registered manager was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service.

In April 2015 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored the highest rating of 5, confirming good standards and record keeping in relation to food hygiene had been maintained.