The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Silverdale**

Provider: **SRB Care Limited**

Date of Inspection: **7 May 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	SRB Care Limited
Responsible Individual:	Mrs. Sarah Roberta Brownlee
Registered Manager:	Mrs. Geraldine Browne
Service Profile – This home is a registered nursing home which provides nursing care for up to 41 patients. There is a unit in the home that provides care for patients living with dementia and the remaining part of the home is for general nursing care. Accommodation is over two floors. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 7 May 2025, between 9.40am and 2.40pm by a care inspector.

This inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Full details, including the one area of improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our

inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients who were able to make their wishes known said they enjoyed living in the home. Some of the comments shared by patients included; "It's the best here.", "I love it here. They (the staff) are brilliant." and "They (the staff) are very good to me." Those patients who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

One relative who was visiting the home said they were very happy with the care in the home and that staff were kind and attentive.

Staff spoke positively about their roles and duties, staffing levels and the provision of training. They also said that the home was well managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management was readily available to discuss any issues and concerns should they arise.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

An effective system was in place to ensure staff had up-to-date registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment or locked door facility that could be considered restrictive. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Observation of the planned activity confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Care staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were comfortable and suitably facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

An area of improvement was made in respect of a corridor door that wasn't closing properly and a specialist chair which was partly torn and ineffective for cleaning.

Cleaning chemicals were stored safely and securely.

The grounds of the home were well maintained.

The home's fire safety risk assessment was completed on 17 January 2025. This assessment had no recommendations made as a result. All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

3.3.5 Quality of Management Systems

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to patients' next of kin, aligned named workers and to RQIA.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; environmental, infection prevention and control and care records.

The home was visited each month by the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports were informative and detailed and included action plans to address any issues identified. The reports are available for review by patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs. Geraldine Browne, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 7 June 2025	The Registered Person shall make good the identified corridor door and identified specialist chair. Ref: 3.3.4
	Response by registered person detailing the actions taken: The following areas of improvement have been actioned after Inspection on 7th May 2025. The identified corridor door leading to a fire exit has been removed, as it was not required. The identified specialist chair is no longer in use and removed from the building.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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