

Enter and View the Report

Silverdale Nursing Home

18th March 2025



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 18th March 2025

Service Visited:

Silverdale Nursing Home

Newcastle Street, Silverdale, Newcastle Under Lyme, Staffordshire, ST5 6PQ

01782 717204

Authorised Representatives undertaking the visit:

Christine Sherwood, & Michael Baker

Image of Silverdale



The Service:

Silverdale Nursing Home offers twenty-six rooms that can accommodate up to twenty-seven people. The facility features twenty-three single bedrooms and three larger double rooms that can be shared. Some of these rooms are equipped with a wash basin and toilet.

Opened in the 1980s, the home is located three miles west of Newcastle under Lyme, in what was once a small village north of Keele parish. In 1855, Silverdale, Knutton, and Scothay combined to form the ecclesiastical parish of Silverdale, which borders Keele and Stoke-on-Trent. The home is situated on Newcastle Street, close to Newcastle-under-Lyme Town Centre, which hosts a variety of businesses, including a pharmacy, grocery stores, banks, cafés, and a cinema. It is also near Keele University.

The nursing home benefits from nearby public transport links that connect Hanley to multiple locations, including Stoke, Market Drayton, and various local destinations within the Potteries and surrounding areas. Additionally, it is conveniently located near the A34 and the M6 motorway.

The surrounding area features a mix of new and old buildings, and Silverdale Nursing Home is conveniently close to local nurseries and schools. Owned and operated by Silverdale Care Homes Limited, this care home is the second under this organisation, providing care to individuals of various ages who require nursing and personal support.

The home has a cosy atmosphere, decorated and furnished to a basic standard. The reception area is spacious, featuring neutral tones and white paintwork, along with an electronic sundown ceiling (an artificial "sky") and a fish tank that contribute to a calming ambience. The lounge also includes a larger sundown ceiling and is adorned with soothing colours. The furnishings in the main areas create a clean and inviting environment.

Purpose of the Visit:

As part of the Healthwatch Staffordshire's responsibilities, authorised representatives will carry out Enter and View visits to health and social care premises to assess how they are managed and to make recommendations for improvement. The Health and Social Care Act 2012 empowers authorised representatives to observe service delivery and speak with service users, their families, and carers at locations such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits may be conducted based on reports of issues with a service or to learn about and share examples of services that are performing well. These visits are not intended to specifically identify safeguarding issues, but any concerns that arise will be reported in accordance with Healthwatch Staffordshire's safeguarding policy, and the visit will be ended if necessary. The Local Authority safeguarding team will also be informed.

Methodology:

Was to engage with and speak to:

- the Manager & the Deputy about various aspects related to how the facility is operated, such as the number of staff employed, the number of vacancies, and the recruitment processes. Also, discuss staff training, induction, staff meetings, shift patterns, care planning and reviews, and complaints procedures.

- Engage with residents about their care, do they feel safe, whether they are happy with the care provided, whether there are enough activities & plenty of stimulation, do they feel they have a choice and are listened to. What is their experience of being treated with dignity and respect? Is there plenty of choice regarding food and drink?

- Communicate with available relatives about their satisfaction with the care provided to their relatives or loved ones. Feedback will be obtained during the visit and via the QR code displayed on a poster in the home a week before our visit date, the frequency of communication with staff, and whether the relatives are comfortable in reporting any concerns they may have.

- Talking to staff regarding staffing levels, training, management support, and development opportunities.

- Conduct observations of the environment and interactions among residents, staff, managers, and visitors at all levels.

Physical environment:

External

Silverdale Nursing Home is located on Newcastle Street, conveniently situated near both Hanley and the borders of Stoke. The Manager believes the building was formerly a pub before it was updated with new facilities. Over the years, the property has been extended, creating additional areas such as a dining space, reception, and bedrooms. Most of the areas we accessed were basic and clean.

The fixtures and fittings are of good quality, including a couple of electronic sundown ceilings. The building is surrounded by a mix of new and older housing and is close to the local town, pubs, and various businesses. Both the Manager and the Nominated Individual are working hard to enhance the quality of the home and improve outcomes for the residents. There are car parking facilities on either side of the building. It is signed and visible from the main road, with the entrance located at the front, adjacent to the parking area for easy access.

The external area consists of a mix of paved and tarmacked pathways, along with plants and landscaped borders that require maintenance. Enclosed gardens are situated at both the front and rear of the building, featuring paved sections, grassy areas, and ample seating for residents and families to enjoy. This garden area is secured with wooden fencing and gates, providing safety and security. Additionally, there is a small quiet space within the complex that has artificial grass and a few seating options.

Internal Structure

To gain access to the building, visitors must use a doorbell system. Upon entering through the front door, you will find a reception area with a small desk, notice boards, and a signing-in book. A staff member will attend to the doorbell to grant visitor's access to the main internal reception area and home.

Once inside, there are corridors to your left that lead to the bedrooms, and directly in front of you is the entrance to the dining area. To the right of the main reception area is a small nurses' office and a hallway leading to communal toilets and another wing with more bedrooms. From this hallway, you can access the large communal lounge and a small manager's office. Leading off the lounge are kitchen facilities.

The home consists of two floors; however, all bedrooms are located on the lower ground floor. Each area is painted either white or magnolia and is bright and clean. The corridors have carpet flooring, and there is a stairwell that can only be accessed via a PIN code for security reasons; it is exclusively used by management. The corridors are wide enough to comfortably accommodate wheelchairs and other mobility equipment. Each residential room is marked with a number on the door and an image of the resident, allowing them to easily recognise their rooms. Several notice boards are placed around the hallways to promote activities.

The lower floor is arranged around a main square containing the communal lounge, dining area, kitchen facilities, and an enclosed garden at the rear of the lounge. All the residents' rooms lead off this square. The communal lounge is equipped with a TV and an entertainment station. The small dining area overlooks the rear of the building and opens into the main reception area and activities room.

In the small dining area, a large wipe board showcases the meals offered at each mealtime, including breakfast, lunch, and dinner. The menu typically does not follow a rolling rota; however, it offers two meal choices per sitting, along with daily breakfast, mid-morning and afternoon snacks, and unlimited drink options.

The facility consists of twenty-six rooms on the ground floor, each containing a bed and bedroom furniture. Some rooms are larger and can accommodate two residents, providing sufficient space. Residents are encouraged to personalise their rooms with personal items to enhance their sense of home. Medication for all residents is administered by trained staff members and is securely stored in a designated medication room. Residents are allowed to bring some of their own furniture and decorative items to make their rooms more personal. The ground floor includes areas where residents can comfortably meet and socialise. Relatives are welcome to visit and participate in activities with their loved ones; however, we did not observe this during our visit. The lounges are decorated in neutral colours, and during our visit, we noted evidence of various planned activities.

There is a hairdressing facility on-site, and arrangements can be made for visits from a chiropodist, optician, and dentist if needed. The facility includes several bathrooms, some equipped with a shower or a bath.

The Manager and the Nominated Individual informed us that their primary focus is on prioritising the welfare of the residents and improving the standards of the home. They are currently collaborating with the Local Authority to develop action plans to achieve this and acknowledge the recent CQC inspection.

The Manager is working to recruit more staff in order to assemble a dedicated team that will help fulfil this mission and offer continuity for residents and their families.

	AM		PM
Monday	Hand Massages		Chit Chat Knit & Natter
Tuesday	Ball Based Activities		1:1 Activities
Wednesday	Music Morning	0	Puzzle Time
Thursday	Let's Read - Newspaper/Magazine	=	Let's Play Skittles
Friday	Sensory Activities	Marchaere Comp	Quiz Time
Saturday	Finish the famous	saying.	Colouring
Sunday	1:1 Activities	1:1 Time	MOVIE
Tuesday 🔄	Arm Based Exc. cleas		Esticon Self Activities
Monday	AM Let's Play Astronomic	- 	Themed Colouring
Tuesday 🖄	Arm Based Exercises		Activities
Wednesday	1:1 Activities	1:1 Time	Let's Play Dominos
Thursday	Prize Bingo	BRSC .	Men's Afterno
Friday	Scrabble Morning		Sing a Long Time with
Saturday	Finish The Famous	Saying	
Sunday	Sunday Service & Hymns		1:1 Activities
Silverd	ale Nursing Ho	ne Act	ivity Rota Weel
		Real Property lies	
Monday	Relaxation Morning	ANTE FOR	Bean Bag Activities
Tuesday	Finish The Famous	Saying	Build with Blocks or Le
Wednesday	Story Telling	- Maria	Sensory Afternoon
Thursday	1:1 Activities	1:1 Time	Decorate Biscuits
Friday	Quiz Time		Let's Sing!
Saturday	Puzzle Time	FM	Music Time

Image of Silverdale Nursing Home Activity Boards in Main Reception areas.

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Management:

Upon arriving at the nursing home, we were greeted by a staff member and asked to sign in. Within minutes, the Registered Care Manager welcomed us, and shortly after, the Nominated Individual joined us. The Registered Care Manager has been with the facility since September of last year and has over 20 years of experience in social care, beginning her career as a general assistant and working her way up to her current position. The Nominated Individual has been with the home since January 2024.

Currently, the home accommodates 20 residents, most of whom are funded by Local Authorities, with a couple on Continuing Healthcare (CHC) and one privately funded. Additionally, one room is allocated for respite care, while the remaining rooms are currently unoccupied.

The nursing home plays a vital role in the local community by maintaining connections with relatives who live nearby. The activity program was primarily managed by the Activities Coordinator seven days a week, however this position is currently vacant. Activities include a variety of options such as pamper sessions, Quiz Time and sensory activities, among others. The home also offers a wide selection of arts, crafts and games, and organises events for residents, such as visits from professional singers and animal visits.

Families are encouraged to participate and support their loved ones, and they can easily find information about upcoming events on the notice boards.

Silverdale is registered for nursing care, including care for those living with dementia. It can also accommodate respite care and has residents with learning disabilities, and the home is eager to incorporate LD into its home. The home is equipped to provide endof-life care with the support of the District Nurses team and Advanced Health Practitioners. One local GP conducts weekly ward visits alongside the Registered Care Manager.

Complaints are typically addressed by the Registered Care Manager and the Nominated Individual. If necessary, the owner of the business may also become involved. Additionally, senior care staff are available to assist individuals in flagging a complaint or compliment.

Staffing:

The residential home is currently conducting a large recruitment drive to hire more permanent staff. The Manager informed us that while they utilise agency staff from three different agencies, they prioritise deploying regular agency workers to ensure continuity for the residents. Additionally, the home uses bank staff to reduce reliance on agency staffing. The Manager did not provide specific figures regarding the number of permanent staff currently employed.

The staff includes the Registered Care Manager and the Nominated Individual. Each care shift is led by a senior staff member, accompanied by a qualified nurse and other care team members. During the daytime, there are generally nine carers on duty, along with another staff member providing one-to-one care for a resident and an additional member covering someone who requires 24-hour assistance. These staff members are distributed throughout the home. At night, seven staff members are on duty, which includes one nurse, one senior staff member, and five care staff. The home operates 24/7 with two different rotas for the care team. All shifts are 12 hours long and include allocated breaks: two fifteen-minute breaks and one half-hour break.

The home faces challenges with recruitment and retention rates; however, several staff members remain with the organisation longterm. They employ three specific care agencies as needed to maintain continuity for both residents and the care team. Management acknowledges the need to enhance recruitment efforts and hopes to stabilise staffing levels.

In addition to the care staff, there are two domestics (one laundry staff and one cleaning staff), two chefs (currently recruiting for one position), and one maintenance staff member who primarily works Monday to Friday, with ad-hoc duties as required. All meals, including breakfast, snacks, and desserts, are freshly prepared on-site, with plenty of fresh fruit and snacks available, including fortified meals. There is also one activity coordinator position being recruited due to a recent staff departure.

Each shift includes a senior member of staff responsible for handling any issues and communicating with the on-call manager when necessary. New staff members undergo an in-depth induction program that lasts for a specific number of days on-site and includes mandatory training to prepare them for their roles. They are also expected to complete their Care Certificate if they have not done so already. Staff have access to online training through the Hippo platform and benefit from a buddy shadowing system during their induction period to ensure they feel confident before fully joining the team. The management team are also training staff on learning disabilities/difficulties to fully encompass the clientele and any future plans for the development of the home.

External training opportunities are available for staff at the home, covering areas such as the Oliver McGowan training, positive behaviour training related to autism, and medication training for nurses. New staff members undergo a probation period, after which they have a one-on-one session with the Manager to discuss future progression. All staff members either hold Level 2 or Level 3 diplomas or are actively working towards these qualifications.

The e-learning platform offers training on various topics, including continence care, data protection, and whistleblowing. Currently, staff do not have access to health professionals, including counselling and mental health teams. However, the Manager maintains an open-door policy to encourage staff to discuss any issues they may have.

The company does not currently have any staff incentives, but the Manager is interested in establishing a program for this in the future. The Manager is also implementing Team meetings every 6 to 8 weeks and one-to-one supervisions every 8-12 weeks. New to the position, the Manager organised a Christmas social gathering that included a quiz, inviting families to participate. This initiative aims to create an informal environment for families to provide feedback and insights.

At present, the company relies on paper care plans but is working on transitioning to electronic records, with a target to start in April 2025.

The new system will make care plans more accessible and easier to follow. Currently, paper care plans accommodate residents' personal wishes and choices regarding how care is delivered, as well as dietary needs, intolerances, cultural beliefs, and Deprivation of Liberty Safeguards (DoLS) for all residents on file. Additionally, some residents can choose to participate in church services.

Staff handovers are conducted verbally at the beginning of each shift to ensure effective communication and continuity of care. Feedback is given to the senior staff member in charge, who then disseminates the information among the team.

Once care plans are recorded electronically starting in April 2025, daily activities will be documented using a handheld device called the Patient Care System (PCS). This device will alert staff to complete specific tasks throughout the day, helping to ensure that care plans are followed correctly with visual notifications.

Silverdale is registered for nursing care and collaborates with various community services, including District Nurses and the Community Rapid Intervention Service (CRIS) team, who visit the facility to provide necessary patient care. The home offers dementia care, nursing care, end-of-life support, and additional services while maintaining strong relationships with local GP surgery and pharmacy. The GP surgery conducts weekly rounds with the management team and makes inperson visits to the home.

Staff Feedback:

During our visit, we spoke with several staff members from different departments, including some who have worked at the home for several years. One staff member described it as "a good place to work." Another employee, who had been at the home for a few years, mentioned that they "felt supported and appreciated by the new Manager and other colleagues." While it was noted that there are currently job vacancies at the home, the management team is keen to maintain staffing levels and address recruitment. The staff we spoke to also expressed that the "training and development opportunities provided by the home are good." Overall, all staff members we interviewed had positive feedback about the home. We observed a warm atmosphere, and staff members appeared to be kind and considerate towards the residents.

Resident Experience

During our visit, we spoke to three residents. Two of them had been living in the home for some years, while one could not recall how long they had been there. One resident stated they had been involved in their care planning, with family support. Another resident mentioned they had never participated in this process, but their comments were not always in the present tense.

One resident expressed that they felt safe and happy with the staff, stating they were treated with dignity and respect. None of the residents complained about the food; everyone described it as "good." However, one resident suggested adding steak to the menu and noted that if they didn't like something, they could inform a staff member, and their feedback would be taken seriously.

Another resident commented on the variety of choices available and mentioned that the Manager would sit down with them to discuss their preferences and "get things done." A couple of residents indicated they would reach out to family, staff, or management if they had any issues or complaints.

While we discussed activities during our visit, we did not have the opportunity to observe any in progress. When asked what residents would change about their experience, everyone either responded with "nothing" or was unsure.

Overall, the residents appeared content and happy with their environment, care, and management. The only notable feedback was a preference for their regular staff over agency staff, as this helped to build rapport. A couple of residents mentioned they were happy living there but would prefer to be in their own homes.

Most of the staff were well regarded as "kind," and the residents expressed gratitude for their work. Notably, one resident commented, "There was tension with one member of staff," and the Manager addressed the issue after being informed. One resident we spoke to had no regrets about moving to the home, while others did not fully understand the question, making it unfair to comment either way. Residents appreciated the feeling of safety, the kindness of the staff, companionship, and activities, especially when they had opportunities to go out into the community. Residents also can use the "RITA system" Reminiscence/Rehabilitation & Interactive Therapy Activities and all-in-one touch screen system offering digital reminiscence therapy.

During our visit, we observed a group of individuals watching a movie after lunch, and one resident shared how they enjoyed the chair exercises.

We were informed that the home provides special touches, such as organising birthday cakes for residents. One resident shared their excitement about an upcoming birthday and described how enjoyable it has been to collaborate with their family and the home's Manager to ensure that everyone can join in the celebrations.

The Registered Care Manager and Nominated Individual informed us that they work on weekends and bank holidays, are on call, and conduct unannounced spot checks on various shifts. Audits are conducted on care plans, and each shift has a senior lead available for staff, residents, and families to approach in the absence of management.

Feedback from Relatives online:

Before Healthwatch visited Silverdale, we requested the Manager to display our poster with a QR code one week in advance. This would allow relatives who were unable to attend on the day to leave feedback if they wished. We also posted on social media to encourage feedback. Unfortunately, we did not receive any responses.

Feedback from Relatives:

During our visit, we did not speak with any family members, which is regrettable as we cannot comment on their experiences. We informed the Manager before leaving that it was a missed opportunity, as feedback from relatives is invaluable for the service. The Manager mentioned she would keep the poster up for a few more days after our visit to see if it might encourage feedback.

Summary:

Silverdale is a basic, cosy facility that has been renovated over the years and is presented in a clean condition. There are no unpleasant odours in the main areas; however, one wing does have a damp smell, which the Manager is aware of and has logged for further investigation. We did not identify any tripping hazards that would raise concern. However, the grounds require tidying up, and the external building's paintwork needs attention and some of the woodwork internally. While we were unable to see individual rooms, we were informed that they hold a lot of personality and truly reflect the residents' lives.

We also noted that the call bell system is outdated; when activated, it is extremely loud and resembles a fire alarm, continuing to ring until answered. We expressed concerns about how this might affect residents and recommend that it be addressed.

The overall environment is comfortable, featuring well-equipped communal areas and furnishings. The staff we spoke with expressed high regard for the quality of personal care provided. All residents appeared well-groomed, and according to the management team, they receive individualised care tailored to their specific needs.

The quality of food is good, with all meals freshly prepared on-site. Residents appreciate the menu options available. Additionally, on-site activities are well-received by the residents. The notice board provides information on how to give feedback and make complaints, among other items.

We must also recognise the consistency and dedication of the housekeeping team. Daily, laundry is cleaned and ironed before being returned to the residents.

Recommendations:

At this stage, our recommendations are as follows:

1. Ensure that residents understand when their care and support plans are being reviewed, as some residents expressed confusion regarding this process.

2. Actively seek support from relatives. Consider placing a ballot box for comments and ideas or routinely send out questionnaires via email to family members for feedback.

3. Consider staff incentives, such as quarterly bonuses for those who do not take sick leave for three months. Or nomination month or quarter showcasing good work ethics. Additionally, a "Blue Light Card" offering discount codes for items and goods could be introduced as another staff incentive. <u>Welcome to Blue Light Card</u>.

4. Implement a communication care plan, if needed, and access an accessibility information tool to help create picture aids, larger print materials, or easy-read documents to be inclusive of the residents.

5. Consider using a show plate during lunchtime that presents two food options plated up for residents who may be forgetful; sometimes, visual aids can be more helpful.

6. Upgrading the call bell system to be more sensitive to the residents that occupy the home.

7. Upgrade the external and internal paintwork. The external grounds need tidying up, but we must acknowledge that winter has made this difficult. This may also apply to the external walls; however, winter could be an ideal opportunity to complete the internal painting tasks.

8. We observed that the internal doors were opened manually, which posed challenges for individuals in wheelchairs. It may be worth considering installing electronic door openings to enhance accessibility and be more friendly for those with mobility issues.

9. Both garden areas require development to increase residents' independence. It might be beneficial to transform the smaller internal area into a sensory space while making the larger outdoor area more accessible to improve independent use. Before leaving the home, we provided feedback to the management team regarding meal choices. We would suggest that this could be discussed in residents' and family meetings.

Overall, the Manager of Silverdale is fully aware of the latest CQC report and its outcome, which "requires improvement" in October 2024. The Manager had only been in her position for just over a month when this report was issued, and she is working on action plans to improve the home and collaborate with the local authority. The Manager was very open and honest with Healthwatch and is dedicated to enhancing the overall service within the home, as well as its reputation and recruitment efforts.

We have asked the Manager if we could revisit next year to see what changes she has implemented in that time, and we look forward to witnessing the positive impact of her leadership on this home. Everyone we spoke to, including residents and staff, appreciates the positive presence and impact she has had, making it a better place to live, visit, and work.

Feedback from the Home Manager or Company

The Manager said: "I am happy with what is in the report".

Healthwatch Staffordshire is thankful to the management, staff, residents, and families for the warmth and hospitality shown to us during our visit.

Next Step

The report will now be published on our website for the general public to read and copies will be forwarded to Silverdale Nursing Home and shared with Staffordshire County Council & Care Quality Commission (CQC), it will also be added to the next Healthwatch E-Bulletin.

Disclaimer, please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents, relatives and staff, only an account of what was observed and contributed at the time of this visit. We would not note or comment on any formal complaints that are ongoing to ensure the following of procedures.