Silverleigh Limited

Silverleigh

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

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. Since the last inspection the provider has increased the number of places at the service from 54 to 65.

We carried out an unannounced comprehensive inspection of this service on 29 June 2015 and 15 July 2015. At the time of this inspection the service was meeting the necessary legal requirements and the overall rating of the service was "Good".

We received concerns in relation to staffing levels at the service, especially at weekends. As a result we undertook a focused inspection to look into those concerns. We also recently received information from the registered manager which showed an increase in incidents between people using the service. The Devon County Council safeguarding team were investigating how the incidents were handled by the service. We took this opportunity to review the incidents and the measures in place to reduce any harm to people.

This inspection took place on 10 July 2016 and was unannounced. There were 60 people living at the service at the time of the inspection. This report only covers our findings in relation to those concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silverleigh on our website at www.cqc.org.uk

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 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. The registered manager was on duty at the time of this inspection.

The deployment of staff around the service was not always ensuring people's needs could be met or that their safety was assured. One person living at the service and two relatives raised concerns with us about the lack of staff presence in communal areas. On occasions we observed people did not always receive support from the appropriately staff when needed, which meant they had to wait for assistance.

People said they felt safe living at Silverleigh and described the staff as kind and caring. Relatives were happy with the overall standard of care and support and felt their family member was safe. One said, "The care is generally excellent…" Staff provided care and support for people with patience and kindness. People's privacy and dignity were respected. People were involved in decisions about how and where they spent their time.

The registered manager was aware of their responsibility in relation to safeguarding people from abuse or harm. Where necessary, alerts had been made to the local authority and notifications sent to CQC. As a

result of recent safeguarding alerts, the Devon County Council safeguarding team and health care professionals had reviewed people's care. The safeguarding team were satisfied with the actions taken by the registered manager to reduce future incidents, and no further action was needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The number of staff and deployment of staff did not always ensure people's needs were met.

People were protected from risk of abuse because the appropriate procedures were followed.

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 Sunday 10 July 2016 and was unannounced. An inspector and inspection manager carried out this inspection.

Prior to the inspection we reviewed all information about the service. 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 informal observation throughout the inspection. Our observations enabled us to see how staff interacted with people and see how care was provided.

We met with or saw the majority of people using the service and we spoke with three people in more detail. We also spoke with three relatives of people who lived there. We spoke with ten staff, including the registered manager; a company director; nursing staff, care staff; ancillary staff and activities staff. We received feedback from one social professional who visited the service. We also spoke with the Devin County safeguarding team.

We reviewed the care records of two people and other documents, including the staff rota and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Prior to this inspection we received concerns about staffing levels. The information received suggested there were sometimes only four or five care staff on duty in the afternoon at the weekend instead of eight care staff, and that the quality of the care may be compromised. Concerns were also raised about the lack of management support over the weekend period.

When we arrived at the service on Sunday 10 July 2016 at 08.45am the registered manager was on duty, along with a registered nurse and 10 care staff. There were also three activities staff and ancillary staff, including a chef, three kitchen and dining room staff, two cleaning and one laundry staff. The registered manager said they were not aware of any shift where there had been only four or five care staff on duty as suggested by the information we had received. They said no concerns had been raised with them about staffing by people using the service, relatives; professionals or staff. During the inspection the deputy manager and head of care arrived to support the registered manager.

We discussed the needs of people living at the service. The majority of people living at Silverleigh had a diagnosed dementia or memory loss, which meant they required a significant amount of support and supervision. Some people were independently mobile and some walked using walking aids, whilst 11 people needed full support of two staff for safe moving and handling. Some people required support and prompting with personal care. 15 people needed full assistance from staff for all activities of daily living, for example personal care, assistance at meal times and help to take part in social activities. 20 people required nursing care, meaning they had been assessed as having nursing needs and were funded for this.

The registered manager did not use a staffing tool, which helps providers to establish staffing. The registered manager explained staffing levels were determined on the number of people living at the service and their needs. The provider's preferred staffing levels needed on each day shift to meet people's needs were; one registered nurse, and eleven care staff for the morning. This included one senior care staff leading the shift and another senior care staff responsible for medicines required by people who did not have a nursing need. One registered nurse and eight care staff were needed for the afternoon shifts. The nursing and care staff team were supported by the registered manager, deputy manager and head of care week days and some weekends. There were nine activities staff providing activities seven days a week. The service also employed an administrator on week days; three chefs; kitchen assistants; general mealtime assistants; laundry and housekeeping staff and a maintenance person.

The registered manager explained the service had care staff vacancies for 55 hours per week and were actively recruiting. In the meantime, vacant shifts were covered by existing staff or on a rare occasion agency staff if necessary. The company director explained that staff from other services within the provider group could also be called upon at short notice to cover shifts.

One person living at the service said they felt the service was short staffed at times, which resulted in them having to wait for assistance. When asked how long they might wait, they said, "10 minutes or so." Another person spending time in bed said staff visited them regularly to check if they needed anything. They said

they had no concerns about staffing levels. They added, "I am very comfortable and well cared for by the staff…"

One relative expressed concern that care staff were not always available to support people in communal areas when they needed it. They explained this sometimes resulted in their relative having to wait for assistance. On occasion the relative chose to assist their family member rather than waiting for staff. They also explained that there could be "squabbles as some of the residents can be feisty". They also confirmed they were happy with the overall care and support provided and that staff were "very good". Another relative said the care and support provided was "generally excellent". However, they also felt there was a lack of care staff presence in the communal areas of the lounge and dining room. They added, "I can't say there are not enough staff but I would like them to be more present in the lounge." They described an incident where their relative had been incontinent as they had not been supported quickly enough. A third relative said they were "very happy with everything." They described the improvements to their family member since moving to the service. They said they did not have any concerns about staffing levels and that staff were always around when needed. They added, "I can go home without a worry…"

Staff said there were only staff shortages at times of unplanned short notice sickness. None of the staff remembered shifts with four or five care staff on duty. One said, "We go through periods of sickness but I have never felt we were at dangerous levels or unable to deliver the care needed…" Another staff member estimated that in a six month period there were two occasions when staff had gone off sick and cover had not been found. They confirmed there always had to be one care worker in the dining room checking on people and maintaining their safety. A third staff member said sometimes they struggled if there was uncovered sickness, however, they added, most shifts had the right number of staff needed.

Staff also described working together when there was uncovered sickness to ensure people's needs were met. One said, "We have a good staff team. If we are short we organise ourselves. Everyone pitches in…" A registered nurse said there were usually two nurses on the morning shift during the week and one registered nurse at the weekend. They felt this was sufficient and they were able to undertake their responsibilities in a timely way. For example, they confirmed that morning medicines were usually administered by 10.00. This was the case on the day of this inspection.

Responses from the last staff survey completed in April 2016 showed 39 out of 90 staff had commented on the need to have more staff. The registered manager had not fully collated the findings of the surveys or responded to staff at the time of the inspection. Following the inspection the registered manager informed us that 22 of the 39 staff who indicated more staff were required were not care staff. The general theme of the ancillary staff's concerns were the availability of care staff in communal areas particularly in the morning.

We reviewed the staff rota from 29 May 2016 to 10 July 2016. The rota showed the provider's preferred staffing levels had not been met on 21 days during this period. The shortages varied from one to three care staff. Following the inspection we analysed the rotas further. We found one occasion where there were five care staff and a registered nurse on duty between 2pm and 5pm (9 June 2016); this was due to staff absence. The registered manager was on leave at this time according to the rota. We found no evidence that only four care staff were on duty at any time. The registered manager explained they and the deputy manager worked "on the floor" providing hands on care when shortages occurred. They also explained two general dining room assistants were on duty during each meal time to assist people. Between two and three activities staff were on duty for each shift. Care staff were not involved with any domestic chores, as housekeeping staff were employed to clean and do laundry. The registered manager, deputy manager and registered nurse felt staff shortages had not compromised care or put people at risk as senior staff provided cover when

necessary.

The rota confirmed there was always a registered nurse on duty. There were two registered nurses on duty during the morning at least four days a week. The registered manager explained the reduction in nursing staff at the weekend was because there were fewer GP and other health and social care professionals visiting.

We looked at the deployment of staff at the service. Our observations showed care staff were not always available in areas of the service where people required assistance with personal care or supervision for their safety. Other staff were available, such as general dining room assistants and activity staff. However, they did not provide assistance with personal care, such as helping people to use the toilet. We spent time observing the lounge and dining room. At 10.30 there were 21 people in this area. There were two general dining room assistants in the area and care staff were passing through, but there was no constant presence of care staff. At one point the two dining room assistants were busy and one person became restless. An activity person in the conservatory noticed and responded to the person. As they were unable to assist, they had to find care staff. Care staff arrived swiftly to assist the person, but there was a delay. From 11am until 11.20 there were 13 people in the lounge/dining area but no care staff during this time. There was no staff interaction or stimulation for people during this period of time. Nine people were sleeping. Four were not were not engaged in any activity but sitting quietly and looking around. Activities staff were close by in the conservatory but there was no care staff presence.

One general dining room assistant was able to confirm which people may have a risk of choking when eating. However, they said they would not know what procedure to carry out themselves but would use the emergency buzzer. The lack of trained staff in the dining room could pose a risk and lead to a delay in people receiving the necessary emergency treatment.

We found the deployment of staff around the service was not always ensuring people's needs could be met or that their safety was assured. There had been occasions where the provider's preferred staffing levels had not been met.

These findings evidence a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the deployment of staff with the registered manager. She planned to undertake some observational assessments in the communal areas to look at ways of improving staff deployment. In response to staff concerns about staffing levels, the registered manager agreed to ensure two care staff members were deployed in the main area of the home once people had been assisted with their morning routine. The registered manager said this would be reviewed for effectiveness.

The registered manager and deputy manager worked one weekend a month and the clinical nurse lead worked alternative weekends. However, these hours were not recorded on the staffing rotas. Staff spoken with confirmed there was always a senior member of staff on call; either the registered manager or deputy manager. Staff also said that if necessary they would contact the on-call person for support and advice. One said, "You can ring them. There is someone there. I have never had a problem if I need to speak with the on-call person. I feel without a doubt we have the support here…"

We had received information of concern about two people's behaviour that may affect other people using the service. The registered manager had correctly notified the Care Quality Commission and the Devon County Council safeguarding team of recent incidents. As a result of the safeguarding alerts the

safeguarding team and health care professionals had reviewed people's care. The safeguarding team were satisfied with the actions taken by the registered manager to reduce future incidents, and no further action was needed.

We looked at the care records relating to both people's' behavioural risks. Records contained information about known triggers, and actions staff should take to respond should the person become anxious, distressed or aggressive. Records showed that incidents had been addressed and action taken to reduce the risk posed to other people using the service.

Staff we spoke with were aware of what action they needed to take to keep people safe. There was a system in place for staff to record any incidents or accident. The incidents reported to us had been appropriately recorded and included information about the outcome; follow up actions and the implementation of any necessary changes. For example additional monitoring of individuals and changes to medicines. The registered manager had sought additional support and advice from external professionals about how best to manage behaviours which may pose a risk. The GP and community mental health team had been involved in the review of people's care, support and medicines. As a result, at the time of the inspection there had been no further incidents.

The building provided a safe and stimulating environment which enabled people to walk around freely, and access several communal areas. This meant people had choices about where to spend their time without restrictions on their movements. This was particularly important for some people when they felt restless or anxious and helped to reduce possible tensions. Where necessary, staff discreetly observed and monitored people's whereabouts to ensure they and other people were safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing We found the deployment of staff around the service was not always ensuring people's needs could be met or that their safety was assured. There had been occasions where the provider's preferred staffing levels had not been met.