

Silverburn Care Home Care Home Service

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Glasgow
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Type of inspection:
Unannounced

Completed on:
20 February 2025

Service provided by:
Silverburn Care Limited

Service provider number:
SP2013012095

Service no:
CS2013318490

About the service

Silverburn Care Home is registered to provide a service to a maximum of 50 older people, of which 4 places may be for respite/short break service.

The home is located in the south side of Glasgow, close to public transport links, entertainment facilities and a large shopping centre.

The 50 single bedrooms that make up the home are set on two floors, divided into three care units. Each unit has its own lounge and dining area. All of the bedrooms have en suite facilities. Additional communal bathrooms, with adapted facilities, are available. There is a conservatory and furnished garden areas. The environment is spacious with good signage directing people to where different areas are located.

About the inspection

This was an unannounced inspection which took place on 19 and 20 February 2025 between 08:30 to 16:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and three of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with the visiting care home liaison nurse.

Key messages

- People were very satisfied with the standards of care and support provided.
- Staffing levels were appropriate for meeting people's needs.
- Areas of staff practice should be improved to ensure people's personal appearance is consistently maintained to a good standard.
- Support plans for people who may experience distress should be fully developed.
- The management team and staff group were highly motivated and committed to ensuring people using the service were well cared for.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We found that there were mainly kind, nurturing and supportive interactions between residents and staff. Some approaches, however, did not fully match the needs of people. We shared examples of staff needing to provide support at an appropriate pace and improve communications when providing support.

People using the service, and their families, were overall positive in relation to the standards of care and support provided:

"I'm very happy here, I get on well with staff, I have nothing to complain about - the food is really good."

"I have no issues and happy with the care and support provided. There are no delays in staff attending to my relative when requested."

The legal status of people was recorded and used to help inform current and future interventions to help keep people safe and well.

Further work was needed to ensure that staff consistently support people with their personal appearance and help them to be appropriately presented (see area for improvement 1).

There was a range of recognised assessments that were being completed with regular evaluation. These mainly informed associated support plans. We shared examples with the management team where improvement was needed. Staff used strategies to support people who may experience episodes of stress and distress, however, these did not consistently transfer into associated support plans (see area for improvement 2).

People benefited from getting the right medicine at the right time.

Whilst there was evidence of joint work with families developing support plans including anticipatory care planning and involvement with care reviews, the service should work on capturing the often positive outcomes achieved and planned future goals.

Input from external professionals was actively sought by staff when they detected changes in the health and wellbeing of individuals. The care home liaison nurse confirmed that staff had appropriate skills and followed any recommendations made to keep people safe and well.

People benefited from staff encouraging them to eat and drink regularly. The food offered was nutritious, well-presented and appetising. We observed people enjoying meals. Regular snacks and drinks were offered outwith the main meals. Appropriate monitoring was carried out by staff when they had concerns around individuals not drinking or eating enough.

A good range of activities had been offered to help people keep connected with their loved ones, fellow residents and local community based groups.

There were regular planned meetings with residents, relatives and staff. Newsletters kept people updated and offered opportunities to shape key aspects of the service. This had meant areas such as the environment and menu choices had been influenced by people using the service.

Areas for improvement

1. To ensure that people's personal appearance is maintained to a standard that is acceptable to them and their family, and promotes their dignity, staff practice should be monitored to ensure that this is consistently achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

2. Assessments completed should be accurate and fully reflect the current needs of people living within the service. Associated support plans should be informed by accurate assessments and direct staff on how they should provide support. These should include but not be limited to strategies and approaches to be used for people who may experience episodes of stress and distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The right number of staff, with the right skills, were working at all times to meet people's needs. Staffing arrangements allowed for more than basic care needs to be met and supported people to get the most out of life.

Staff had time to provide care and support with compassion and engage in meaningful conversations and interactions with people.

Staff were visible across the units on each floor and throughout the home. Feedback from family members we spoke with confirmed this too.

Staff knew people well and their relationships and interactions appeared positive. Staff were clear about their roles and were deployed effectively. Staff helped each other by being flexible in response to changing situations to ensure care and support was consistent and stable.

The numbers and skill mix of staff were determined by a process of continuous assessment featuring a range of measures and was linked to quality assurance. This included taking account of the complexity of people's care and support. The service was seeking a new dependency tool, changes are presently recorded as changes happen therefore reflecting staff levels to residents' care - this was available on display on notice boards.

People living in the care home, and staff, benefited from a warm atmosphere because there were good working relationships. There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.

The alarm system was audible and, when activated, was responded to promptly by staff. The service improvement plan which was used to help with the self-evaluation of the service had involved staff. There had been staff meetings to introduce staff to the new staffing legislation; discussion around the deployment of staff at busy times within the units and where staffing changes were needed. This meant a flexible approach had been used including timings of shifts for staff.

Staff continued to have access to counselling and/or debriefing after adverse events. Staff awards, three to four per month, had been introduced acknowledging the staff and their dedication to their role within the home. This had contributed to good staff morale.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support continued improvement and developments within the service, the provider should ensure that all quality audits have a clear action plan and timescales for completion.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 28 March 2022.

Action taken since then

Good progress had been made with quality audits being developed and implemented action plans which reflected timescales for achievement. These also helped shape the service improvement plan.

This area for improvement is met.

Previous area for improvement 2

We made this area for improvement following a complaint investigation.

Staff should ensure that care plans include all the advice given by external professionals, this should be presented in a clear manner for ease of reference.

This is in order to comply with:

Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

This area for improvement was made on 1 April 2022.

Action taken since then

We checked associated records in relation to communications with external professionals and spoke with a visiting care home liaison nurse. We were satisfied that care plans were being appropriately informed.

This area for improvement is met.

Previous area for improvement 3

We made this area for improvement following a complaint investigation.

When someone is deemed without capacity, prior to making any significant changes to an individual's appearance staff should ensure they consult with their power of attorney or legal guardian.

This is in order to comply with:

Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This area for improvement was made on 1 April 2022.

Action taken since then

Feedback from relatives we spoke with supported that there were regular and appropriate communications by staff. Records reflected when communications were completed and the nature of these.

This area for improvement is met.

Previous area for improvement 4

We made this area for improvement following a complaint investigation.

When there is a change in someone's needs and this will affect the agreed care plan, this should be fully assessed and discussed with all relevant parties. Care plans should be adapted to reflect current needs and routines.

This is in order to comply with:

Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

This area for improvement was made on 1 April 2022.

Action taken since then

Feedback from relatives we spoke with supported that this was occurring. There were records reflecting communications between staff and relatives when changes were detected. Care reviews were planned and completed with input from relatives and representatives.

This area for improvement is met.

Previous area for improvement 5

We made this area for improvement following a complaint investigation.

When a person experiencing care has persistent pain there should be a pain management system put in place to formalise periodic checks and management of pain levels, and to offer a monitoring system for staff and visiting professionals.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 1 April 2022.

Action taken since then

Pain assessments were in place with ongoing monitoring. These areas were considered as part of the daily flash meetings between staff and management and considered as part of resident of the day.

This area for improvement is met.

Complaints

Please see What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see website for details of complaints about the service which have been upheld.
www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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