

# Borough Care Ltd

# Silverdale

## Inspection report

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Date of inspection visit:  
04 December 2023  
11 December 2023

Date of publication:  
24 January 2024

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Silverdale is a residential care home providing personal care to up to 47 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 46 people using the service.

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

There were systems and checks in place. However, these did not demonstrate that issues, such as those identified during inspection were being identified and therefore were not always as robustly completed as possible. People and relatives spoke positively about the management team and felt the service was well run and people were well cared for. Staff felt well supported and that as a team they all worked well together. There were various systems to obtain feedback and people, relatives and staff felt involved in service development.

There was not always enough staff to meet people's needs in a timely way and we have made a recommendation about this. The service was clean and tidy, people's needs and risks were assessed, and people received their medicines as they needed. People felt safe at the service, and staff were suitably recruited.

We found people's capacity assessments were not always completed in line with the Mental Capacity Act and we have made a recommendation about this. There were suitable policies in place and staff supported people to make choices and decision.

People's needs and choices were assessed, and care plans implemented. People were supported to access health care services as needed and helped to eat and drink well. Staff received a variety of training and felt well supported in their roles. The service had been adapted to meet the needs of people living with Silverdale including those living with dementia.

People's care needs were being met in a personalised way and different approaches to communication were in place where this was needed. A range of activities and initiatives were in place for people to access. People felt able to raise concerns and make complaints and there were suitable policies and procedures in place.

Staff were kind and caring and knew the people they supported well. People's privacy and dignity was respected, and decision making and independence encouraged.

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

### Rating at last inspection

The last rating for this service was good (published 18 October 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Recommendations

We have made a recommendation that the provider review staffing allocation and the systems of oversight in relation to the assessment of capacity under the Mental Capacity Act.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Silverdale

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 1 inspector 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

Silverdale is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Silverdale is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, but they were not on-site and we were supported during the inspection by the deputy manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan the inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 10 people who use the service, 3 relatives and 9 members of staff, including the deputy manager, care workers and auxiliary staff.

We reviewed a range of records including full care plans for 5 people and additional care records in relation to the management of other specific needs. We looked at 4 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Suitable recruitment processes were being followed. This included completing checks with the Disclosure and Barring Service (DBS) and seeking references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. Records did not always evidence that original copies of checks of identity had been seen and who had completed these checks.
- There were mixed views about staffing level from people, families, and staff. One person told us, "The staff check on you at night and when I used the call bell they came pretty quickly." However other people commented on how busy staff were, with one person telling us, "The staff are willing to talk to you, they are busy but will make time for you if they can." Another person said, "I think they could do with more staff; they work very hard."
- There were times when it was difficult to find staff, and groups of people were left in communal areas with no staff near to provide support, should it be required quickly. There were a variety of communal areas and lounges for people to spend time and people enjoyed being able to access and walk around the building. However, this made it difficult to maintain oversight of people, especially for people who were at risk of falls or who could become distressed.
- We observed staff were very busy and one member of staff told us, "I think extra staff would be helpful. We all muck in together and make it work though." This feedback was reflected by both staff who worked during the day and staff who worked at night.

We recommend the provider assess staffing levels to ensure people are supported in line with their preferences and wishes and care is not dictated by the availability of the allocated staff. This assessment should also consider the layout of the building and best practice guidance around supporting the needs of people living with dementia.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. We saw positive interactions between people and staff and staff knew people well.
- Relatives told us the service was safe and felt their family member was well looked after. One person told us, "I feel safer here as there are people around and I don't like being on my own."
- Staff had completed relevant training and understood their responsibilities to keep people safe. There were suitable policies and procedures in place.

### Assessing risk, safety monitoring and management

- People had individual assessments of their risk, and measures were put in place to mitigate risk.

Equipment such as sensors to reduce the risk of falls were being used.

- There were generic risk assessments to guide staff on how to manage risk in the environment, including using equipment and working with people.
- The provider ensured that checks and maintenance of equipment were completed to ensure they were safe to use. This included external checks of equipment including firefighting and lifting equipment.

#### Using medicines safely

- Medicines were securely stored, and people were receiving their medicines as prescribed. The clinical room was clean and tidy and regular checks were in place. The December records in one clinical room had not yet been completed.
- Systems were in place to ensure where people received their medicine in patch form these were rotated. However, we noted that information about rotation requirements, and oversight of body maps to ensure compliance with the rotating of patches could be improved.
- People and relatives had no concerns about how medicines were managed at the service. We observed that staff were kind and patient when supporting people to take their medicines.
- There were systems in place to support people with medicines they only needed occasionally, such as medicines they might need to manage pain. One person commented, "I sometimes have pain in my back and the senior gives me my medication and pain relief."

#### Preventing and controlling infection

- The service was clean and tidy, and any malodours were quickly addressed by a team of domestic cleaning staff who were busy throughout the day. Feedback about the cleanliness of the service was positive with one person commenting, "I love it here, everywhere is clean and tidy, no smells."
- The laundry was clean and well organised. There was a clear dirty to clean pathway to reduce any risk of cross contamination between dirty and clean laundry.
- Staff used personal protective equipment (PPE) when needed to support people. Staff had completed training in infection prevention and control.

#### Visiting in care homes

There were no restrictions on visiting and we observed that people enjoyed visits from friends and family throughout the day. Families commented they could visit when they wanted and a relative told us, "We are always made to feel welcome."

#### Learning lessons when things go wrong

- There were systems in place to analyse accidents and incidents. The service had a 'falls champion' and regular falls meetings to discuss learning and themes.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity was assessed and where people were deemed to lack capacity decisions were made in people's best interest. However, records did not demonstrate the capacity assessments were completed in line with the requirements of MCA and were decision specific. We discussed this with the deputy manager who advised they would take steps to address this.
- The service had systems of oversight to ensure DoLS were applied for where people lacked capacity and were subject to restrictions. The deputy manager told us they chased up where there were delays in the assessments being completed, and provided updates if there were any changes in needs or the restrictions in place.

We recommend the provider review the process of oversight to ensure MCA records are completed robustly and the training and support staff receive in this area is fit for purpose.

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

- People's needs were assessed and care plans delivering line with the person's needs and preferences. Relatives told us that they were happy with how their family were supported.
- People felt staff knew them and understood their needs. One person commented, "The staff know me well, they know what I like." We observed staff knew people well.

Staff support: induction, training, skills and experience

- Staff spoke positively about the management team and felt well supported in their roles.
- People and families spoke positively about the staff and felt that staff had the knowledge and skills

needed to support people living at Silverdale. One person commented, "The staff are well trained, and they support me with my mobility."

- Staff were provided with a variety of training and overall compliance was good. The deputy advised they had oversight of this and ensured people were booked on the training they required.

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

- People appeared to be enjoying their meals and were receiving the support they needed to eat and drink well. People's views about the food were generally positive with one person telling us, "The food is good, and you get choices. The staff are always coming round with tea." Another person commented, "The food is ok but not always hot enough."

- Although people did not always have access to drinks, staff provided drinks to people regularly throughout the day and would provide drinks when requested.

- People who required modified diets due to swallowing difficulties, had their needs met and staff had a good understanding of who required different types of diet including those who were diabetic or had food related allergies.

- People's nutritional needs were assessed, and care plans developed on how to meet people's needs. People were monitored to ensure those at risk of weight loss were identified and action taken to mitigate this risk as much as possible. Referrals to the speech and language therapy team and dietician were made when specialist advice was needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services as needed. Referrals were made to specialist teams including around dietary needs, falls advice or pressure injury advice, and this advice was incorporated into care plans.

- People felt confident that staff would support them to access medical health care if needed. Relatives were confident that staff knew their family members well. One relative told us, "They know my [family member] and those little things. They can spot when they aren't right and ring the GP. They always let us know what is happening."

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

- The service had a variety of area for people to sit, and people were free to walk around. One person commented, "There are plenty of spaces to talk and it's not restricting inside. I do find it annoying that I can't go outside on my own." The service had an initiative to support people to go outside safely as much as possible, should they wish.

- The service had dementia friendly signs to enable people to identify areas, such as the dining room, bathroom, and used coloured front doors, names and memory boxes to help people to identify their own bedrooms.

- People's bedrooms were personalised to reflect their interests and make them homely. A relative told us, "We were encouraged to personalise [family members] bedroom. The room is lovely and large."

- The service had adapted areas including accessible bathrooms, secure outside areas and had made areas of the home for reminiscence including an old fashioned red telephone box, and wall paper of a sweet shop.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well. We observed staff knew people and supported them with kindness. Feedback about staff was overall positive, with one person feeding back that, "The staff look after me well and they are always polite."
- People were comfortable in the company of the staff supporting them, and staff understood people's interests and preferences and were able to make conversations readily with them. One person told us, "The staff are lovely to me and always happy which makes me feel happy, the staff are very efficient."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices around their daily lives as much as possible. We observed people given simple choices and staff respected people's decisions.
- People and families felt involved in decision making. One relative told us, "There was a meeting set up where myself and staff discussed [family members] care." However, the records did not always reflect how people and relatives had been consulted and included in developing and reviewing care plans.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. We observed staff supporting people discretely with personal care and spoke to people kindly.
- Care plans contained detail about people's needs and what they could do for themselves and where they needed support. We observed people were encouraged to remain independent where possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which reflected their areas of needs and preferences. The quality of different parts of people's care plan did vary with some containing a lot of personalised detail and some lacking detail making it difficult to assess whether the person was receiving personalised care in those areas, for example around preferences for getting up and going to bed.
- People appeared happy with how they were supported. Relatives felt the family members were well cared for and staff clearly knew people well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had care plans which contained detail about their communication needs. These contained information about equipment people may need.
- Where people experienced barriers to communication, staff worked to find alternative strategies. Communication boards and a translation 'app' were available for staff to use when needed. Staff told us they had also learnt key words for people who did not use English as their first language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activity and lifestyles facilitator (ALF) was very enthusiastic about activities. They had arranged a variety of activities, as well as trips out. The ALF told us about a recent trip they had taken to see the Blackpool lights and a tea dance held in the local community every month which people are supported to attend.
- People felt supported to take part in activities and develop and maintain relationships. One person commented, "I like the fact there is always someone to talk to here." People enjoyed the activities and commented, "I love the trips out."
- The service held monthly relatives' meetings to gain feedback from people and families and ideas about activities. Relatives commented that activities were pretty good and referenced a number of themed sessions held including 'cheese and wine'.
- The service had an initiative called 'fresh 15' which encouraged people to go outside, whether this be for a

walk to the shops or to sit in the garden if they wished and the weather allowed.

- The ALF completed individual activities with people who did not wish to participate in group activities. People received a pamper session as part of the 'resident of the day' monthly review of people's needs.

Improving care quality in response to complaints or concerns

- People and families felt able to raise concerns and make complaints. One person told us, "I have no complaints. I am so content I don't ever want to go home." A relative commented, "I feel confident of raising any concerns with the senior or manager."
- The service had systems in place for recording concerns and complaints. Complaints were investigated and responded to when needed.

End of life care and support

- When people had passed away, the service prepared a memory package for families which included photographs from the person's time living at Silverdale.
- People had end of life care plans. The quality and personalisation of these care plans varied with some being very detailed and personal and others containing only generic information. The deputy told us discussing end of life care could at times be difficult as people and relatives did not always want to have these discussions before this type of care was needed.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management team completed audits of care plans and people's care plans were subject to regular review. However, it was not evident that reviews were always completed robustly to ensure care plans were consistently as detailed and personalised as they could be. We reviewed a person who had been identified as a high risk of falls and found on 2 occasions where this person had fallen, the care plan had not been reviewed in a timely way to demonstrate all mitigations of risk had been implemented.
- Care records showed that people how had been admitted to the service on a palliative pathway health had improved under the support and care of the staff at Silverdale.
- The service had a number of initiatives to help people engage in interests and remain as active and independent as possible. People looked well care for although aspects of oral care needed to be improved.

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

- There were a number of audits and checks of quality completed by the management team and overall compliance with these checks was high. However, it was not clear that these were suitably robust to ensure any shortfalls, such as those identified at this inspection in relation to staffing, mental capacity assessment and recording keeping, were suitably robust.
- People and relatives spoke positively about the management team and how the service was run. One person told us, "In my option the home is well managed. Silverdale runs smoothly and I would recommend the home to anyone."
- Staff spoke positively about the management team and how they were supported. One staff member said, "It can be hard sometimes, but we all work together. The manager and deputy have always been really supportive."

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

- Managers understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents.
- There were systems in place to investigate when things had gone wrong, such as accidents or incidents. The service worked effectively with the local authority and supported any safeguarding investigations. Relatives told us staff communicated effectively with them and kept them up to date if anything had happened to their family member.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service implemented a range of processes to enable people to share their views. This included surveys and meetings.
- People had been asked for their views at regular meetings and the provider asked people to complete a quality survey to share their feedback. People's feedback had been used to develop a range of activities. There were regular staff meetings and staff told us they felt able to raise concerns, share ideas and views and felt listened to.
- Staff worked with people and families to provide appropriate support. A relative commented, "It was hard to move [family member] into care but the staff at Silverdale have been very supportive and helpful and I feel that however hard it was, it was definitely the right move."

Continuous learning and improving care

- The management team were committed to the continuous improvement of the service. They used feedback given during the inspection to address areas where the service could be improved.
- The provider had systems in place to ensure learning, ideas and best practice was shared across the providers locations. This included meeting of staff at different levels to share ideas. For example the 'falls champions' and 'activity and lifestyle facilities' had regular meetings across the provider's locations.