

Silverleigh Limited

Silverleigh

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

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.

This inspection took place on 15 and 22 March 2017 and was unannounced. There were 59 people living at the service at the time of the inspection. The majority of people were living with dementia.

We undertook a focussed inspection on 10 July 2016 in response to concerns about staffing levels and the possible impact this had on people's care. We found the number of staff and deployment of staff did not always ensure people's needs were met in a timely way. We found a breach of regulation and made a requirement. The registered manager had developed an action plan to ensure improvements were made and sustained and had kept the Care quality Commission (CQC) informed of the progress made. We found that improvements had been made at this inspection.

The service had a comprehensive inspection in July 2015 when it was rated as good overall. Responsive was rated as outstanding.

Following the site visit, Devon County Council implemented a safeguarding process in relation to one person and the police were undertaking lines of enquiry. The registered manager and other senior staff were co-operating with the investigation.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The environment had been creatively adapted to help meet people's needs, in particular people living with dementia. It provided clear dementia friendly pictorial signage and points of interest. The layout and design helped to maintain people's independence and to reduce restrictions on their movements. Comments from relatives and professionals included, "The facilities are great and well used"; "The place is beautifully kept" and "The environment is very good for people; stimulated at the right level..." People were cared for in a clean, hygienic and safe environment.

The service continued to provide outstanding responsive care. People received a personalised service which was responsive to their individual needs. The registered manager, provider and staff continually looked at innovative ways to improve the service by exploring and implementing new ideas to improve people's experience and wellbeing. Activities provided were varied and enabled people to live fulfilled and meaningful lives. For example two people with dementia were supported to volunteer at a local charity shop. People had regular opportunities to enjoy activities outside of the service, for example swimming

sessions and frequent trips were organised to places of interest.

People experienced positive outcomes regarding their health care as the service had developed excellent working relations with a number of health care professionals. Relatives spoke about the improvements to their family health. One said, "I have noticed a tremendous difference. He is so calm and settled." Health professionals consistently described the service as professional, effective and caring. A professional said, "Silverleigh is our 'go to service' for people with complex needs. They manage very well."

People's dietary needs and preferences were well met. The service offered an extremely wide and varied daily choice of freshly prepared food made from good quality ingredients. People's dining experience was sociable and support was at hand where needed. The service had been the first care home to gain membership of the 'Taste of the West'.

The service was exceptionally caring. People were supported by very kind and empathetic staff who knew them well and positive relationships had been formed. End of life care was provided by compassionate staff who were skilled and competent and ensured people were comfortable and that pain and other symptoms were effectively managed. Staff often "went the extra mile" to provide people with high quality care, which enhanced people's wellbeing.

The service was safe. Comments from relatives included, "I never worry about Mum when I leave here, I know she is well looked after" and "He is safe, he has got friends, every member of staff is wonderful with him..." There were safe systems in place for receiving, administering, storing and disposing of medicines. People received their medicines as prescribed.

Staff understood their responsibilities relating to safeguarding. The registered manager had responded appropriately to safeguarding concerns and the necessary alerts had been made to the local authority to ensure any concerns were dealt with. Risks to people's health and wellbeing had been identified and staff understood how to keep people safe. There were sufficient numbers of well trained staff within the service to keep people safe and meet their needs. The atmosphere within the service was calm and organised; staff worked in an unhurried way and were able to spend time with people.

People's rights were protected by practice in place in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been appropriately made when needed.

Care plans and risk assessments had been developed with people and/or their relative. Care plans provided detailed information to help staff deliver the care people needed, in a way they preferred.

The service was well managed by an experienced and qualified manager. People were able to express their views and opinions and knew how to raise a concern or complaint. They were confident their concerns would be listened to and acted upon. There were systems in place to monitor the quality of the service and action was taken where shortfalls were identified.

The Care Home UK website uses feedback from people and relatives from the online reviews. Silverleigh had a review score of 9.2 (maximum of 10). The review score was based on 14 reviews since the last inspection. These comments and ratings were independently verified by Care Home UK. All of those responding said they were 'extremely likely' to recommend the service to others. On-line feedback demonstrated the very caring ethos at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were enough staff to keep people safe and meet their needs.

People were protected from the risk of harm because systems were in place to manage risks. There were suitable procedures for protecting people from the risk of abuse.

People received their medicines as prescribed and in a safe way.

Recruitment procedures ensured people were protected from unsuitable staff.

Is the service effective?

Outstanding 

The service was extremely effective.

The environment had been creatively adapted to help to meet people's needs, in particular people living with dementia, and promote their independence.

The staff worked exceptionally well with other healthcare professionals to ensure people's healthcare needs were met.

People were cared for by staff who were well trained and supported.

People's rights were protected as their consent to care and support was sought in line with the principles of Mental Capacity Act 2005. Appropriate action had been taken where people lacked capacity to ensure care was delivered in their best interest.

People had a wide choice varied and nutritious meals. They were able to make choices about the freshly prepared food and had unlimited access to food and drink.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Care and support were personalised and focused on the needs and wishes of each person. Staff were very kind, gentle and thoughtful in their approach.

People receiving end of life care were cared for with great compassion by staff who were well trained and committed to providing the best possible care.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. They respected their privacy and dignity.

Is the service responsive?

The service remained outstanding.

People received personalised care which met their needs and reflected their preferences. A varied and meaningful activity programme took into account people's personal hobbies and interests and introduced them to new activities.

People's concerns and complaints were listened to and acted upon.

Outstanding 

Is the service well-led?

The service was well-led.

The service was led by a qualified and experienced manager and there were clear management structures in place

People, relatives and staff were all involved in the running of the service.

There were systems in place to monitor and assess the quality of the service people received.

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 checked 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 15 and 22 March 2017 and was unannounced. On the first day one inspector, an expert by experience and a special advisor for dementia care visited the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was completed 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. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Some 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 give us an insight into people's 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 comment directly on their experiences. Our observations enabled us to see how staff interacted with people and how care was provided.

We spoke with 11 people using the service and six relatives. We also spoke with 15 members of staff including the senior management team (the provider representative; the registered manager and deputy manager); care staff and ancillary staff. We spoke with eight health and social care professionals to obtain their views of the service.

We reviewed the care records of five people. We looked at a range of other documents, including medication

records, three staff recruitment files and staff training records, and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in July 2016 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing levels. The registered manager sent us an action plan detailing the actions they would take to ensure improvements were made. At this inspection we found improvements had been made.

People using the service were able to confirm they felt the service was safe. Comments included, "It is lovely, just lovely...the staff couldn't do more for me..." another person explained, "Safe here? Yes I am. Nothing bad has happened to me...staff are at hand when I need them." Relatives were confident their family member was safe. Comments included written feedback about the service, "I am over the moon with the care...(person) is very happy"; "(Person) is happy, settled and enjoying the company, support and entertainment given within a safe but joyful environment"; "He is safe, he has got friends, every member of staff is wonderful with him. He's so comfortable; he smiles at them as well as to me. It is clean, the food is wonderful, the staff are just amazing..." and "I never worry about Mum when I leave here, I know she is well looked after." Professionals were also confident that the service was safe. One said, "This is a very good home. They are receptive to advice and manage people's complex needs well." Another commented, "The feeling within our team is that this is a very good home. They (staff) are on the ball. I like their attitude; efficient but caring."

There were enough staff on duty to care for people safely and meet their needs. Staffing levels had increased since the last inspection. People confirmed staff responded promptly to their call bells. One person said, "They (staff) never keep you waiting...I have no complaints about the staff." Another said, "The staff are always at hand if you need anything..." During the inspection we had cause to use the call bell for one person, and staff arrived within two minutes. Staff were always present in the communal areas to monitor people's needs and respond to any requests without delay. People who chose to spend time in their rooms were checked regularly to ensure they were comfortable and safe. Staff had time to sit with people, chatting or reading and mealtimes were not rushed. Staff reported improvements in staffing levels. Comments included, "Generally things have been much better...if we are short due to sickness the manager and deputy will work on the floor..."; "Staffing is a lot better, less stressful...there is a better atmosphere. Not so much absence..." and "We have a really good team...we work hard together."

Since the last inspection the registered manager had introduced a staffing tool to measure the dependency of people according to their care needs. This informed the registered manager of the numbers of staff hours needed to meet those needs. The tool was used regularly to determine staffing levels. The registered manager also reviewed the call bell log regularly. The call log showed that there were a high number of call bells each day, with the vast majority being answered within two minutes.

There were 11 activities staff providing activities seven days a week. Sufficient numbers of ancillary staff were also employed, such as reception staff; chefs; kitchen staff; dining room assistants; housekeeping and maintenance staff who undertook cleaning, laundry and the preparation of meals. The service used regular agency staff to provide the individual attention some people needed and to cover unexpected absence, due

to sickness. The provider was recruiting for weekend care staff, nursing staff and dining room assistants. The staff rotas confirmed that staffing numbers were consistent and sufficient to meet the needs of people using the service.

The registered manager had informed us of an incident prior to the inspection and we took this opportunity to review how risks to people's health, safety and wellbeing were managed. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, people who presented with swallowing risk were referred to the speech and language therapist (SALT). Where recommendations had been made these were incorporated into people's risk assessments and care plans. During the inspection we saw people were given the recommended food of the correct texture. Staff support was available where necessary. A SALT told us, "They alert us to any changes and recognise when people need our service. They take on board our recommendations and staff are well trained."

Risk assessments were undertaken in respect of moving and handling, falls, the likelihood of pressure damage and nutrition. Where people were at risk of developing pressure damage, equipment such as pressure relieving mattress and cushions were in place. Mattresses were set to the appropriate setting for each individual to ensure they were effective. Where people needed to be supported with moving, the moving and handling plan stated the equipment to be used and the number of care staff required to carry out the task. One person who had a tendency to fall had been referred to the local 'falls team'. As a result of this intervention the person's medication regime was reviewed and the number of falls decreased. Written feedback from their relative showed how pleased they were with the care provided.

Where people displayed behaviour which might pose a risk to themselves or others, information was provided to staff about how to support and monitor the person and respond to any potential incidents. Visiting professionals said risks to people's health and safety were well managed. Comments included, "They have a sensible attitude to risk and are managing risk well..." and "They deal very well with the top end of dementia care. They are managing behavioural risks well and involved us when necessary."

The service had plans and procedures in place to deal with emergencies. All staff had received fire safety and there was always a first aider on duty. Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building.

There were policies for safeguarding and whistleblowing procedures. The registered manager was aware of the local authority safeguarding procedures and was clear about the processes to be followed. Appropriate safeguarding alerts had been made when necessary. Staff were knowledgeable and were able to describe the various kinds of abuse and what they should do should they suspect abuse. Records confirmed staff had received training in safeguarding adults. One staff member told us, "I would report any concerns straight away..." Another said, "I wouldn't hesitate to challenge any poor practice and report any concerns." Staff were confident that any reports of abuse would be acted upon appropriately by the registered manager. Relatives and professionals said they had never seen practice which concerned them. One relative said, "I have no concerns about anything. I would recommend this place to anyone." A professional said, "I have no concerns regarding practice here."

People's medicines were managed and administered safely. They stored securely and at safe temperatures. Staff had received training in the safe handling and administration of medicines; and their competencies were assessed. Since the last inspection the service had introduced an electronic medicines system, which helped to reduce errors. However during the inspection we found an error which appeared to indicate a person had been given a double dose of their medicine. On checking the stock balance staff were able to

demonstrate that this had been a recording error. As the system was designed to reduce these types of errors, the registered manager contacted the supplier immediately to raise the issue. There had been two medicine errors since the last inspection; neither caused harm to people. These had been investigated by the registered manager and staff had been supported with additional training and supervision.

Where people were prescribed medicines to be used "when required" (PRN), protocols agreed with the person's GP were in place to guide staff when to use these medicines. Records showed PRN medicines were used as prescribed. An external pharmacist advice visit in February 2017 found good standards were maintained in relation to medicines management. A visiting GP said they were confident people's medicines were managed safely and given as prescribed. They added, "We are very happy with this service..."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. For example, information on file included a completed application form; full employment history; two satisfactory references and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have and helps employers make safer recruiting decisions to ensure people were not exposed to staff barred from working with vulnerable adults.

People were cared for in a clean, hygienic and safe environment. There were no unpleasant odours in the service. A housekeeper and team of cleaning staff were employed to maintain good standards. There were effective systems in place to ensure equipment at the service was safe and in good working order. For example, fire safety equipment was checked and serviced regularly. Hoists were serviced regularly, as were the passenger lifts. Gas and electrical checks were carried out at the required intervals. Potential environmental hazards had been addressed. For example, radiator covers were fitted to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Windows on the first floor had been restricted to reduce the risk of people falling.

Is the service effective?

Our findings

The provider had gone to great lengths to ensure the adaptation, design and decoration of the environment was enabling, stimulating and suited to the needs of people living with dementia. They and the registered manager acknowledged that research had demonstrated the good use of colour and contrast could facilitate independent living, for example, by supporting people to navigate their way around. The provider explained they were constantly exploring new ideas to enhance the environment. The communal areas had been imaginatively sign-posted, and the linked rooms and corridors contained areas such as the bar, the café and the shop. There was a garden room, a reading room, and a games room with a snooker table.

The service was well decorated throughout. Colours, symbols and pictures were used to help people to recognise the lounges, bathrooms and toilets. Each person had a personalised 'front door' to help them recognise their room.

A variety of 'themed' rooms provided large and smaller areas of seating. This enabled people to either be in social company or be in a quieter space if wanted. There was plenty of space both inside and outside in the secure garden, for people to wander. This meant that people had freedom to walk with relatively few restrictions, which was important for some people when they felt restless. One relative explained they particularly liked the fact there were several reception rooms, with no TV. This enabled people to have quiet peaceful times and to receive visitors in private. Another relative said, "For (husband's name) it's absolutely great (the environment), there's lots of space to wander around. He used to work in London and the signs (around the corridors) are lovely. He has got home comforts..." Other comments included, "The facilities are great and well used" and "The place is beautifully kept". A visiting professional said, "The environment is very good for people; stimulated at the right level..."

There were pictures and ornaments throughout that created a homely atmosphere and provided points of interest for people. Wall mounted features were colourful and of varying textures for people to touch. Many of the ornaments were 'retro' style, providing stimulus for memories for people with dementia, for example an old style juke box in bar area, and retro style decorated tins in the shop. There was a separate cinema room with a large screen that showed four movies a week. There was also a well equipped hair salon.

The garden was secure and well maintained. It was fully accessible via a wooden 'decking' ramp. There were topiary animals placed around the garden (horse, cow, sheep and rabbit) which provided interest for people. There was also a covered area with seating. The garden was lit at night and could be viewed from the dining room and some lounges. One person said how lovely the garden looked at night; they said it looked "quite magical..." They added, "It is a pleasure to see the garden. They have made it fun and interesting." During the inspection we saw many people using the garden either independently or with staff.

People benefited from the excellent links the service had made with health and social care professionals. People had access to a wide variety of health and social care professionals, for example, GPs; community nurses; nurse specialists; consultant psychiatrists; and speech and language therapists. Health professionals spoke very highly of the service and confirmed they were contacted appropriately and in a timely way and

their advice and recommendations were always acted upon. One profession said, "Silverleigh is our 'go to service' for people with complex needs. They manage very well." Another said, "This is a great service. They work closely with us. They alert us to any changes. They are keen for our input and follow our advice." A third said, "Silverleigh is one of the most professional environments. They are happy to get other professionals in and work collaboratively with us... We like to bring our students here for them to compare with other services."

Relatives spoke about the improvements to their family members' health and wellbeing. One said "I have noticed a tremendous difference. He is so calm and settled. They (the staff) have always got smiles and enjoy what they are doing." Another relative said, "They sit with him in his bedroom. He had a major seizure and staff sat with him. I have always had total confidence in them." A third relative told us, "She came here in a poor state, but they did sort her out and got her moving." Records showed people's health care needs had been identified and were monitored. For example, people's weight was monitored and action was taken if they were losing weight, for example consulting with their GP. A GP told us, "There is a very good level of communication between us..." Where professional advice had been sought and given, it was incorporated into people's care plans.

People's nutritional needs were met and the service offered an exceptional choice of meals for people. They were offered a range of freshly prepared food made from good quality ingredients. The service had been the first care home to gain membership of the 'Taste of the West'. Taste of the West are the largest independent regional food group in the UK and they promote and support local food and drink from this region. All the produce used at the service came from local suppliers.

Mealtimes were sociable events and staff and people greeted each other with smiles. There was plenty of seating in a variety of areas allowing people to select where and who to sit with for their meal. People said they enjoyed the food on offer. Comments included, "The food is lovely, always a good choice. We can make suggestions too..."; "Yes, they do have a good variety" and "You couldn't complain about the food here it is delicious and such a wide choice." One person said, "It's generally okay. Sometimes not. I just pass comment 'the meat was tough today', things like that." This person confirmed they always had a choice.

Meals provided were nutritious and well balanced and offered a good selection of fresh fruit and vegetables, a variety of options and meals suitable for people on special diets. Meals were served from a hot counter in the dining room, which formed a focal point for people. This stimulated senses as it was very visual and the smells were appetising. People were able to choose what they ate at each mealtime. Menus provided a visual prompt for people, with a photograph of each meal. Staff showed people the menu and discussed their choices. One person said, "They (the staff) are very good, they keep you well fed."

There was an extensive choice at breakfast, including as a full English breakfast. We saw that several people enjoyed a cooked breakfast. The lunch time menu offered up to seven choices of main meal, made up of people's favourite dishes. A desert fridge displayed a selection of homemade desserts and there was a hot pudding of the day. Between mealtimes hot and cold drinks and snacks, such as sandwiches, biscuits and homemade cakes, were served.

Where people had been identified as having a swallowing problem and required a soft or pureed meal, these were attractively presented. A speech and language therapist (SALT) said they were confident people received the correct textured foods to maintain their safety. The SALT had provided training to a number of staff earlier in the year, including the chefs and dining room assistants. They said, "The service is forward thinking...the chef wants to provide people with appetising and tasty food..." The SALT described the successful changes made as a result of their advice. This included providing a quieter space for people to eat

to reduce the noise, distraction and risk. Records contained the recommendations of the SALT and we saw these recommendations were followed. Where people required assistance with their meal, staff sat with them and discreetly supported and encouraged them.

People were cared for by staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Feedback from people using the service, relatives and professionals was very positive about the approach of the staff team. For example, a relative told us, "The staff are skilled and know how best to help (person), especially when (person) is upset..." A visiting professional said, "The staff have good skills and knowledge. They are able to give me a good history and know exactly what is going on for the person. They are really switched on here."

Staff were provided with the appropriate support and training. For example staff had undertaken core training in areas such as health and safety, moving and handling; infection control, fire safety, first aid, medicines management and safeguarding adults. Some staff had completed more specialised training in order to meet the specific needs of the people using the service. This included dealing with challenging behaviour; dementia awareness; person centre care; and end of life care. Many staff spoke about the innovative virtual dementia training they had received. The training enabled staff to replicate the physical and sensory impact of living with dementia. Staff said this had been very powerful and helped them to understand more of the challenges faced by people living with dementia. As a result of the training some practice had changed. For example, call beepers worn by staff were set to vibrate rather than buzzing, so as to reduce noise and not to disturb the atmosphere.

New staff followed the Skills for Care 'Care certificate' (a nationally recognised tool for staff induction) to help build their skills and competence when they first starting work at the service. New staff also 'shadowed' experienced staff to help them become familiar with people's needs and help them to work safely with people.

Staff were supported to obtain care qualifications and 41 per cent of staff had obtained a nationally recognised qualification in health and social care. The register manager had completed a 12 month management development course which the deputy manager and head chef were also completing. Staff supervision had taken place at regular intervals and staff confirmed they felt well supported through this process. This provided staff with an opportunity to discuss their work and training needs and hear feedback from their line manager about their performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was knowledgeable and experienced in the requirements of the MCA and DoLS; they had ensured assessments had been completed to determine people's capacity to make decisions. Where appropriate, applications had been made for DoLS authorisations. The local authority DoLS team confirmed authorisation applications were appropriately submitted and completed. This ensured people's rights were safeguarded and care and support was provided in the least restrictive way.

Staff had received training in the MCA and DoLS and had a good understanding of how to protect people's

human rights and choices. Some people were able to confirm that staff sought their consent before providing care. One person said, "Washing and dressing – yes, I give permission." During the inspection we saw staff obtaining consent prior to the delivery of care and support. Staff involved people in day to day decisions. Such as what activities they wanted to be involved with; what they wanted to eat and where they spent their time. Where people lacked the capacity to make specific decision about their health care needs, best interest decisions were made on their behalf. This involved the person's family and health and social care professionals. One social care professional said, "The service is very good at managing best interest decisions. They involve the necessary people and work in the best interest of the person..."

Is the service caring?

Our findings

People, their relatives and the professionals consistently said the service was exceptionally caring. One person said, "The staff are very kind and caring to me." Another told us, "They (staff) are really very nice. Always polite and friendly. They can't do enough for you..." Relatives also expressed great satisfaction about the care and support their family members received. Their comments included, "I feel very fortunate that mum is residing in Silverleigh, I have seen other homes and would not have wanted mum placed in those"; "All the way along they (the staff) have been very good. They tune into their (residents) requirements" and "Everyone is so friendly, even the new ones. His care worker is wonderful, she's fantastic." Professionals echoed these comments. One said, "They really do care about people...it shows in their attitude and the way they speak with people..." Other comments from professionals included, "They (staff) are very caring..." and "They are constantly thinking of ways to improve people's experiences. I think that shows they are very caring..." Two professionals said they would be very happy to have a member of their family living at the service. One said, "If my family needed a home, it would be here." Another commented, "I would have confidence to recommend the home. It's where I would want to go..."

This feedback was supported by the responses made by relatives on the Care Home UK website. Care and support was consistently rated as "Excellent". Comments included, "A very difficult and sad time in our lives has been made so much easier by the kind and considerate way in which we have been helped and guided" and "The staff are very approachable and friendly in what is a very demanding environment."

The registered manager and staff team demonstrated a commitment to providing the best possible end of life care. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

The provider had invested in innovative training for staff called 'Soul Midwifery' and a number of staff had been trained as 'Soul Midwives'. Soul midwives are non-medical, holistic companions who support people at the end of their life to provide comfort, continuous support and reassurance. Staff used a number of techniques to provide comfort to people, for example, listening; touch; sound and aromatherapy massage. The reflective records completed by staff showed a very compassionate approach. Staff had time to sit with the person and talk or just hold a hand. They ensured important photographs were in the person's line of sight; their favourite music was played softly in the background and essential oils which the person had previously enjoyed the smell of were used. A visiting health professional described end of life as "very good". They added, "People are very comfortable; good mouth care is provided and experienced staff know how to use 'just in case' medicines appropriately." 'Just in case' medicines are key medicines intended to allow rapid control of any breakthrough symptoms.

A number of staff had also attended 'end of life care' training to help them ensure people were as comfortable as possible, by managing their pain and other distressing symptoms. Psychological, social and spiritual support was provided not just for the person but for their family. We reviewed several 'thank you'

letters sent by relatives following the death of their loved one. Comments included, "...wonderful care (person) couldn't have been better looked after..."; "...you are all wonderful. I was amazed at the level of care (person) was given – how gentle and attentive you were..." and "Thank you for all the love and care...it was such a painless and peaceful end. You were so kind to me as well..."

The registered manager and staff recognised that distress was a common feature of dementia, and paid particular attention to people's psychological and emotional wellbeing. They had recognised one person's anxiety around the fear of dying and the impact on the person's daily life. In response to the person's fears and concerns, the registered manager had arranged counselling sessions and a befriending service to support the person and ease their worries. Other people displayed anxiety and restlessness but were unable to express why. Staff approached and supported people in a consistently gently and unhurried way and provided reassurance. We saw people responded positively to staff interactions. A relative told us, "The staff get her to smile..." During one interaction, the person touched the staff's member's face and said, "You are lovely..." The staff member validated the person's gesture by responding, "So are you..."

People living with dementia received care that was based upon best practice guidelines and that met their individual needs and successfully reduced anxiety and stress. Staff were able to communicate effectively with people living with dementia. For example, we saw a moving and handling procedure being carried out for one person who was showing signs of anxiety. The staff knew how to support the person throughout the procedure and provided verbal and physical reassurance. This meant the person remained calm and felt assured they were safe. On another occasion a person became distressed and anxious. Staff approach was calm and thoughtful. Staff skilfully managed to divert the person's attention by offering them a cup of tea and a chat. The person walked off holding the staff members hand. A relative told us, "The carers give lots of verbal reassurance..."

Staff were exceptionally attentive, kind, and respectful. People's needs were either anticipated or responded to in a timely manner and staff were vigilant, checking on people's comfort. Staff paid attention to people's personal care and appearance. People were assisted discreetly with their personal care and bathing needs in a way that respected their privacy and dignity. They were dressed appropriately and clothes were clean and co-ordinated, with many people wearing pieces of jewellery and make-up. When people had dropped food or drink on their clothes, staff were quick to notice and encouraged and assisted people to change. This showed people's dignity was respected by staff.

People's independence was supported. Although staff were present and attentive, they were skilled at keeping this 'low key' and unobtrusive. For example, one person moved around the service constantly. Staff observed and supported discreetly, enabling the person freedom of movement while ensuring their safety and prompting independence and choice. The management team had been proactive in exploring creative technology to help promote one person's independence. They recognised the person was unable to communicate fully or take part in conversations, as they had problems with their speech, which risked them becoming socially isolated. The service had worked with a speech and language therapist (SALT) to source and pay for a voice amplifier to ensure the person felt more included and able to express themselves. The person was able to confirm with us the benefit of the device. They said they were "very happy". A SALT told us, "The service is great...forward thinking and effective."

The registered manager and staff understood the importance of family and friends and there were no restrictions on relatives or friends visiting the service. We observed visitors received a warm welcome and said they were always offered refreshments. One relative said they regularly enjoyed the "excellent" Sunday lunch with their loved one. The added, "I feel fully involved in the care of (person). Communication is very good. The staff are wonderful with (person)." Another relative told us, "Staff are friendly and always ready to

interact with relatives...the family feel very included in (person's) care and treatment. Grandchildren also visit and the 13 year old grandson feels confident in visiting alone."

The service provided care and support for relatives, which two relatives described as "excellent". Feedback from one relative included, "As a family, we have been treated with care and understanding by all the staff at Silverleigh. We have met the manager and on every occasion, she has dealt with our questions and needs in an empathetic way."

Three monthly relatives' support meetings were held to communicate information to families and give them an opportunity to meet and share experiences. Several relatives described the benefit they had derived from the meetings and the dementia training sessions offered to them. Comments included, "They have helped me understand dementia and how to respond to (person). I don't get so upset now and I understand more..."; "Their support has really helped me"; "The home has provided education and support regarding the condition of dementia... which was helpful and informative, and not at all patronising" and "I have been invited to their dementia lectures, which have been very helpful for me." Relatives were supported to combine their visits with an activity and staff shared examples and suggestions of how to do this.

The registered manager and senior staff team presented as very caring and considerate role models for other staff. The registered manager regularly used a 'dementia mapping' tool to help understand people's experience. Dementia mapping is an observational tool used in 'public' areas. A trained 'mapper' observes what happens to people with dementia over a period of time. As a result of the mapping sessions several improvements were made to enhance people's daily experience. For example, the lay out of the dining room was reviewed; some staff practice was challenged and additional training was provided.

We heard of several examples where staff had "gone the extra mile" to support people. For example staff have given up their own time to support people to attend special family events, such as weddings and parties. Another person with an interest in motorcars was supported to attend a motor museum. Staff supported another person to go shopping for clothes in their own time. On the day of the inspection, a member of staff had brought in quick drying nail polish from home. They knew one person liked to have their nails painted but their condition meant they were unable to remain still for any length of time. The staff member said, "I thought this would be a good idea..." A specialist health professional who visited the person said, "They (staff) know what is important to the person..."

Is the service responsive?

Our findings

At this inspection we found the service had continued to provide care that was consistently in line with an 'outstanding rating' and had made further improvements that had a positive impact on people's lives.

People's well-being and quality of life was enhanced because staff worked tirelessly to provide them with meaningful activities and experiences. There was an extensive and varied programme of activities that met people's individual needs. There was a team of 11 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 new experiences for them. Relatives and professionals commented on the wide variety of activities on offer. Comments included, "...there are lots of activities going on during the day"; "I can come here at any time and there is stimuli, something going on all of the time"; and "She goes out in the bus, and went to a concert in the church."

Staff were exceptional in enabling people to achieve a fulfilling life. For example, the activities co-ordinator had undertaken observations of two people's activities. They had recognised that both were physically very able and active, although dementia had impacted on their cognitive abilities. One person had shown little interest in group activities. As a result of the observations made, two people were supported to volunteer at a local charity shop once a week. Although neither could tell us in any detail about their experience, daily notes showed how much they both enjoyed this meaningful and sociable activity.

Individual activity assessments had been completed, which included information about people's previous hobbies, interests and preferred activities. It also included any spiritual or cultural needs and a life history. This enabled the lead activity co-ordinator to develop activities that were personalised, which people would enjoy. For example, one person was an artist, although their work had changed as a result of dementia. Regular art classes were held and the person's relative told us how much their family member benefited from these.

Since the last inspection Sonas sessions had been introduced. Sonas is a Gallic word, meaning wellbeing and contentment. The Sonas programme is an evidenced based multi-sensory therapeutic activity developed specially for people with dementia. We observed a session, which began with a warm greeting from staff; refreshments and much laughter and banter, with talk about visiting the town market the following day. During the session there were music, singing and gentle exercises. People joined in by clapping to the music and playing musical instruments. One person got up and danced with staff. Another person became very animated and happy when they could recite various nursery rhymes, and complete the endings of proverbs. People were offered a gentle shoulder and/or hand massage as part of the session. During the session people were given herbs, essential oils and other scents to smell. We observed one person who had not joined in until that point. They had not spoken, or reacted to anything, but said very clearly "That's nice" when given a bottle of aftershave which was very popular in the 1970's. The experience had obviously stimulated a memory for them. Their relative said how much the person benefitted from these sessions.

People had access to other diverse activities and events both at the service and in the community. For example, people were supported to attend swimming sessions at the local hydro pool twice a week. At least five trips were organised each week on the service's mini-bus to local places of interest; cafes, shops and the local market. People were supported to have regular morning or afternoon walks around the local area. The activities co-ordinator had a very inclusive approach. People living with dementia were as involved with community activities as everyone else, having opportunities to take part in various events.

Other activities included a regular exercise class with a physiotherapist, a weekly Tai Chi lesson, arts and crafts; poetry readings; pampering sessions; cooking class; reminiscence activities and musical events with singing and dancing. An Aromatherapist offered one to one relaxation and massage sessions regularly. Activities also involved different life skills for example helping with everyday chores, such as preparing vegetables, folding laundry and gardening.

To avoid social isolation, activity staff provided regular one to one sessions for people who preferred to be in their room or who did not want to take part in group activities. Records showed people received regular visits from staff, offering massage; pamper sessions; live guitar music; conversation and reading.

Consideration had been given to people's spiritual beliefs. A regular communion service was held at Silverleigh regularly and several people were supported to attend a service each Sunday at the Minister.

People living at the service were valued by the registered manager and staff and their experiences and feelings were central to the care provided. We observed the appropriate use of items that provided comfort. For example one person spent time 'caring for' a 'therapy/empathy doll'. It was clearly the person's choice and they gained much comfort from interacting with the doll. Staff were sensitive in their approach to the person, and responded respectfully by acknowledging the person's care and attention towards doll. The dolls have been shown to soothe and comfort people with dementia.

People and/or their relatives were involved in developing their care and support plans. Feedback from relatives and professionals confirmed that people received individualised care. Comments included; "Our relative had been to five homes until we found Silverleigh and is so well settled and regards this as her home. We've made many friends here"; "I came to look and liked what I saw, having visited other homes. The first impressions were good" and "... I did look at other homes, but none came up to this. I have had regular meetings. Their communication is excellent"

The registered manager always met the person and their family prior to any move as part of the assessment process, to ensure the service was able to meet their needs and expectations. This assessment provided detailed information about the person's background and social history, their abilities and physical needs. Where possible additional information was obtained from health and social care professionals involved in the person's care. A social care professional said the admissions process was "very thorough", meaning placements rarely broke down.

Following admission to the service, a 72 hours care plan was developed guiding staff about on the person's basic requirements. The registered manager explained it usually took two weeks to get to know the person's preferred routines and full needs. During this time a full and personalised care plan was developed. On the first day of the inspection we met a person who had lived at the service for six days. They had a detailed assessment although their initial care plan was not so detailed. By the second day of the inspection the care plan had been developed further and contained comprehensive information about their needs and preferences.

People's care plans were detailed and written in a person-centred way. Care records contained information

and guidance for staff about how to support people based on their individual health needs; mental capacity; and preferences.

People's care and support was reviewed regularly with them and the people who mattered to them. One relative explained the care plan was reviewed "every year" and that "...there are meetings once a month, with an over-view of what has been going on". Another relative said, "I go through (person's) care plan with (staff) every six months. We reviewed it the other day with (person) – pain, comfort, food, mobility. I feel as much as possible is being done."

Guidance on how to make a complaint was given to people and/or their relatives when they moved to the service. Information about how to raise concerns was also displayed on the notice board in the reception area. People living at the service and their relatives said they felt they could raise concerns and they would be listened to and acted upon. Comments included, "It's all good. I have no worries or concerns and I do know what to do if I had"; "I would definitely knock on (manager's name) door" and "Obviously I can go to (manager's name) if I have any worries." During the inspection a relative told us of two suggestions they had forgotten to mention to the registered manager. When we spoke with the manager later the relative had already spoken to them and the two issues were being resolved.

The Provider Information Return (PIR) showed there had been three complaints in the past 12 months. The theme of the complaints related to staffing levels. Records showed complaints had been investigated, and the registered manager had responded to the complainant with details about the investigation and the outcome. The registered manager confirmed the three complaints had been resolved, as staffing levels had increased and were at consistent levels.

The service had received 23 compliments and 'thank you's' in the past 12 months. Comments included, "... wonderful care... couldn't have been better looked after..."; "...you are all wonderful. I was amazed at the level of care he was given...how gentle and attentive you were..." and "...continue to be impressed with the level of care."

Is the service well-led?

Our findings

Feedback from people using the service, their relatives and professionals showed the service was well managed. Several people spoke highly of the registered manager. Comments included, "...the manager (name) is warm and friendly"; "I have confidence in its management. They have given me peace of mind" and "The manager is also available to speak with. I can't complaint about anything and would recommend this place." Comments from professionals included, "Silverleigh is our 'go to service' for people with complex needs...they manage very well" and "This is one of the highest quality services I visit...it's a very good home..."

Staff expressed their confidence in the registered manager and provider, and felt able to raise any concerns or issues with them. However, two members of staff said they would be less confident to raise concerns with the provider as they had been unhappy with their approach in the past. We discussed this with the registered provider, who felt they were available and approachable for all staff.

The registered manager was visible within the service and people, relatives and staff knew they could speak to her at any time. The office was located near to the reception area and the door was always open. People frequently visited the registered manager in her office during the inspection to have a chat, or have their queries answered.

The provider and registered manager had clear visions and values for the service. They were person centred and focussed on people having the opportunity to lead fulfilling lives, while promoting their independence and choice. The provider and registered manager used evidence based practice and research to improve the quality of the service. For example the introduction of Soul Midwifery and the Sonas programme. The registered manager used dementia mapping to identify ways of improving people's experience. This had resulted in positive changes to the lay out of the environment and staff deployment.

The service was well supported by the management structures. 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. The provider visited daily to ensure the service was running smoothly. Staff understood their roles and responsibilities and felt well supported by the registered manager. Staff had been allocated 'link roles', giving them responsibility and ownership for specific areas of the service. For example the mental health nurses at the service led on mental health issues and ensured other staff were up-dated about developments or changes. Comments from staff included, "This is a really good home to work in..."; "The manager and deputy are very supportive" and "I have worked in different homes and this place is much better than many others..."

The registered manager was well organised and all of the information we requested during the inspection was at hand. Records were generally accurate and up to date. A visiting professional said people's records were always available to review, which aided them during their visits. However, we did find one person's care plan had not been up-dated following two incidents. Nevertheless, action had been taken to address the incidents, including a review by a consultant psychiatrist, who told us the service was "excellent" at

ensuring people's changing needs were reported to them. By the second day of the inspection the care records had been up-dated.

People's feedback was valued by the registered manager and provider and they were given ample opportunity to contribute through regular meetings. Satisfaction surveys were also used so people and their relatives could share their views and opinions and they were involved in developing various aspects of the service. For example menu planning; people had requested fish pie and this was added to the extensive menu. Another suggestion from people was to have a TV in the lounge and this was provided. 26 out of 58 surveys sent had been returned by relatives and showed they were very happy with the service. Most aspects of the service were rated as 'excellent' or 'good'.

Good communication within the team was adopted by the registered manager. Regular staff meetings were held; weekly communication notices were shared (containing information about any changes) and daily handovers took place, ensuring staff were aware of people's current needs.

There were systems in place for reporting incidents and accidents, which affected the people living at the service. An analysis of accidents and incidents was undertaken by the registered manager to identify any trends or patterns. Where necessary advice was sought from external professionals to prevent recurrence and reduce the risk of possible harm. A health professional said, "The service is open about incidents or accidents. They have a learning ethos...we are very happy with this service..." The registered manager shared any learning with staff. For example, the registered manager had ensured learning had taken place as a result of medicines errors. Staff completed detailed reflective accounts of the incidents, including how it happened and what steps could be taken to prevent reoccurrence. This showed the service pro-actively responded to incidents and used them for learning opportunities.

Regular audits were completed by the registered manager or other senior staff to monitor the quality of service. These included audits relating health and safety, infection control, medication, care plans and premises checks. Where any shortfalls had been identified there was an action plan in place to address them.

People benefitted from the excellent partnership established with other professionals. This ensured people received appropriate support to meet their health care needs. Professionals said the service always made appropriate referrals and always acted on their advice or recommendations. Comments included, "A very good home...very caring and staff are switched on..."; "I would have confidence to recommend this home..." and "They are very receptive to information; they are well organised and communication is very good with us..."

The service was well known and supported by the local community. On the first day of inspection a local quilting group had donated a variety of hand-made quilts. Local shop keepers knew people well and understood their difficulties. People had regular opportunities to use local community facilities.

The service had an open culture. The Care Quality Commission rating was displayed conspicuously at the service and on the provider's website. The registered manager submitted statutory notifications to CQC as required by law, relating events at the service, such as deaths or allegations of abuse. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with.