

Riverside View Care Home Service

60 Clovis Duveau Drive
Dundee
DD2 5JB

Telephone: 01382 561 667

Type of inspection:
Unannounced

Completed on:
20 July 2023

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300759

About the service

Riverside View is a residential care home, which is owned and run by HC-One Limited. It is located in the west of Dundee, and there are good transportation links to the city of Dundee. Riverside View is a purpose-built care home and is registered to provide care for up to 60 people, aged 55 and over. The ground floor, named the 'Bluebell unit', provides care and support for up to 30 people. There are a further two units upstairs; 'Primrose unit' and 'Forget Me Not unit' providing care and support to people living with Dementia. These units have 16 and 14 beds, respectively. The bedrooms are all single occupancy and have en-suite toilet facilities. The upper floor is accessed via a lift, with good wheelchair access to all areas. This service has access to a large, secure garden with different areas provided with patio and seating areas.

About the inspection

This was an unannounced inspection which took place on 18 and 19 July 2023. The inspection was carried out by three inspectors from the Care Inspectorate and an inspection volunteer. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, complaints and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with ten people using the service and four of their family/friends/representatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were treated with kindness and respect.
- We observed kind, caring interactions between people living in the home and staff.
- Staff were welcoming, courteous and friendly.
- Staff were well recruited and trained.
- The service needs to improve its medication administration practice.
- The home would benefit from redecoration.

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated how well people's health and wellbeing was supported. We made an overall evaluation of adequate, as there were some strengths, but these just outweighed the weaknesses.

We heard several positive comments about the standards of care and how people had benefited from the support of staff. Relatives commented positively on how they were welcomed into the home by staff. Comments included; "it's perfect here, couldn't ask for nicer staff" and "I'm always made welcome, communication is really good".

Throughout the inspection we observed people being treated with dignity and respect. There were warm interactions between people and staff who appeared to know them well. We observed staff taking their time to speak to people and engaging in one to one support. Staff demonstrated a good level of knowledge about each person's individual needs and preferences, and how these should be met.

There was a range of group activities and some individual time spent with people living within the service. Seasonal events were celebrated, which helped people remain orientated to the pattern of the year and stay connected to the wider world. Feedback from those spoken with confirmed people were happy with the activities on offer and that there was always something for them to do which they enjoyed.

People should expect to be given support with eating and drinking in a dignified way and have their personal preferences respected. Mealtimes appeared to be a calm, pleasant part of the day. People were encouraged and enabled to eat their meals independently with just the right level of support from staff, where needed. We observed plenty of snacks and drinks to be available throughout the day, including to those people who preferred to stay in their bedrooms. Feedback from people spoken with indicated they were happy with the quality of meals they were receiving.

People should benefit from care plans that are reviewed and monitored regularly. Care plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. This information had been monitored regularly and we saw that appropriate referrals had been made to other health professionals if required and that their advice and guidance was reflected in relevant care plans.

People had access to fresh fluids and snacks throughout the day. Where appropriate, intake was recorded to help ensure people were maintaining a healthy intake. Appropriate aids and equipment were available and prompted during mealtimes. It was recorded within plans where people required fortified or modified diets, and weights were measured monthly to help ensure people were getting the right support to maintain a healthy intake and a healthy weight. The staff had established good working relationships with a range of professionals. This meant that people who used the service were supported to access the right services for them. We saw detailed plans that were informed by advice from other professionals such as tissue viability nurses, dieticians and diabetes specialist. Feedback from visiting healthcare professionals included; "communication is very good with the staff, they seek advice and look after people well".

At our last inspection we made a requirement to ensure safe practices were in place around administration of medication. We have re-instated this requirement with a new timescale of 1 October 2023. See the 'what the service has done to meet any requirements we made at or since the last inspection' section of the report. **A requirement is made.**

Overall, we found the home was clean and tidy. Housekeeping and domestic staff had good awareness of the requirement for enhanced cleaning and laundry management. We viewed people's rooms and found them to be fresh and clean. The service has a comprehensive prevention and protection plan in place and everyone we spoke with said that the care home was kept clean and tidy.

Requirements

1. By 1 October 2023, the service provider must ensure people have their medication administered in a safe way, in order to maintain their health and wellbeing:

To do this, the service provider must, at a minimum:

- a) review medication practice
- b) ensure staff have the appropriate knowledge, guidance and training for administering medication and for completing medication administration records accurately
- c) implement a robust system to oversee and audit medication practice.

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

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) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff continually evaluated people's experiences to ensure that, as far as possible, people living in the care home were provided with the right care and support in the right place to meet their outcomes. From our informal observations throughout the home, we frequently heard staff check on residents' well-being. Daily 'Flash' meetings ensured that staff were informed of any recent changes in plans, care and support delivery. Relatives told us they were well-informed and 'kept up to date' with any changes to the care and support provided and they felt their views were taken into account. They told us that they found the manager approachable and we saw that the management team made themselves available to staff, people living in the home and visitors.

Leaders empowered others to become involved in quality assurance systems and activities, including self-evaluation, promoting responsibility and accountability. This was evident within the improvement information displayed on the wall within the communal corridor. This evidenced the collection of information and statistics relating to stress and distress, with a view to reducing such occasions. This was well managed, and evidenced clear communication and shared decision-making.

We saw that relatives' meetings were scheduled to take place on the 17th of each month, with the most recent meeting being held in June 2023. This provided an ideal opportunity to involve people in quality assurance. It also ensured that people understood the standards they should expect from the care and support offered to their relative. People also had the opportunity to meet formally, but the majority of consultation was done on a one-to-one basis, either informally or through the 'person of the day' initiative.

Daily 'walk rounds' by the manager and observations of staff practice were regularly undertaken to assess learning and competence. This was evidenced within specific competency checks around infection prevention and control, hand-washing and medicine competencies. When errors occurred, we saw that staff submitted a reflective account so that ways of minimising the chance of recurrence were considered.

The service was working through some issues which had been raised with them and they spoke about how they learned from adverse incidents and complaints, so that the quality of care and support could be improved. This told us that where things go wrong with a person's care or support, or their human rights are not respected, leaders take action to learn from mistakes.

Management demonstrated a clear understanding about what was working well and what needed to improve. This was particularly evident in some parts of the physical environment and plans being made to address this.

This service ensured that the needs, outcomes and wishes of people living in the service were the primary drivers for change. This was done through a rigorous audit schedule. For example, a specific 'Dignity in Dining' audit ensured that mealtimes were positive experiences for people and practice would be changed if at all necessary.

We found that management had a robust and clear understanding of their role in monitoring practice and identifying, directing and supporting improvement activities. However, the paper-based information was difficult to maintain and may be difficult for all leaders within the service to access. Some thought should be given to reducing the quantity of information and, therefore, making it more accessible. This would be for the benefit of all leaders within the service.

How good is our staff team?

4 - Good

People should be able to have confidence in the staff who support and care for them. We made an overall evaluation of good for this key question. There were several important strengths which, taken together, outweigh the areas for improvement.

We were confident that safer recruitment practice was being followed. Staff were either registered or in the process of doing so (new staff) with the SSSC (Scottish Social Services Council) and there was regular management overview of this and the NMC (Nursing and Midwifery Council) registers.

The manager appeared friendly and visible to the staff team. Staff comments such as "it's a great place to work" and "we work really well as a team, morale is good" demonstrated the team work well together and there is a shared learning culture. Training records were overseen by the management team who appear to have a good understanding of the training needs of staff. Staff felt they had a good induction period and knew who to approach should any training needs come up. We felt confident staff had access to appropriate training to support and develop their skills to inform good quality care.

Observations of staff practice was regularly carried out to assess learning and competence. Outcomes from these were discussed through team meetings, individual supervision sessions and planned training to ensure suitable levels of practice were maintained.

We found that staff supervisions had taken place, giving staff the opportunity for positive and constructive feedback on their practice. This included identifying and addressing individual staff training needs. Regular team meetings were taking place, ensuring staff were kept up to date with changes in the service, as well as changes in policies and guidance by the manager and senior staff.

How good is our setting?

3 - Adequate

We assessed that the care home setting offered adequate quality to people living in the service. Where there were some strengths, it is important that the provider builds on these strengths to increase the likelihood of people experiencing positive experiences and outcomes.

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes.

People had the correct mobility aids to enable them to mobilise as independently as possible, and there was enough signage to help people find their way around without help.

Corridors and circulation areas were clear of hazards, and a record of accidents and incidents was maintained. These measures helped to ensure people were safe and comfortable living in the care home. Examination of records, observation and discussion with staff and people who use the service, verified that routine maintenance and repairs were carried out promptly.

The two units on the upper floor of the home looked unkempt and tired, wallpaper was peeling off the walls and the paintwork needed freshened up. Feedback from people we spoke with indicated that they felt getting the place redecorated would make such a difference and would make the home fresher and more welcoming. We were reassured by the manager that plans were in place for refurbishment to take place over the coming months.

How well is our care and support planned?

4 - Good

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

People should expect that their personal plan (sometimes referred to as a care plan) is right for them, because it sets out how their needs will be met as well as their wishes and choices.

People could be assured that they had a care plan in place that included a range of relevant risk assessments. Senior staff had a good oversight of information such as food and fluid intake, weights, wounds, falls and stress and distress reactions. This meant that staff could quickly identify any changes in people and ensure that appropriate referrals were made to other health professionals as necessary. The care plans we sampled were detailed, personalised and offered clear guidance for staff on how best to support each person.

There was evidence of regular reviews being held and people's family members or representatives involved in discussions. This helped to ensure that people were cared for in a way that was meaningful to them.

Supporting legal documentation was in place to ensure that people were protected and to uphold their rights.

People's support plans contained information about their personal histories and what was important to them. The service was in the process of introducing 'Remembering Together' booklets which would provide a more person-centred overview of people's preferences, wishes and choices. This was outstanding from our last report, and we have made an **area for improvement**.

Areas for improvement

1. In order to ensure that people's care, support and meaningful engagement is outcome focused and person centred, the provider should review their documentation for everyone experiencing care.

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)

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

Requirements

Requirement 1

By 31 October 2022, the service provider must ensure people have their medication administered in a safe way, in order to maintain their health and wellbeing:

To do this, the service provider must, at a minimum:

- a) review medication practice
- b) ensure staff have the appropriate knowledge, guidance and training for administering medication and for completing medication administration records accurately
- c) implement a robust system to oversee and audit medication practice.

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

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) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 31 August 2022.

Action taken on previous requirement

Our inspection concluded that there had been improvements made with this requirement, but it was not yet met.

There was significant improvement in the recording of medication administration records. An electronic administration system was in place and regularly monitored to ensure any errors or delays were actioned quickly. Following some administration errors, the manager has introduced a daily audit system. Training and competency assessments have been carried out. Staff spoken with said they felt more confident in the use of the system and overall medication administration and management.

We have extended the timescale for this requirement until 1 October 2023; see Key Question 1.3.

Not met

Requirement 2

The following complaint arose as a result of an upheld complaint:

The provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) ensure the risk of falling is adequately assessed and is reflective of the needs of the resident
- b) ensure the risk of falling is reviewed following each fall experienced by the resident
- c) ensure the falls reduction care plan is fully reflective of the resident's needs and is reviewed and updated following each fall and as the resident's need change
- d) ensure each fall is subject to accident reporting and post fall observations are undertaken
- e) ensure adequate management oversight of falls within the service and action is taken to identify trends and minimise the risks
- f) ensure resident's manual handling needs are fully assessed on admission to the service and as their needs change
- g) ensure the use of manual handling equipment is fully assessed prior to its use
- h) ensure the risk of dehydration is assessed on the resident's admission to the service and reviewed when their needs change
- i) ensure the risk of dehydration is accurately recorded in the personal support plan
- j) ensure fluid intake records are accurately and fully completed
- k) ensure adequate monitoring and oversight of resident's fluid intake when at risk of dehydration.

To be completed by: 18 March 2023

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)

This requirement was made on 26 January 2023.

Action taken on previous requirement

Falls prevention and management training has been delivered to staff. Monthly analysis of falls is carried out by the manager to identify any trends, so that risk reducing strategies may be implemented. Care plan documentation and risk assessments were seen to be up to date and contain adequate details to inform staff practice. Accident reports were completed after every fall and post falls observations were seen to be carried out. Moving and handling care plans and risk assessments were in place and identified any equipment that would be needed.

Nutrition and hydration care plans clearly identified when anyone was at risk. Fluid intake records were seen to be accurately and fully completed and monitored by management.

Met - within timescales

Requirement 3

The following complaint arose as a result of an upheld complaint:

The provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) ensure Medication Administration Records include clear and defined instructions regarding residents medication requirements
- b) ensure all handwritten entries in the Medication Administration Record are signed by two members of staff
- c) ensure medications are administered in accordance with the prescriber's instructions
- d) ensure omissions are clearly coded and the reason or rationale for the omission is recorded on the Medication Administration Record
- e) ensure the receipt of new stock of medications are recorded on the Medication Administration Record and a record of the ongoing stock is maintained.

To be completed by: 09 April 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

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)

This requirement was made on 14 February 2023.

Action taken on previous requirement

The service uses a computerised medication administration record (MAR). This system provides in-built safeguards and alerts the service when medication should be re-ordered by the service. Stock checks are completed as part of 'Person of the Day'. The senior staff and managers have all received training with the system and ongoing refresher sessions to ensure their practice is safe and up to date. The manager had regularly checked the medication practice of staff and recorded the findings.

As detailed under requirement 1, we found the overall management of medications had improved; however, when we looked at a sample of people's MARs we established that there were some issues with staff record keeping and have reinstated requirement 1 under Key Question 1.3.

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 service provider should ensure staff attend regular supervisions to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will contribute to a regular performance appraisal. This will also provide a forum for staff to identify any training gaps and contribute to the improvement of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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).

Also the Code of Practice for Employers of Social Service Workers which state you will: 'Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise.' (2.2).

This area for improvement was made on 31 August 2022.

Action taken since then

All staff spoken with confirmed they received regular supervision sessions with a senior staff member. They said these sessions gave them the opportunity to discuss any training needs and their personal development.

This area for improvement has been met.

Previous area for improvement 2

The following area for improvement arose as a result of an upheld complaint:

In order to ensure residents experience safe and effective fall prevention and fall management procedures and safe and effective moving and handling procedures. The service should:

- a) ensure the risk of the residents falling is fully detailed in the Care Plan
- b) ensure falls risk assessments are fully completed and all risk factors are considered
- c) ensure the Falls Risk Assessment and Falls Reduction Care Plan fully consider the effects of medications, particularly those administered prior to the resident retiring

- d) ensure the ongoing formal and informal assessment of the resident's mobility needs prior to mobilising
- e) ensure Moving and Handling Assessments are fully completed
- f) ensure residents experience consistent support to mobilise and transfer.

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 area for improvement was made on 14 February 2023.

Action taken since then

Falls prevention and management training has been delivered to staff. Monthly analysis of falls is carried out by the manager to identify any trends, so that risk reducing strategies may be implemented. Care plan documentation and risk assessments were seen to be up to date and contain adequate details to inform staff practice. Moving and handling care plans and risk assessments were in place and identified any equipment that would be needed.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.