

Silverdale Care Limited

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## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Silverdale Care Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection, they were providing care and support to four people.

The company is owned and managed by a small team, who also provide the care.

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

People were happy with the care they received. They told us the agency was reliable, they arrived on time and provided personalised care. They had good relationships with the staff and enjoyed their company.

At the time of our inspection, the only staff working at the agency were the registered manager (one of the directors of the company) and the other two directors. Two of the directors provided care to people. Sometimes, they needed extra support and sourced care workers from a recruitment agency. They did not provide training to these staff, who already had a range of training from the recruitment agency. These staff accompanied one of the directors on visits, so were always supervised.

The provider had systems for monitoring the quality of the service, assessing risks and assessing people's needs. People's care was planned, and they were involved in making decisions. People told us they knew the directors well and were happy to raise any concerns they had with them. There were formal systems for responding to complaints and other adverse events, although there had not been any.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

This service was registered with us on 22 May 2019 and this is the first inspection.

### Why we inspected

The service was inspected based on the date they were registered with us.

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Silverdale Care Limited

## 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 conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 March 2022 and ended on 15 March 2022. We visited the location's office on 15 March 2022.

#### What we did before the inspection

We contacted all of the people using the service, speaking with one of them and their relative, and speaking with the relatives for the other three people.

We looked at the information we held about the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We met the registered manager, one of the directors and a representative of the recruitment agency who provided staff to support with care visits.

We looked at the records the provider used for managing the service. These included the care records for all four people, records of quality monitoring and systems the provider had for dealing with complaints, staff recruitment, safeguarding alerts, incidents and staff support.

#### After the inspection

The provider sent us information about training the directors had undertaken and other auditing systems.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- None of the people being cared for required support from staff to take medicines at the time of the inspection. Family members supported people with this. However, the staff sometimes supported people to apply medicated creams. We saw information about where to apply creams was recorded, and logs showed creams had been applied. But, for some people, there was limited information about why the creams were prescribed. The provider agreed to update their records to include this information and to develop administration charts to record application of medicated creams rather than use the general logs for this information.
- The provider had recorded details of the medicines one person was prescribed but not for the others. Whilst, they were not involved in the administration of medicines, it is good practice to make sure they recorded this information and any potential side effects. They agreed to update their records.
- The provider had suitable systems they could follow should people require more support with medicines in the future. These included policies and procedures about medicines and templates for recording medicines related risks and the administration of medicines. The directors providing care had undertaken relevant training to know how to safely handle medicines.

### Staffing and recruitment

- At the time of our inspection, the agency had not recruited any staff other than the three directors. They sometimes used staff from a recruitment agency to support them. The recruitment agency undertook checks on their suitability. Silverdale Care Limited did not have written confirmation of these checks or training the staff had undertaken. We met with a representative of the recruitment agency who confirmed the required checks were undertaken and agreed to provide a summary of this information for Silverdale Care Limited.
- There were enough staff to meet the needs of people using the service at the time of the inspection. People being cared for and their relatives told us the staff arrived on time and stayed for the correct amount of time. One or two of the directors provided care at all visits, and they were able to supervise any staff from the recruitment agency.
- We looked at the provider's planned systems for recruiting new staff. These included carrying out checks on their identity, suitability and eligibility to work. There was also an interview template, an induction plan and templates to assess staff competencies. The directors told us they would use these when recruiting staff.

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

- The provider had systems to safeguard people from the risk of abuse. These included policies and procedures and information about the local authority safeguarding procedures.

- There were also systems to record and monitor how staff supported people with shopping if this was needed, although no one required this support at the time of the inspection.
- There had not been any allegations of abuse or safeguarding alerts at the service, although the directors and registered manager were aware of what they needed to do if there was suspected abuse. They had undertaken relevant training.

#### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and planned for. One of the directors had carried out these assessments with people and their families. They had considered risks within their home environment and in relation to care being provided, including how to support people to move safely.
- People being cared for and their relatives told us they were well cared for and felt safe. They said they received safe support when moving and using equipment, such as hoists.

#### Preventing and controlling infection

- The provider had suitable systems for preventing and controlling infection. People being cared for and their relatives told us staff always wore personal protective equipment (PPE) such as gloves and masks, washed their hands and followed good hygiene practices.
- The provider had procedures for managing infection prevention and control, COVID-19 and contingency planning.
- The staff undertook regular COVID-19 tests in line with government requirements.

#### Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. These included clear policies and procedures for dealing with complaints, accidents, incidents and safeguarding alerts. There had not been any adverse events at the service at the time of our inspection.
- Relatives told us they could speak up when something was not right, and they explained they worked with the provider to make sure care was right for people.

# Is the service effective?

## Our findings

### 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The agency was not responsible for meeting people's healthcare needs as all four people lived with family members who supported them with this. Care plans included basic information about people's healthcare conditions. The provider told us they would develop this information to help staff understand any signs of potential problems with a person's health. One relative described a situation where one of the directors had recommended they contact their GP because of changes in a person's condition. They told us this had been helpful.
- Care records included some information about healthcare professionals involved in people's care so the staff would know who to contact if they needed to.

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

- People's needs and choices had been assessed. People being cared for and their relatives told us they had met with the directors and discussed their care needs. They told us they felt involved and that care plans reflected their assessed needs and choices.

Staff support: induction, training, skills and experience

- At the time of our inspection, the only permanent employees were the three directors. They were all qualified care managers and had undertaken a range of training in order to understand and provide good quality care.
- One of the directors told us they had plans to use an external training provider to make sure any additional staff had the training they needed. They planned to provide an induction to the service, which included assessments of staff competencies and working alongside them.

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

- At the time of our inspection, the agency did not provide any support with food or drinks. All four people being cared for lived with family members who provided this support.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had obtained people's consent to the care they provided. People being cared for had the mental capacity to make decisions about their care. They, and their relatives, had been consulted. People had signed contracts for the care provision and documents consenting to various aspects of the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 well treated and supported. They and their relatives told us they had good relationships with the directors who provided their care and support. Some of their comments included, "We couldn't wish for better carers", "They are polite to us", "[Director] gets on well with [person] and that is very good for [them]", "[Director] is brilliant. [Person] has days when [they] feel down, but [director] always manages to make [them] laugh" and "They are like a family, they are reliable, lovely with [person] and very nice people to have in the house."
- People using the service and their relatives told us the staff respected them, their beliefs and their households.

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

- People told us they were able to make choices about their care and staff respected these. They had been asked about their wishes and preferences and these were recorded in care plans. Relatives told us people were always offered choices during care visits.

Respecting and promoting people's privacy, dignity and independence

- People being cared for and their relatives told us their privacy and dignity were respected.
- People were supported to do things for themselves. Relatives were also able to be involved with caring when this was wanted by the person and their relative. One relative told us, "We all work together. It works well. They are amazing."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### 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.

- At the time of our inspection, the people being cared for did not need written information in different formats because they could understand the information they were given. There were procedures to state information could be made available in different formats if needed.
- Some care plans recorded people had communication needs which included hearing loss, slow speech and needing extra time to process some information. The directors caring for people knew them well and relatives told us there were no concerns about communication. However, care plans did not include details about how to overcome any problems relating to this. We discussed this with the directors who agreed to create more detailed communication care plans which would be useful for other staff in the future.

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

- People received care which met their needs and preferences. They had been asked about these. They confirmed care was provided in the way they wanted. They told us the agency was flexible and made changes when they wanted these.
- The directors had created care plans which included details about people's individual needs and preferences. Logs of care visits showed that plans had been followed. The agency had met with people to review their needs and make changes to care plans if needed.

### 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 agency did not provide support for people with social activities. However, relatives told us the directors provided a source of social interaction and they considered them as important people in their lives.

### End of life care and support

- No one was being cared for at the end of their lives at the time of our inspection. The provider had templates for recording people's end of life wishes. People had chosen not to discuss this at the time.

Improving care quality in response to complaints or concerns

- There were suitable procedures for dealing with complaints and concerns. People had information about these. People being cared for and their relatives told us they knew what to do if they were unhappy and would feel confident speaking with the directors. There had not been any complaints or concerns at the time of our inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture in this small company, where the directors provided care and support for people. People being cared for and their relatives told us there was a personalised service and they felt involved, empowered and consulted.
- Some of the comments from people and their relatives included, "I would recommend this agency, especially for people who are new to care", "Everybody who has come is lovely and they take a pride in the agency", "I am extremely happy and have recommended them to another friend" and "They are actually amazing and do a good job to high standards."
- The directors spoke with people being cared for and their relatives most days and relatives told us they worked in partnership with them, receiving feedback and adapting the service. They also had systems for formal feedback, which included satisfaction surveys and telephone monitoring.
- People's cultural and diversity needs were respected and met. They confirmed this.

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

- The three directors worked closely with each other to manage and oversee the service. They had all achieved management in care qualifications and had experience working with other care agencies in the past. They had a range of appropriate policies and procedures that met legal requirements and referenced good practice guidance.
- The provider had a policy on duty of candour and the directors understood their responsibilities under this.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. At the time of the inspection, the service was only small, and the majority of monitoring and improvement work was through the directors' direct contact with people when providing their care. However, they had set up systems to help ensure regular checks and audits would take place if they recruited other staff. For example, there were systems for spot checks on staff.
- The provider had carried out reviews of people's care with them and asked them for their feedback so they could improve the service.

#### Working in partnership with others

- The agency worked in partnership with people being cared for and their relatives to plan and deliver personalised care.
- The directors worked closely with the representative from the recruitment agency, who supplied staff and advice and support with the management of the service.