

Riverview Lodge Care Home Care Home Service

111 Tay Street
Newport-on-Tay
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Telephone: 01382 542844

Type of inspection: Unannounced
Inspection completed on: 9 November 2016

Service provided by:
Thomas Dailey trading as Kennedy Care
Group

Service provider number:
SP2003003646

Care service number:
CS2006115975

About the service

The inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government's 'Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers' and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

Riverview Lodge Care Home is a private care home, provided by the Kennedy Care Group. The home has 18 rooms and is situated on the south bank of the River Tay.

The home is registered to provide 24-hour nursing care and support for a maximum of 20 older people. At the time of this inspection visit there were 20 people living in the home.

The accommodation is an extended Victorian mansion house set within mature gardens with private off-street parking for visitors to the home. Accommodation is on three levels and can be accessed by means of a staircase or passenger lift. Office space and staff facilities are accommodated on the top floor of the home.

The property has undergone a major refurbishment programme providing a pleasant place to live.

There are 16 single rooms and two double rooms for residents who may choose to share. Of the bedrooms, 16 have an en suite toilet, wash hand basin and shower facility.

This service was previously registered with the Care Commission on 6 February 2006 and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We sent Care Standards Questionnaires (CSQs) to people who lived in the home. Additional comments on CSQs completed by residents included:

- "The staff are very good and friendly. I get everything I need. The environment is very clean and tidy. It is very comfortable and homely."

Residents we spoke with told us:

- "All things are good. There is a great family atmosphere. I am very happy, there are no pressures."

- "It's lovely here. I am well looked after. No worries. I have a beautiful room."

- "People are lovely. It is very nice here. I am very well looked after."

- "I am very comfy."

- "I love to go out on the trips. Staff are very kind."

- "I am very happy."

- "I am fine."
- "It is okay here, staff are great."

Additional comments on CSQs completed by relatives included:

- "My relative is well looked after. As a family we have noticed big improvements."
- "We have been very pleased with the excellent care my relative has received since moving into the home."

Relatives we spoke with told us:

- "The care is very good, I am very happy. Communication is good. The home is warm, comfortable, clean, and tidy. My relative has a nice room. The home is nicely furnished. If I was concerned about anything I would know who to be with. I can't think of anything I would want to change. The food is very nice. My relative seems very happy."

Additional comments on CSQs completed by staff included:

- "I am happy in my job."
- "I have opportunities to speak to the manager and other staff regarding care and any other areas of improvement."

Self assessment

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self assessment process.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We found the performance of the service for quality of care and support to be good. We reached this conclusion after we spoke with the residents, relatives, manager, and staff. We also observed interactions between staff and residents and looked at a number of care records.

People were helped to exercise their rights, choices and preferences. Documentation viewed showed some good detail in respect of life histories, interests, hobbies, and future wishes. People told us that they were given choices during their day and that they felt staff respected their wishes.

People were assisted to maintain their identity and were treated with dignity and respect. Interactions were seen to be very warm and friendly. People were seen to be helped in a way that recognised their level of independence. Staff, when spoken with, demonstrated a good understanding of people's needs, which included specific likes and dislikes.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this occasion we observed a group of residents in the main lounge. We saw that staff engagement was open, genuine and warm. This resulted in a conversation between people that included humour and laughter. We also observed a resident whilst they ate their meal. The quality of engagement and interaction with staff for this person varied. We saw some good examples of gentle reassurance and support. However, there was also times when the person's requests and attempts at talking with staff were ignored. Specific details of where communication skills could be improved were shared with the manager.

People's health and social care needs were being identified through an assessment and plan of care. A process of evaluation and review was seen. We saw that advice and guidance had been sought from a number of health and social care professionals. However, further development was needed in the following areas:

- Care plans lacked guidance for staff on how needs were to be met.
- There was a lack of individualised plans of care. The documentation needed to be more person-centered.
- As required medication (pro re nata (PRN)) was not always clearly being evaluated for effectiveness.
- Food and fluid charts lacked detail. For example, the type of food eaten or volume of liquid drunk was unclear.
- There was a need to avoid vague statements. For example, 'observe' or 'monitor closely'.
- It was unclear when pain assessments would be completed.
- It was unclear when photographs of wounds would be taken.
- Personal hygiene charts needed clarity in the codes being used.
- Dates and signatures needed on all care documentation.
- Demonstration of involvement of relatives/representatives in specific risk assessments.

- Care was needed in the type of words being recorded. We saw examples where inappropriate words were being used to describe a care activity.
- Protocol for taking photographs of wounds was needed. This would help to have consistency in how they were being taken.
- Evaluation of care needed to be more outcome-focused.

As a result, the recommendation made at the last inspection remains in place **(see recommendation 1)**.

People had been involved in making decisions about how their care needs were being met. Reviews were also held six- and 12-monthly and these provided another opportunity to talk about outcomes and changing needs/ preferences. On review, we saw how these could be further developed to include an evaluation of people's social and emotional wellbeing along with demonstration of outcomes achieved.

People were supported to eat and drink. We saw that people were being assisted in a way that promoted their independence. Support was given when needed. People were not rushed. However, staff needed to be reminded about the type of conversations had in communal areas. This had the potential to impact on people's privacy.

People had good opportunities to take part in social activities. However, there appeared to be a greater focus on keeping people occupied when the activity coordinator was on duty. There was a need to demonstrate individual plans that supported meaningful days. Activity provision being everyone's responsibility and not necessarily just a structure planned event.

People were being supported to take their prescribed medication in a way that followed good practice. A new electronic system had been put in place and this included a number of quality assurance measures.

People were protected from harm through staff guidance and awareness of local authority adult support and protection (ASP) procedures. Staff spoken with described what would be considered to be abusive and what actions they would take if concerned about anyone.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that the manager ensures that staff are made aware of the need to have consistency in how assessment, risk assessment and care planning is undertaken. This is to ensure care is effective and based on best practice.

National Care Standards, Care Homes for Older People - Standard 6: Support Arrangements.

Grade: 4 - good

Quality of environment

Findings from the inspection

We found the performance of the service for quality of environment to be good. We reached this conclusion after we viewed a number of health and safety records and walked around the home.

People lived in an environment that was well maintained, welcoming, homely, and appropriately furnished. People told us that they felt their own space was kept clean and tidy and that they had been encouraged to bring in possessions to personalise their rooms.

Refurbishment of the internal and external environment was ongoing. This was based on an informal assessment of need. Please see quality of management and leadership for more information.

The garden was well maintained and provided a picturesque setting to spend time in. However, there was a need to explore further opportunities to develop the rear garden for a more level and secure space to be enjoyed.

People lived in an environment that was safe. We viewed a number of technical checks and safety records and this demonstrated an ongoing process of maintenance and service of the premises and equipment in use.

We discussed the importance of taking account of good practice, specifically around dementia-friendly environments that would benefit all residents with cognitive/visual impairments. This included the use of appropriate signage, a review of how information is presented, orientation aids, such as clocks and calendars, types of wall, and floor colours/textures. A particular area of attention was the lighting throughout the home. Areas were found to be dark (**see recommendation 1**).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that there is clear signage throughout the home to aid residents' orientation and promote their independence and ability to move around the home.

National Care Standards, Care Homes for Older People - Standard 4: Your Environment.

Grade: 4 - good

Quality of staffing

Findings from the inspection

At this inspection we found the performance of the service for quality of staffing to be good. We reached this conclusion after we viewed staff personnel files, observed how residents were cared for and spoke with residents, relatives and staff. We also looked at staff training records.

People were being cared for by a staff team that knew them very well. They showed a good knowledge of each individual's needs and future wishes.

Staff spoken with told us that they felt supported. The management team were said to be very helpful and listened to any queries, concerns or suggestions they may have. All talked about a friendly team with people helping each other.

Staff had good skills and knowledge to meet people's needs. They had access to a planned programme of training that supported good practice guidance. We saw that there was a blended approach taken to how training was being delivered and this included internal and external sessions. However, further focus was needed in the following areas:

- Dementia awareness training needed to be further developed and clearly linked into the dementia Promoting Excellence framework.
- Promoting of continence.
- Care planning and record keeping.
- Promoting of oral care.

We spoke about Scottish Social Services Council (SSSC) registration and spoke of ways to further develop staff personal portfolios and continuous personal development record.

As a result, the recommendation made at the last inspection remains in place **(see recommendation 1)**.

Staff were supported through a formal process of supervision that was based on one-to-one contact. Improvement was needed to ensure records were more descriptive, setting out clear targets with dates for completion. There also needed to be continued focus on developing the staff team through observation of practice. We talked about the benefits of promoting a reflective approach to learning and development. This was particularly important for clinical practice and consistency in care being provided.

In discussion with staff there was a clear lack of clarity about specific roles and responsibilities. Examples were the key worker and oral health champion. As a result, there needed to be consideration given to further develop the staff team with a focus on developing key skills. There also needed to be a review of the deployment of staff on each day. This was because there were long periods of time where there was a lack of supervision of people who were sat in communal areas.

As a result, the recommendation made at the last inspection remains in place **(see recommendation 2)**.

We discussed the various best practice initiatives, including accessing websites such as the Care Inspectorate's The Hub, Social Services Knowledge Scotland, the Step into Leadership pathway, and 'Living-well through activity

in care homes: The tool kit by the College of Occupational Therapists'. We asked the senior staff to share these good practice guides with the team.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. It is recommended that the management team fully implement the planned training programme for all staff. Training needed to enhance the staff knowledge and skills and support the delivery of care that reflected good practice.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

2. It is recommended that there is a greater focus on development of staff leadership skills to ensure greater consistency in care delivery, staff practices and ongoing development and improvement of the service being provided.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We found the performance of the service for quality of management and leadership to be good. We reached this conclusion after we spoke with the residents, relatives, manager, deputy manager, and staff. We also observed interactions between staff and residents and looked at a number of care and quality assurance records. We also took into account the findings of quality of care and support, quality of environment and quality of staffing.

People were informed about what the service set out to be provided. This was by the accessibility of the Certificate of Registration and associated Staffing Schedule which were clearly on display.

A complaint process was accessible should people wish to raise any issues or concerns. Relatives and residents who were spoken with confirmed that they felt comfortable in raising any issues, should they have any.

Practice was supported by appropriate policies and procedures. However, further improvement was needed to ensure:

- The date of writing and date for review was clearly identified.
- Policies were being reviewed with an identified timescale.

- Policies reflected legislation and good practice.
- Policies were supported by practice guidance where needed.

(See recommendation 1.)

Quality assurance systems had been developed. However, in order to demonstrate positive outcomes for residents there needed to be greater consistency in identifying areas of improvement and actions needed.

- The development of a list of people with Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), Power of Attorney (POA) and Legal Guardianship would be beneficial.
- Consider the involvement of residents and relatives in ways that gives feedback about the service being provided.

As a result, the recommendation made at the last inspection remains in place **(see recommendation 2)**.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should ensure that all policies and procedures are up to date and reflect current best practice.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

2. It is recommended that management need to monitor/evaluate quality assurance systems to ensure that they are effective. Findings and actions plans need to be followed up to bring about improvements.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements; and Standard 11: Expressing Your Views.

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that an appropriate wound care plan is put in place for each wound and that these are individually evaluated for clarity.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be commenced immediately on receipt of this report.

This requirement was made on 5 January 2016.

Action taken on previous requirement

Improvements were noted in the way wound care was being managed.

Wound care documentation had been completed for each wound. This added clarity.

Information had been archived when wounds had been healed. This reduced the amount of information in the folders.

Some staff had undertaken further training in the management of wounds to develop their skills and knowledge base.

Met - outwith timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

It is recommended that the manager ensures that staff are made aware of the need to have consistency in how assessment, risk assessment and care planning is undertaken. This is to ensure care is effective and based on best practice.

National Care Standards, Care Homes for Older People - Standard 6: Support Arrangements.

This recommendation was made on 5 January 2016.

Action taken on previous recommendation

This recommendation remains in place.

Please see the main body of the report for more information.

Recommendation 2

It is recommended that the management team fully implement the planned training programme for all staff. This should include training in palliative care and wound care and measures should be in place to assess staff competencies following training.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

(1) You experience good quality support and care. This is provided by management and staff whose professional training and expertise allows them to meet your needs. The service operates in line with all necessary legal requirements and best practice guidelines.

(2) You are confident that staff know how to put policies and procedures into practice. They have regular training to review this and to learn about new guidance.

(3) You are confident that the staff providing your support and care have the knowledge and skills gained from the experience of working with people whose needs are similar to yours. If they are new staff, they are being helped to get this experience as part of a planned training programme.

(4) You are confident that all the staff use methods that reflect up to date knowledge and best practice guidance and that the management are continuously striving to improve practice.

(9) You know that the service has a staff development strategy and an effective yearly training plan for all its staff.

This recommendation was made on 5 January 2016.

Action taken on previous recommendation

This recommendation remains in place.

Please see the main body of the report for more information.

Recommendation 3

It is recommended that there is a greater focus on development of staff leadership skills to ensure greater consistency in care delivery, staff practices and ongoing development and improvement of the service being provided.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

This recommendation was made on 5 January 2016.

Action taken on previous recommendation

This recommendation remains in place.

Please see the main body of the report for more information.

Recommendation 4

It is recommended that management need to monitor/evaluate quality assurance systems to ensure that they are effective. Findings and action plans need to be followed up to bring about improvements.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements; and Standard 11: Expressing Your Views.

This recommendation was made on 5 January 2016.

Action taken on previous recommendation

This recommendation remains in place.

Please see the main body of the report for more information.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
9 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
11 Nov 2015	Unannounced	Care and support
		4 - Good

Date	Type	Gradings	
		Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate
3 Mar 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
23 Oct 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
16 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
18 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 4 - Good Not assessed
19 Nov 2012	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 2 - Weak Not assessed
19 Apr 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
10 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
24 Jun 2011	Unannounced	Care and support	3 - Adequate

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
30 Nov 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	3 - Adequate
17 Sep 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	3 - Adequate
28 Apr 2010	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Nov 2009	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Jun 2009	Unannounced	Care and support	Not assessed
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Jan 2009	Announced (short notice)	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
30 Oct 2008	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
18 Sep 2008	Unannounced	Care and support	2 - Weak

Date	Type	Gradings	
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
16 Jul 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

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