

Riverside View Care Home Service

60 Clovis Duveau Drive
Dundee
DD2 5JB

Telephone: 01382 561 667

Type of inspection:
Unannounced

Completed on:
19 May 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300759

About the service

Riverside View is a 60 bedded purpose-built care home situated over two levels. The upper floor is accessed via a lift, with good wheelchair access to all areas.

The ground floor, named the 'Bluebell unit', provides care and support for up to 29 people who have nursing needs. There are a further two units upstairs, 'Primrose unit' and 'Forget Me Not unit' provide care and support to people living with Dementia. These units have 16 and 14 beds respectively.

This service has access to a large secure garden, with different areas provided with patio and seating areas.

The service is situated in the west of Dundee with good transportation links to the city of Dundee.

This inspection was carried out on 19 May by three inspectors and assisted by an inspection volunteer who spoke with relatives via the telephone to get their views..

What people told us

Comments we received during the inspection included:

"As soon as things change they phone straight away".

"They are very good, explain everything".

"Dad gets out in fresh air; all good".

"I think they have done really well and communicated well throughout".

"Never had positive cases, perform well".

"If there were any issues our relative would tell us".

"Communication under these circumstances - done really well."

We also spoke informally with some residents during our inspection. They told us they were very happy living at Riverside View and expressed no concerns.

Some residents were unable to tell us verbally about their experience of living at Riverside View. To help us understand their experiences, we spent some time observing how they interacted with each other and staff. We saw lots of positive, friendly, and respectful interactions, and people appeared to be happy and relaxed in their environment.

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection was to establish if people's health and wellbeing benefited from their care and support in relation to the COVID-19 pandemic. We found some strengths that just outweighed weaknesses resulting in an evaluation of 'adequate' in this area of inspection. These strengths had a positive impact on people's experience and outcomes.

People were being supported to stay both physically and mentally well during the current pandemic. Relatives told us communication was good. Indoor and outdoor visits were taking place in a way that kept people safe and the use of technology and phone calls helped people to stay connected which contributed to people's feeling of wellbeing.

People were supported, where appropriate, to move freely throughout the open spaces within the home to help reduce any stress or distress. People were supported to have access to food and drink while in their own rooms and, if they needed help, this was carried out in a dignified way with their personal preferences respected. People who required support received this and this was clearly documented. We saw many sensitive and warm interactions from all staff.

The way people spend their day should promote feelings of purposefulness and wellbeing. Staff were supporting people to take part in one-to-one activities as well as small group activities. We saw people interacting well during a group musical activity. We saw that people were comfortable with staff which enhanced people's feelings of wellbeing.

Although the service had anticipatory care plans in place, these could have been improved by adding more details of people's personal preferences. These care plans provide an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell. We noted that care plans relating to End of Life Care should have included far more detail around people's choices, wishes and preferences during this difficult period of their lives. (See Requirement 1)

Examination of medication administration records identified medications were always available and people were supported to receive their prescribed medications. We found that staff had an overview of key areas including weights, falls and skin integrity which can alert others to significant change in people's health and wellbeing. This provided assurance that people could get the treatment they needed. We noted that protocols for "as required" medicines for stress and distress symptoms should have given more guidance to staff to ensure all other techniques were exhausted and that this medication should be given only as a last resort. (See Requirement 1)

We could see that the service was responsive to people's healthcare needs during the pandemic. There was evidence of input from external professionals to support people with non-COVID-19 related issues. It was also clear that staff were considering possible COVID-19 related symptoms that people presented with and were discussing these with the relevant people. We were able to confirm that testing was being carried out as part of this approach. This helped people to get the treatment and support they required. We noted that a previous Area for Improvement had not been met; this related to the adequate completing and analysis of fluid intake/output records. These records were seen to be poorly completed without the target fluid intake in 24 hrs identified or the total intake recorded. This meant that the service had little oversight of people's fluid intake each day. (See Requirement 1)

We were confident that there were enough staff to meet people's needs. However, we found areas of concern in relation to IPC (Infection, Control and Prevention) which we have taken into account whilst awarding the grade for this quality indicator. (Please see Quality Indicator 7.2).

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

During an outbreak of COVID-19 the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and support. The home is a large building with many rooms and communal areas. In the main communal areas, corridors and lounges were clean and free from clutter. However, we found the service to be performing at an adequate level, with concerns about a number of chairs and seat cushions which were heavily stained and contaminated. The provider told us they had new seating on site which would replace the identified contaminated chairs. (See Requirement 2)

We found the service had good supplies of Personal Protective Equipment (PPE) and staff knew how to access it. The PPE was situated at the entrance of the home and at many PPE stations. PPE includes the wearing of masks by staff and visitors in all parts of the home. We saw staff and visitors wearing masks appropriately to reduce the risk of transmission of airborne infections. However, staff were not always disposing of their PPE in the appropriate containers. This was not satisfactory and could cause risks to staff, people living in the home and visitors. We also found the external clinical waste bins were not locked; this presents a risk to the public. (See Requirement 3)

We saw staff performing hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand hygiene before and after providing care to people, before tasks such as serving meals and after touching frequently touched surfaces. This is required to break the transmission path between people.

There was a good supply of cleaning equipment, products, and solutions (including chlorine releasing agents) which were suitable for a range of cleaning purposes and used according to guidelines.

We saw that laundry was managed appropriately.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and there were three opportunities each week for staff to be tested. Staff were able to be tested during their days at work, resulting in a high rate of compliance. Visitors to the home were also being tested in line with government guidelines.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

The findings from Quality Indicator 7.2 have affected the grade in this area and we have awarded a grade of 3 - adequate.

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes. During this inspection we found there were some weaknesses in performance (see 7.2), which required prompt attention to ensure that people were protected, and experiences enhanced.

Staff told us about the training that they had received in relation to infection control practice, including putting on and taking off Personal Protective Equipment (PPE) and handwashing. We saw staff were wearing PPE correctly, however, they were not always disposing of it in line with public health guidance or in a way that kept people safe.

We saw that staff were using the training they had received to inform practice; we saw staff working hard to ensure the environment and equipment was clean. However, on checking chairs in one of the lounges we saw some that were stained with food, spilt drinks and bodily fluids. This should have been picked up by the service's infection control audits and checks. These missed opportunities resulted in avoidable risk to residents and staff. (See Quality Indicator 7.2 - Requirements 2 and 3 respectively).

Staff we spoke to formally and in passing were knowledgeable about their roles and responsibilities. During the inspection we saw warm and friendly interaction between them and the people they were caring for. Support was provided to people discreetly and in a way that protected their dignity and privacy.

We saw that the staff team had completed training about COVID-19, this training supported staff to keep residents and themselves safer from infection or cross-contamination. The management carried out spot checks on things like the correct way to put on and take off PPE and handwashing. They also provided support for ongoing learning and development across the staff team.

Staff told us that they had access to regular supervision. As a tool for supporting staff, regular supervision could help the workforce to improve outcomes for people and to address practice concerns; for example, in relation to the checking of chairs. (Please see quality indicator 7.2).

They also told us they had access to regular team meetings to discuss practice, share ideas, and discuss concerns. These processes helped staff to stay up to date with best practice guidance and be able to support people better.

Requirements

1. The Provider must make proper provision for the Health, Welfare and Safety of people using the service, in particular the Provider must:

i) ensure that End of Life Care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

ii) ensure that all "as required" medication to alleviate stress and distress, symptoms are given only as a last resort and when all other techniques have been exhausted. Care plans and protocols must include explicit detail as to under what circumstances "as required" medication is appropriate, and the efficacy of the medication is consistently recorded and evaluated.

iii) ensure that people using the service, who may be at risk of dehydration, are fully supported to achieve the optimum fluid intake in 24 hrs. Where recording of fluid intake is required, this must be undertaken consistently and accurately to ensure an oversight of peoples' fluid intake.

This is to ensure care and support is consistent 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 is in order to comply with:

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

Timescale for completion: 18 June 2021.

2. In order to mitigate the risk of people experiencing care not being appropriately protected because there was inadequate cleaning of equipment, the provider must by 28 May 2021:

a) ensure regular, robust audits of all chairs and cushions.

This is to comply with: Regulation 4. (1)(a) Make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. The provider must ensure by 28 May 2021 that people experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- ensure that clinical waste is stored safely and disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland.

This is to comply with Regulations 4 (1) (a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

Requirements

Requirement 1

In order to ensure residents experience suitably stimulating and engaging care, with appropriate social and recreational activities.

The provider must:

- ensure that personal plans include detailed life history with social and recreational choices and preferences recorded.
- ensure that activities are reflective of each resident's choices and preferences.
- ensure that the environment includes opportunities for residents to independently engage in an activity.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which states 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors' (HSCS 1.25).

It is also necessary to comply with Regulation 4 (1) (a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 28 March 2019.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because staff told us that it was difficult to fit these in around care tasks. This meant that this reduced opportunities for all residents to be regularly involved in preferred activities or hobbies.

During this inspection we found the service had employed two full-time wellbeing coordinators. Activity planners were visible throughout the home and we saw that activities were taking place. Care staff took responsibility for organising activities in the absence of the well-being coordinators, for example in the evenings and at weekends.

Residents were involved in the garden project and had been painting the furniture in colours of their choice. They were also enjoying replenishing the polytunnel with new plants and shrubs. People were being supported to go on outings in line with current visiting guidance.

Met - within timescales

Requirement 2

In order to ensure that residents' needs are met by the right number of staff, the provider must:

- fully assess the scope of staff's responsibilities on a day to day basis.
- ensure that residents' needs, including, social, psychological and recreational needs are fully assessed and collated to anticipate and establish the numbers of staff required
- ensure that factors including; staff training, supervision and the layout of the building are taken into account when establishing the required numbers of staff.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which states 'My needs are met by the right number of people' (HSCS 3.15).

It is also necessary to comply with Regulation 4 (1) (a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 28 March 2019.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because in some areas of the home, it was difficult to complete all care tasks timeously.

This was in relation to the unit that used to have intermediate care beds which were commissioned by the NHS and local authority. On occasion, people would not be ready on time to be tended to by other professionals such as occupational therapists. The service no longer offers intermediate care.

During this inspection we felt there were enough staff to meet people's needs. People were not having to wait unreasonably to be tended to when they required assistance. Staff told us they never felt understaffed or overwhelmed with tasks. We saw people being tended to with care and patience. There was a relaxed atmosphere in the home.

Met - within timescales

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

The provider should review all care plans and associated documentation to ensure that these are fully reflective of the care and support to be received. This should also include ensuring that all supporting documentation is completed timeously.

This is in order to comply with Health and Social Care Standard which states 'Any treatment or interventions that I experience are safe and effective' (HSCS 1.24), and '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 needs and wishes' (HSCS 1.15).

This area for improvement was made on 21 May 2019.

Action taken since then

This area for improvement was made as the result of a previous inspection. It was made because we found that where people's food and fluid levels were required to be monitored, these charts had not been completed properly. For example, fluid totals had not been added up at the end of each day, or portions sizes were not described. This meant that we could not be confident that people had always received required levels of food and fluids.

During this inspection we did not see improvements in food and fluid monitoring. We also felt improvements were required in end of life care plans and the use of "as required" medication care plans. We felt there was not enough information in these documents to inform staff of how best to meet people's need. We have made a requirement (1) regarding this (please see quality indicator 7.1).

Previous area for improvement 2

The provider should ensure that staff responsible for medication administration keep records of effectiveness of "as required" medication and that all changes to medication recording sheets are authorised by the prescriber.

This is in order to comply with Health and Social Care Standard which states 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 21 May 2019.

Action taken since then

This area for improvement was made as the result of a previous inspection. It was made because we found that where people had received "as required" medication, the effects of this had not always been recorded in medication administration records. It is important that the effects of "as required" medication are properly recorded to ensure that the administration of medicines is effective, and only given when necessary.

During this inspection we did not see improvements in "as required" medication administration monitoring and evaluation. We have taken this into account when making requirement 1 (please see quality indicator 7.1).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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