

Riverview Lodge Care Home Care Home Service

111 Tay Street
Newport-on-Tay
DD6 8AR

Telephone: 01382 542 844

Type of inspection:
Unannounced

Completed on:
15 February 2022

Service provided by:
Thomas Dailey trading as Kennedy
Care Group

Service provider number:
SP2003003646

Service no:
CS2006115975

About the service

Riverview Lodge is a care home service provided by the Kennedy Care Group. The home is registered to provide 24 hour care to a maximum of 20 older people but may include four people who are not yet 65 years old.

Accommodation is provided across two floors of a traditional building in Newport on Tay. The home has good access to local amenities and sits in garden grounds overlooking the River Tay.

There were 14 people living in the service at the time of the inspection. The home was experiencing an outbreak of Covid-19 which had impacted on the staffing provision and the demands made on staff.

The inspection was carried out on 10 and 14 February 2022 by two inspectors from the Care Inspectorate.

During the visit on 10 February, we were concerned about the cleanliness of the home and issued a letter of serious concern to the provider on 11 February 2022. This detailed immediate action that the home must take to make improvements and ensure the health and wellbeing of people experiencing care.

We returned to the service on 14 February to follow up on the letter of serious concern. We were not satisfied by the progress which had been made. We also had additional concerns. Following the visit we issued an Improvement Notice to the provider detailing the improvements they must make.

What people told us

We spoke to four people living in the home in order to gather views. Four relatives were contacted during the inspection by telephone to allow their thoughts and opinions to be gathered.

People living in the home commented:

"I'm well fed"

"I'm wearied"

"You get a lot of sandwiches"

"I've nothing to do".

Relatives were generally satisfied with the care and support their loved one received commenting: "I would be lost without the service they provide" and "In general, yes I'm satisfied". Some people felt that communication from the home could improve. One commented: "I feel left in the dark and confused at times". Some relatives commented that they felt they were only contacted when something was wrong. This reduced their confidence in the home.

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?	1 - Unsatisfactory
How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory

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

How well do we support people's wellbeing?

1 - Unsatisfactory

We made an evaluation of unsatisfactory for this key question, as there were major weaknesses which required immediate action to improve experiences and outcomes for people.

We found care plans to ensure people's care and support needs were met were not always in place; for example, people living with dementia who experienced stress and distress. This meant staff were unable to respond appropriately as they did not have relevant information or guidance. When in place, information was not up to date or suitably detailed to inform staff practice. This led to people's quality of life being significantly reduced and experiencing very poor outcomes.

Appropriate and responsive action to reduce risks, including falls, was not always identified or taken. This resulted in people experiencing pain and injury. Failure to identify, assess and address risks to people's health, safety and welfare could result in deterioration in their physical and emotional wellbeing.

People's needs were not assessed on a regular basis and statutory six monthly reviews were not carried out. Therefore, we were not assured that people were receiving the support they required to meet their current needs.

The service did not recognise and respond appropriately to people's changing or increasing needs. People had lost significant amounts of weight and professional advice was not always sought when people continued to lose weight. Failing to seek professional guidance could impact negatively on people's health and wellbeing.

People's weights were not monitored regularly, even when they had previously lost weight and continued to deteriorate. We found people had not been weighed for several months and they were unable to be weighed using the home's scales. This was particularly concerning as food and fluid charts were not in use. This meant there was no record of people's food and fluid intake.

People living in the home required modified texture diets but details were not always recorded in their care plans or communicated to the cook. Care staff and members of the housekeeping team were providing cover for a cook. This had been ongoing for several months. We found staff did not have the knowledge, information or training required to ensure people's dietary needs were met safely and effectively. People who had been assessed as requiring soft diets were served stewed sausages during the inspection. People were at risk of choking or developing chest infections. This put people's health and safety at serious risk.

Staff did not provide fluids for people in a proactive and responsive way to ensure they had adequate hydration. When alerted to people's requests for fluids, staff told us the tea trolley would be going out in 20 minutes. This demonstrated a lack of understanding of the importance of adequate hydration and people's rights to have their needs and wishes respected.

We found there were no systems in place to monitor the health and wellbeing of people in their bedrooms or ensure their nutrition and hydration needs were met. During the inspection, a person using the service became unwell. Urine testing strips were not available in the home and this meant their health could not be effectively monitored. Basic health care monitoring was not carried out and in the absence of effective or adequate governance, people's health and wellbeing was at serious risk.

Communication and recording systems were poor. For example, information about medication changes was not fully recorded in people's care plans. Further details were passed on verbally and vital information could be missed. This could have a negative impact on people's health.

We issued a letter of serious concern on 12 February requiring the provider to take immediate action to address the cleanliness of the home. We returned on 14 February to evaluate the progress made. Whilst some improvements were made, we concluded that service users were experiencing significantly poor outcomes as a result of using the service. The inspection highlighted critical weaknesses in aspects of the service which could significantly affect the care that people received. The service must take urgent action to improve the quality of care provided in order to ensure that people are protected and that their wellbeing improves without delay. We decided to take formal enforcement action against the provider and have issued an Improvement Notice to the provider to address these issues.

Requirements

1. By 12 April 2022, you must protect the health, welfare and safety of those who use the service. In particular, you must ensure that all personal plans have up to date reviews, risk assessments and care plans which:
 - a) accurately reflect the assessed current health and care needs of the service user, with priority being given to nutrition, falls management, stress and distress and medicine management
 - b) include person-centred information outlining needs, abilities and support required to meet those needs
 - c) accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks and
 - d) are fully implemented at all times.

This is in order to comply with Regulations 3, 4(1)(a), 5(1), 5(2)(a), 5(2)(b) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

How good is our care and support during the COVID-19 pandemic?**1 - Unsatisfactory**

We made an evaluation of unsatisfactory for this key question as there were major weaknesses which required immediate action to improve experiences and outcomes for people.

We observed areas of the home were visibly unclean. This included people's bedrooms, the dining room and sluice room. The standard of cleanliness in people's bedrooms and ensuite shower rooms was unacceptable. Furnishings, bedding and mattresses in people's bedrooms were stained and contaminated. Care equipment, including shower chairs and raised toilet seats, were also rusted, making effective cleaning difficult.

We concluded that cleaning was being carried out at a superficial level only. For example, shower room flooring was stained and sticky and we saw mould in shower cubicles. This indicated a build-up of dirt and contamination over time and a lack of systematic, deep cleaning.

Poor standards of cleanliness in people's bedrooms and ensuite, toilets and showers, indicated a lack of care, attention, and respect for people's dignity.

Staff practice indicated a lack of knowledge and understanding of effective infection prevention and control practices. Staff did not have access to infection prevention and control guidance and this meant they lacked the knowledge and understanding to perform their jobs effectively. For example, staff's use and disposal of PPE did not meet best practice guidance and mops and mop buckets were dirty and were not being cleaned effectively. Management did not carry out direct observations of staff practice so areas for improvement were not identified or addressed.

There was no management oversight of the standard of cleanliness in the home. Cleaning schedules were in place but these had not been completed since September 2021. There was no evidence of any audit of cleaning records. This meant no areas for improvement were identified or addressed.

Cleaning of the home was not carried out to an adequate standard. This meant there was a high risk of cross contamination resulting in serious risks to people's health, such as transmission of infection.

Staffing arrangements were not responsive to the changing needs of people experiencing care.

There was no evidence of effective oversight or quality audits to ensure the cleanliness of the home, the accuracy and effectiveness of people's care plans, or staff's learning and development needs.

There were no systems in place to evidence that effective shift leading took place and we concluded that communication and recording systems needed to improve. This included robust evidence of the dynamic exchange of key information. For example, during the inspection, staff were not aware of which people had tested positive for Covid-19. There was a lack of effective systems to inform the shift leader of people's wellbeing or alert them to emerging risks. This included ensuring people had adequate fluids and people at risk of falls. Subsequently, the staff member in charge of each shift could not demonstrate awareness of their responsibility and accountability.

During the inspection we carried out observations of practice and had discussions with staff related to the cleanliness of the home (IPC) and people's care plans which highlighted significant gaps in staff's knowledge and understanding. There were no systems in place to enable the manager to have effective overview of staff's learning and development needs, knowledge, or skills and an analysis of staff's learning needs and training plan had not been developed. We concluded that staff had not undertaken the training required to meet people's needs. This meant that staff could not respond proactively or effectively to people's basic care needs and emerging risks.

If staff do not have the knowledge, skills and understanding of current best practice, people's health, safety, and wellbeing are at risk. The manager demonstrated difficulty prioritising areas for concern. No development or improvement plans were in place.

Lack of quality assurance systems and audits meant areas for improvement were not identified or addressed. This could have a detrimental impact on people's health, safety, and wellbeing. The right action was not taken at the right time to ensure people's wellbeing.

We issued a letter of serious concern on 12 February requiring the provider to take immediate action to address the cleanliness of the home. We returned on 14 February to evaluate the progress made. Whilst some improvements were made, we saw that there were major weaknesses in aspects of the service's management and leadership and this had a significant negative impact on the quality of service people received. Action must be taken as a matter of urgency by the service to ensure that people receive safe, appropriate and responsive care and support. We have decided to take formal enforcement action against the provider and have issued an Improvement Notice to the provider to address these issues.

Requirements

1.
By 7 March 2022, you must ensure that service users experience a safe, clean and well-maintained environment. In particular, the service must be staffed, resourced and led in a manner that will ensure:

- a) all areas and equipment used within the home are free from contamination and are cleaned or disinfected effectively. In particular, dining rooms, bedrooms and ensuite facilities (including bed fittings and flooring) must be cleaned to a standard that demonstrates good infection prevention and control and
- b) systems, including effective cleaning schedules, are implemented with regular quality assurance checks to ensure that the environment is consistently safe, clean and well maintained.

This is in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 21 March 2022, you must ensure service users' health, safety and well-being needs are met by ensuring that quality assurance for the service is responsive and is carried out effectively to show good governance and leadership that contributes to high quality care. This must include, but is not limited to:

- a) shift leaders and/or the person in charge of the home must be clear about their responsibilities for the daily monitoring and oversight of the home

- b) audits for monitoring and checking the quality of service must be in place which are accurate, kept up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without unnecessary delay and
- c) the findings of audits must be made available within the improvement plan and provide evidence that action taken has improved people's health and well-being.

This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 24 April 2022, you must ensure that service users experience a service with well trained staff. In particular, you must ensure that all staff receive: nutritional care, falls management, infection prevention and control, medication and stress and distress training relevant to the work that they carry out in order to keep service users safe. This must include, but is not limited to:

- a) regular quality assurance checks to demonstrate how the training received is being implemented in practice throughout the care service
- b) regular monitoring of staff practice to provide assurance that staff practice is consistent with current good practice guidance and
- c) all housekeeping staff having the relevant knowledge and understanding to put into practice the correct use and care of cleaning equipment.

This is in order to comply with Regulations 9(2)(b) and 15(b)(i) 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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should continue to create opportunities for people to have meaningful days and support individuals' interests, ensuring the service is person centred. The service should continue to further develop care plans, ensuring they are regularly reviewed and provision monitored.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state:

'I get the most out of life because the people and the organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6)

'I am supported to participate fully as a citizen in my local community in the way I want'. (HSCS 1.10) and 'My personal plan (sometimes referred 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)

This area for improvement was made on 12 December 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 2

The service should continue to ensure that staff are supported and have access to effective supervision and regular team meetings. This is in order to support effective practice and ensuring learning and development are achieved and maintained. The service should continue its approach to embed practice, regularly reviewing that improvement outcomes are met.

This is to ensure care and support is consistent with the with Health and Social Care Standards which state:

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 12 December 2019.

Action taken since then

This area for improvement was not assessed. See report for information regarding staff training.

Previous area for improvement 3

There is a need to continue to further develop the service, improve recordings and documentation and embed practice. Personal plans should be accurate and up to date, providing guidance for staff on how individuals are to be supported to have their needs met. Plans should be further developed to be person-centred and recordings should be detailed and evaluative.

This is in order to comply with Health and Social Care Standards which state:

'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)

This area for improvement was made on 12 December 2019.

Action taken since then

This area for improvement is not met. Personal plans were of an inconsistent standard and did not always contain enough information to guide care practice. Recordings for certain observations such as weights were out of date and had not been completed at the frequency stated in the plans. Some aspects of care had not been reviewed for a number of years and we could not be assured that they reflected people's current needs. A requirement is made. See section 'How well do we support people's wellbeing'

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	1 - Unsatisfactory
1.3 People's health benefits from their care and support	1 - Unsatisfactory
How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	1 - Unsatisfactory

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Compass House
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Dundee
DD1 4NY

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