

ENTER AND VIEW

Silverdale Nursing Home

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Tel: 0800 051 8371

enquiries@healthwatchstaffordshire.co.uk
www.healthwatchstaffordshire.co.uk

Provider Details

Name: Silverdale Nursing Home

Address: Newcastle Street, Silverdale, Newcastle, Staffs, ST5 6PQ

Service Type: Dementia Frail Elderly

Date of Visit: 22nd February 2017

Authorised Representatives

Name: Sandy Turner and Glenys Robinson

Role: Authors

Purpose of Visit

This Home is the subject of a Large Scale Enquiry.

Home visited by CQC February 2016, July 2016 and February 2017

The purpose of the visit by Healthwatch Staffordshire was to check on progress and to ascertain whether and how the service has improved from the perspective of residents, their family members and staff.

During this time the Home has been working on an action plan to improve the service and the experience for residents, their families and staff. We were told that the latest visit from CQC was positive and they were waiting for the final report.

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staffing levels.

- Observe interaction at all levels between residents, staff manager, and visitors.
- Talk to manager about the implementation of the action plan, whether there are any barriers to achieving the required improvements.

Physical Environment

There are 21 single bedrooms and three shared. 8 are en-suite. We did not see evidence of 'call bells' but the majority of the residents would not be able to access them anyway due to physical or mental frailty.

External

The Home is situated on the edge of the village on the main road
There is car parking within the grounds. The exterior looks shabby with uncared for gardens.

Entrance to the premises is by clearly defined front doors. Outer door to allow access to inner door which is kept locked. The doorbell was answered promptly by a member of staff. No CCTV. A signing in book was evident at the reception.

Internal

The receptionist welcomed us and the Manager Gill Harper came to meet us immediately. Although some of the décor is dated there was a homely atmosphere and it was evident that a lot of decorating was taking place. There were no unpleasant odours.

The Sensory room was tidy and is used most days - the chairs were a little worn and torn in some parts but the manager was going to be replacing them.

The kitchen was clean and tidy.

Resident Numbers

Home capacity 27 - Number of residents 14 - at present under LSE so no more admissions can be made until this situation is resolved.

Staff Numbers

The Manager has been in post since September 2016. There is no Deputy but a Clinical Lead is due to start imminently.

We were informed that

- There is 1 full time Maintenance man who covers Silverdale and two other Homes, one is in Burnley and one in Manchester. By the overgrown state of the grounds this is clearly inadequate.
- There is part time Activity Coordinator - due to the health issues of the residents it is difficult to do 'group' activities so more one to one activities take place.
- There are 'outings' arranged when taxi's are used. Specials days and dates are recognised with the Chef baking a cake if appropriate.
- There is a four weekly turn round in the Menus. We were only told of one choice of hot meal for lunch. Staff are aware of special dietary requirements of their residents.

There is 1 full time Domestic and 1 Bank staff - the home is in the process of recruiting 2 more part time domestics.

There is 1 Chef working 8am to 6pm plus an assistant. A further Chef due to start in the near future. Snacks are available when required prepared by the staff if the Chef is off duty.

During the day there is one trained RGN and 4 Carers on duty, 1 resident has 1 to 1 care over 24 hours and another 1 to 1 care 3pm to 9pm. They are endeavouring to employ an RMN in the future.

Agency Usage

We were told that Agency Care staff is used but they are hoping to recruit more permanent staff members - they try to use same Agency and same staff.

Resident Experiences and Observations

We spoke with one lady who was enjoying her coffee and biscuits and she said she was happy.

Special events are celebrated with notices put around the home and in the entrance publicizing these.

There are two lounge / dining rooms and the residents can choose which area they would like to use.

The residents are mostly local people who stay with their own GP Practice.

Should a resident need to be taken to hospital and if there were no relatives available a staff member would accompany them, by using the Patient transport provided by the NHS .

Family and Carer Experiences and Observations

We spoke with one family member whose relative had been in the home for 3 years and was very happy with the attitude from the staff, the care given and the quality of the food. He knew who to contact if he needed to raise any issues.

We also spoke to several carers Staff one of whom had been at the home for 14 years and she said that things were improving and she knew who to see if she had any worries or concerns.

Catering Services

There is 1 Chef working 8am to 6pm plus an assistant. A further Chef due to start in the near future. Snacks are available when required prepared by the staff if the Chef is off duty

The food being prepared appeared to be fresh and homemade, Sago pudding for desert.

Staff Experiences and Observations

All staff we spoke with were happy and positive about the future. There had been changes implemented since the present Manager was appointed and things seem to be running well.

We spoke with staff, they were all positive in their attitude, appeared happy and interacted well with both residents, each other and ourselves.

Summary, Comments and Further Observations

Prior to looking around Silverdale we had a detailed conversation with the Manger to address the concerns raised by the previous CQC visits. She reassured us that the issues that lead to the LSE were being addressed in a very proactive way.

All residents have DOLS referrals with 2 in place.

Training is done by Acacia and if this cannot be completed in work time then the staff are paid overtime to do it.

Pre admission assessments are completed by the Manager and relatives. A GP visits the Home every Tuesday. A multi-disciplinary meeting takes place every three weeks.

There are relatives meetings arranged but these are not well attended, the Manager says she has an open door policy and relatives can call to see her at any time, she works till 7pm on a Tuesday to facilitate this.

As far as privacy and dignity is concerned staff had been trained to observe correct procedures and not to enter a resident's room without knocking first. We observed dignity being respected and did not have any concerns about this that were evident throughout our visit.

Food and fluid is monitored and Residents are weighed each month unless there are concerns and then it is weekly.

The overall impression from both observing the care being delivered to residents was that the residents appeared to be clean and tidy and happy.

Recommendations and Follow-Up Act

A follow up visit in 6 months would be useful to check that the home is maintaining the improvements being made and that the quality of care to residents continues to improve.

Provider Feedback

No feedback has been received from the provider.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.