

# Silverleigh Limited

# Silverleigh

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Silverleigh is a 'care home'. Silverleigh is registered to provide accommodation and nursing and personal care for up to 65 people. There were 49 people living at the service at the time of the inspection. The majority of people were living with dementia.

The service is in a large detached building located in the market town of Axminster in East Devon. The home is within walking distance of Axminster town centre, local church and post office and benefits from being next to the local GP surgery.

This targeted inspection took place on 19 April 2021.

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

The home had experienced a lot of changes and disruption in the last year. This included the Covid-19 pandemic, changes in leadership and staff. We undertook a targeted inspection of the home in September 2020 because we had received anonymous concerns. We found that people were receiving safe care and staff were adjusting to the sudden change in the management team. It was evident from staff feedback that the staff morale at the home was low with a lot of uncertainty. The interim management team were working with the staff to restore their trust and confidence and implement required changes.

Since that inspection the provider's group manager had taken on the position of registered manager supported by a new deputy manager and a compliance manager.

Further anonymous concerns have been shared with CQC since March 2021. We monitored the concerns and sought feedback from the local authority safeguarding team, the local authority quality improvement team, the commissioners and local health and social care professionals. They raised no concerns about the service. However, we continued to receive anonymous concerns so undertook this inspection to assure ourselves that people were receiving safe care.

People were positive about the home. One person told us, "I am fortunate to end up in Silverleigh. The staff are really caring and attentive. They show respect to each of the residents." A relative told us, "I think it has been excellent here. We have been here a lot and we have been very very pleased, and we like how the residents are entertained, there is masses going on."

Staff confirmed it had been a difficult year and described a good staff team; working well together and morale was said to be good. Comments included, "I believe that Silverleigh is a good home with staff who really care about those individuals that they look after."

Staff were encouraged to challenge any practice concerns in confidence. Where any concerns about staff skills, performance attitudes or performance were identified, these were dealt with in accordance with the

provider's policies and procedures. Where staff had shared safeguarding concerns with the management team, they had informed the local authority safeguarding team and put in place measures to protect people.

Some staff and people raised concerns about staff shortages and the high use of agency staff. Staff rotas indicated that there had been a period of change in the staff team and that recruitment was in place to address this. Plans had been in place to ensure safety on occasions when staff numbers had been low. To ensure there were sufficient staff numbers the provider offered enhanced pay to encourage regular staff to undertake additional duties. Where needed to fill gaps the provider used agency staff.

People received their medicines as prescribed and the medicine champion supported staff to safely manage the medicines at the home.

Staff had received training and were following up to date guidance in infection prevention and control, to minimise risks to people. There were sufficient PPE (personal protective equipment) stocks available and sanitisation and PPE stations around the building. The home looked clean and hygienic. Infection prevention and control audits took place and spot checks were carried out. Regular COVID 19 testing was carried for both staff and people living there in line with the government guidance.

Staff were meeting people's needs and risks were identified. Staff had guidance to help them support people to reduce the risk of avoidable harm. Staff had received the appropriate training to carry out their roles safely. People were confident staff were trained and competent and knew what to do. Where concerns were raised about staff practice. The registered manager had taken action and arranged additional training.

People were supported to meet their nutritional needs and maintain a balanced diet and most liked the food. Daily menus offered a variety of different choices and people chose what to eat and drink. People who required staff support to have a specialised diet were supported by staff who were trained to do so.

The home was adapted to meet the needs of people living with dementia. The adaptation, design and decoration of the service promoted people's independence and well-being

Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

The registered manager and staff interacted with people in a positive manner and were focused on doing their best for the people they supported. People were involved in decisions about their care and support.

The management team were open and approachable; they were working with staff to improve morale and ways of working. Most staff expressed their confidence in the registered manager and senior management team. The service had effective quality assurance and monitoring systems that were used to identify shortfalls and drive improvements.

Rating at last inspection

The last rating for this service was Outstanding (published 2 April 2020)

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned

about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted due to concerns received about staff practice; infection control practice; lack of PPE; poor personal care; risk management; medication management; staff training; manual handling practices; poor nutrition; staff levels; people not being given choices; liberties being restricted; the management of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. We found the provider had systems in place to monitor and take action to mitigate risks. The overall rating for the service has not changed following this targeted inspection and remains Outstanding.

Please see the safe, effective and well led section of this full report. 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](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

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

**Inspected but not rated**

### **Is the service effective?**

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

**Inspected but not rated**

### **Is the service well-led?**

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

**Inspected but not rated**

# Silverleigh

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a targeted inspection to check on specific concerns we had about staff practice; infection control practice; lack of PPE; poor personal care; risk management; medication management; staff training; manual handling practices; poor nutrition; staff levels; people not being given choices; liberties being restricted; the management of the service.

#### Inspection team

The inspection was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Silverleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We announced the inspection from outside of the home because of the COVID-19 pandemic so we could assess the risks prior to entering the care home.

#### What we did before the inspection

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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with five people who used the service and one relative about their experience of the care and support provided. We spoke with 16 staff during the inspection, including the registered manager, deputy manager, compliance manager, medicine champion, clinical lead nurse, nurses, senior care staff, care staff, activity staff, housekeeping staff, maintenance person and the executive chef. We also spoke with the provider and agency staff working at the home.

We reviewed a range of records. These included five people's care records and medicine records on the provider's electronic system and records relating to the management of the service, such as incident and accident records, health and safety records, audits and staff recruitment records.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We emailed 70 of the staff who we had not met at the inspection to ask them their views about the home. We received responses and/or spoke with 20 staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question this is because we did not look at every aspect of this key question

The purpose of this inspection was to check that staffing levels met people's needs, people were not placed at risk due to staff practice and safeguarding procedures, infection control practice and lack of PPE, poor personal care and risk management and medicine management.

We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People and a relative said they felt the service was safe. Comments included: "They are very nice people... Very kind, friendly. Very welcoming", "I use my frame and I can walk around now. I feel supported" and "Yes. Because I know the people and I believe in the people." A relative said, "We have never noticed her in any form of distress, and that is extremely reassuring."
- People were protected from the risk of abuse and avoidable harm. The provider had a safeguarding policy in place. Staff had received training in relation to safeguarding adults and knew about external agencies they could also report to, which included the local authority safeguarding team.
- Staff confirmed they had not witnessed abuse and would report any concerns immediately to the management team.
- Where staff had shared safeguarding concerns with the management team, they had informed the local authority safeguarding team and put in place measures to protect people. They had also notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Assessing risk, safety monitoring and management

- Concerns had been raised with CQC that people were at risk of getting pressure damage to their skin, at risk from poor staff manual handling and choking. We found risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Risk assessments undertaken included health and safety, nutrition and hydration and skin integrity. Where people were identified at high risk of skin breakdown, pressure relieving mattresses were being used.
- Assessments were carried out to identify risks to people's health and safety and care plans were in place detailing how these could be reduced. These were completed for issues such as risk of falls, the use of bed rails, moving and handling, nutrition, behaviours that may challenge staff and skin integrity. Care plans were developed following these assessments to help prevent or minimise the risk of harm to people using the service. For example, where one person was at risk of choking, their care plan detailed the diet, support and monitoring required to meet their needs.
- Staff were supported to learn lessons and improve practice when things went wrong, through further training, support and by sharing information. For example, staff had received updated moving and handling training following a recent incident.



- Where people required the use of bed rails a risk assessment had been completed to minimise the risk of entrapment or injury.
- Regular checks of the environment were undertaken to identify and minimise environmental risks. Following a fire safety visit, improvements in fire safety were being made through fitting a new fire alarm system.
- Regular servicing and maintenance of equipment was carried out. For example, passenger lifts, wheelchairs and hoisting equipment.

#### Staffing and recruitment

- Concerns had been raised with CQC about staffing levels at the home. People said, on the whole, there were enough staff to meet their needs. They were aware there had been a lot of staff changes at the home and agency staff were being used. Comments included, "We have had a few new ones. Always somebody there when you want them. You begin to get to know them" and "They all help...They are very, very nice."
- There had been several changes to the staff team which had caused some disruption at the home. However, staff described a good staff team; working well together and morale was said to be good. Comments included, "I believe that Silverleigh is a good home with staff who really care about those individuals that they look after" and "I believe that the staff always respect the standards and every day are committed to the care of every single resident. I believe that inside the house there is an atmosphere of peace and tranquillity, it is easy to relate with the manager and with my colleagues."
- Observations showed there were sufficient staff to meet people's daily personal care needs. Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff had time to assist people one to one at mealtimes.
- The atmosphere at the home was busy but pleasant. We observed people were happy in the company of staff. Staff were attentive and caring in their approach and people were supported to take part in activities they enjoyed.
- People said staff responded promptly to their call bells. Comments included, "When I want to get up in the night. A minute or so [for carers to respond]. There's usually five or six going around in the night," "It's pretty good, but it depends on the time of day. Usually it [response time] is quite good": "Quick...No wait" and "They do their best, even on a busy day, to answer my bell when I put it on, and do so saying 'what can I do for you?'"
- Some staff and people raised concerns about staff shortages and the high use of agency staff. We reviewed the staff rotas which indicated that there had been a period of change in the staff team. We discussed this with the RM and were reassured that recruitment was in place to address this. Plans had been in place to ensure safety on occasions when staff numbers had been low.
- Staff were safely recruited. All staff pre-employment checks to check suitability had been carried out before staff started working with people. For example, criminal record checks, and obtaining references from previous employers.
- There was an effective system to ensure the identity of agency staff coming into the home. They received an induction when they arrived and were allocated to work alongside experienced staff. An agency member of staff said the team were very friendly and welcoming and had ensured they had the information they required to deliver care as expected. They had full access to the hand-held devices which held all care plans and risk assessments.

#### Using medicines safely

- Concerns had been raised with CQC about medicine management at the home. We found medicines were safely managed. The providers medicine champion continued to have allocated duties to monitor medicines in the home. Staff were very well supported by the medicine champion and any issues were quickly addressed.

- People were happy with how their medicines were managed. Comments included, "The lady comes around with them. In a pot, with orange or apple juice. Around about the same time every day", "It's on time. If you want some in the night you ring the bell. [They bring it] in a little pot, or a spoon" and "They bring the medication and because I recognise the medication by sight, they sort it with me because I take a lot of medication. If I need it at a particular time, like today, they ask me what time it would be best to bring the medication."
- Staff used a computerised system for medicine management which guided staff about medicines which were scheduled to be administered and flagged up if there had been any errors. Staff administering medicines had received the necessary training and competency assessments to support their responsibilities in dispensing medicines.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Where there had been medicine errors or incidents had occurred, actions had been taken to reduce further incidents. For example, improved monitoring of medicines which required higher security.
- Staff who administered medicines did so at the prescribed time. There were reporting systems for any incidents or errors. These were investigated, and actions put in place to try to prevent them happening again.
- Medicines were audited regularly with action taken to follow up any areas for improvement.

#### Preventing and controlling infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

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

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

The purpose of this inspection was to check staff training and competence, people receiving effective care, the quality of food people were receiving and that they were involved in choosing the food they received and receiving it safely. Also, that any only necessary restrictions were used to maintain a safe environment. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Concerns were raised with CQC that staff were not meeting people's needs, this included a new person moving into the home. People told us that staff knew them well and met their needs. Comments included, "I think they know what I need. There's always someone there if I need assistance...they are very good." We found people's support needs were assessed before they moved into the service. This was done remotely rather than face to face due to the pandemic. Pre-admission assessments ensured the registered manager could plan to safely and effectively meet individual needs in line with latest guidance and best practice. Additional information was sought from health and social care professionals to ensure the service had as much information as possible prior to admission. Care plans were created from assessments and included people's choices. These were regularly reviewed and updated.
- Staff had daily handover meetings where each person's care was discussed, so staff were aware of any changing needs. For example, if a person hadn't eaten or drunk much, so they were prompted to offer person further drinks or snacks again later.
- Staff monitored people's on-going health conditions and made sure they attended health appointments. They worked with local GP's and made sure people accessed other healthcare services as needed, such as speech and language therapy and mental health services.

Staff support: induction, training, skills and experience

- Concerns had been raised with CQC that staff had not received training to carry out their roles safely. We found new staff completed a period of induction and those new to care completed The Care Certificate. They had opportunities to work alongside more experienced staff to get to know people and learn about their preferences and care needs.
- The provider had effective systems which ensured all staff were appropriately trained to meet people's needs. Training records showed staff had received essential training such as updates in fire safety, moving and handling and health and safety. Staff had recently undertaken a new virtual dementia training, so they had the skills and knowledge to effectively support people living with dementia.
- People were confident staff were trained and competent and knew what to do. Comments included, "I have a wheelchair, and I walk around with the frame and use the wheelchair when I go to bed." "Carers help with the wheelchair" and "Yes, they are often having training sessions for different things."

- Where concerns were raised about staff practice, the registered manager had taken action and arranged additional training. This included an external manual handling training for all staff and dysphasia training (for staff that provide treatment or are responsible for supporting people with drinking, eating and swallowing disorders).
- Staff had regular individual supervision, where they could seek individual support, discuss any concerns and identify learning needs. Staff felt supported in their roles and most felt able to go to management if they had any issues or concerns.

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

- Concerns had been raised with CQC that people on a specialist diet were not getting any variation and people were at risk of choking. We found people were supported to meet their nutritional needs and maintain a balanced diet. Daily menus offered a variety of different choices and people chose what to eat and drink. People's preferences and any special dietary requirements were recorded. Staff knew people's needs and supported them to eat their meals in a gentle, patient manner.
- People were on the whole happy with the food they received, Comments included, "You have about three choices... One will come around and say, 'it's fish today, etcetera, and you can choose what you want,'" "Very good, as always. There's always a choice" and "If you ask the chefs, very often they will do an alternative. It's the presentation, they tend to serve it to you all chopped up and I don't like that. You can ask, but you have got to ask for anything you want."
- The chef had undertaken a nutrition review to help people understand the nutritional values of various ingredients. A simple icon system had been introduced to help people make wise food choices for their main meal. For example, if a person wanted to lose a bit of weight or needed a low fat/low sugar diet because of their diabetes. This helped enable people to make wise meal choices.
- People who required staff support to have a specialised diet were supported by staff who were trained to do so, with other staff booked to undertake the training.
- Care records documented engagement with health professionals, such as GPs, mental health professionals and speech and language therapists (SALT). Recommendations from other healthcare professionals were incorporated into people's care plans to ensure they received appropriate care and support to meet their needs. For examples, recommendations made by a SALT were reflected in a person's care plan to reduce their risk of choking

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

- The home was adapted to meet the needs of people living with dementia. The adaptation, design and decoration of the service promoted 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. There was good signage around the premises. Colours, symbols and pictures were used to help people to recognise their bedroom, the lounges, bathrooms and toilets. During the inspection we observed people moving around the communal area independently.
- There were several communal areas for people to enjoy, including, a 'Snug Inn' area, an attractive 'bistro' a separate cinema room with a large screen that showed movies during the week. There was also a well-equipped hair salon and a well-maintained secure garden.
- The décor incorporated stimulating and interesting reminiscence areas with photographs and memorabilia which people could enjoy and interact with. People could choose to spend time in a variety of spaces, depending on whether they were feeling sociable or needed some quiet time.
- Picture/symbol signage helped people to locate bathroom and toilet areas independently. Floor coverings were plain to make it easier for people to navigate their way around the home safely and independently. Contrasting colours were used to highlight things such as light switches to make it easier for people to find them.

- Walls and alcoves were made inviting and interesting with themed pictures of animals, music and photographs of local areas of interest.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Concerns had been raised with CQC that people were not being given choice and some were having their liberties restricted. People confirmed staff gained their consent and promoted their independence. Comments included, "They respect my choices. I am independent", "They always give me an option, I always have an option." and "The girls help me with the bath...they say to me 'are you okay?', 'Are you dry enough?' 'Is the water too hot?', things like that."
- The provider was working within the principles of the MCA. Mental capacity assessments were completed appropriately. Where consent was required to support people without capacity, a mental capacity assessment and best interest decisions had been made in consultation with the appropriate people. For example, decision about COVID 19 testing and vaccination.
- The management team had a clear understanding of their responsibilities in relation to DoLS. DoLS applications had been made to the relevant authority in a timely way. Appropriate DoLS applications had been put in place for people having their liberties restricted and authorised DoLS were monitored and any conditions added to people's care plans.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had a good understanding of people's right to make unwise decisions when they had the capacity to do so. Care records included details of people's capacity and needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. We have not changed the rating of this key question.

The purpose of this inspection was to check the provider was effectively monitoring the service, had systems and processes that enabled them to identify and assess risks to the health, safety and/or welfare of people who use the service and actively encourage feedback about the quality of care.

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

- The home had experienced a lot of changes and disruption in the last year. This included the covid-19 pandemic and changes in leadership. The provider's group manager had taken on the position of registered manager. They were supported by a new deputy manager who had been promoted and knew the service well and a compliance manager. The registered manager and staff team all identified that the last year had been very difficult and had resulted in different priorities and ways of working. The majority of the team felt they were included in these changes. They described changes as part of improving quality and made observations on things that had improved at the home. Comments included, "Things are getting better", "Staff are upbeat", "We now want to focus on people and on continuous improvement" and "In last month, more of a team, staff starting to move forward, thinking about new ideas." The provider was full of praised for the management team and the staff telling us, "The team have been marvellous against all the odds to keep going and providing good care."
- There was a person-centred approach in the service and each person was treated as an individual. The registered manager and staff interacted with people in a positive manner and were focused on doing their best for the people they supported. People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input. Person centred electronic care plans were used to ensure each person had detailed personalised care plans. These were reviewed and updated regularly.
- The registered manager had a 'hands on' style of leadership. They and the deputy manager liked to lead by example and spent time working alongside staff. When working in the office, the registered manager had an open door. Staff dropped in throughout the day to speak to them and their deputy, updating them on changes and to discuss any queries or concerns. One staff member said, "It's a lovely home, has a fantastic vision and culture."
- The management team were open and approachable. Most staff expressed their confidence in the registered manager and senior management team. Comments included, "(The registered manager) is supportive; we can speak with her...she wants what's best for people..." and "I respect her very much. She's a person you can speak to and go to with any concerns. She is always here, and she takes time for the staff." A few staff did not like the managements style, saying they could be abrupt. However, they did feel the service was moving forward after a difficult year.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were encouraged to challenge any practice concerns in confidence. Where any concerns about staff skills, performance attitudes or performance were identified, these were dealt with in accordance with the provider's policies and procedures.
- Where mistakes were made, the registered manager was open and honest with people and families and made improvements.

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

- The service had effective quality assurance and monitoring systems that were used to identify shortfalls and drive improvements. For example, audits were carried out in relation to medicines, infection control and health and safety checks. An improvement action plan was used to capture, and monitor actions taken in response.
- The provider had appointed a compliance manager who was working on standardising quality monitoring systems such as policies, procedures and audits. For example, policies and staff job descriptions had been reviewed to make them more readable and accessible to staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- After a turbulent year, the provider had engaged the services of an external HR consultant in order to understand staff concerns. They asked staff their views about areas which needed improvement and what support they required. The provider had acted upon this feedback.
- People and families were consulted and involved in day to day decisions about the running of the home day to day. Areas discussed included menu choices and suggested activities. Residents/relatives meeting had not been held recently because of the COVID 19 pandemic but were due to resume soon.
- When visiting was restricted, the registered manager kept in regular contact with families updated them and sent monthly newsletters. They also set up a 'virtual group' so families could see pictures of how people spent their day and what they enjoyed doing.
- Staff were consulted and involved in decision making through monthly meetings, staff handover meetings and individual supervision. Recent minutes of staff meetings showed call bell response times, care plan updates and arrangements for staff breaks were discussed. Also, that catheter care update training had been arranged following staff feedback.
- A staff survey had recently been undertaken to seek staff views and feedback, but results were not yet available. The provider had recently implemented a staff suggestion about ways to reward staff for working additional shifts and reduce agency usage.