

Riverview Lodge Care Home Service

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

Type of inspection:
Unannounced

Completed on:
25 April 2024

Service provided by:
Riverview Lodge (Newport-on-Tay)
Limited

Service provider number:
SP2023000431

Service no:
CS2024000040

About the service

Riverview Lodge provides 24 hour care to a maximum of 17 older people. The home is situated in Newport on Tay, Fife. Accommodation is provided in a historic building on the banks of the River Tay. Rooms vary in size and facilities across two floors of the original building and modern extension. Communal areas include a lounge, bright dining room and spacious foyer. The home benefits from attractive garden grounds and views over the river. Local amenities are provided nearby and the home has good transport links with Dundee. There were 14 people living in the service at the time of the inspection.

The home was re-registered in February 2024 as Riverview Lodge (Newport on Tay) Limited. Two requirements made during the registration process have been met.

About the inspection

This was an unannounced inspection which took place on 22, 23 and 24 April 2024. The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke directly with six people using the service and eight of their family and friends (via questionnaire)
- spoke with six staff and management (and received 12 staff responses via online questionnaire)
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were being cared for by a consistent staff team who knew them well.
- The new manager was working hard to strengthen quality assurance and improve standards.
- Staffing levels had improved and staff worked well together.
- The environment was clean, with ongoing maintenance and redecoration taking place.
- Care planning required further development in order to fully guide care.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as 'good', where strengths outweigh areas for improvement. However, improvements are required to maximise wellbeing and ensure consistent positive outcomes.

People's health should benefit from their care and support. People were supported by a consistent staff team who worked hard to create a homely and welcoming atmosphere. One relative commented, "The members of staff I meet are without exception kind, caring and friendly, and I very much admire the way they manage to remain good natured throughout".

Medication management had improved since the last inspection. Although some issues remained, these had been clearly identified and the service was working to address them. Staff who dispensed medication were undergoing regular competency checks and had completed the relevant training courses. People living in the service who required time sensitive medication reported that they were receiving these consistently at the correct time. There was good audit and overview of the medication management system, with errors and omissions being identified promptly and addressed.

Elements of skin care required further development to ensure a consistent approach. Not all skin care recording tools had an associated skin care plan. This meant that paperwork did not fully guide staff in the required care. This created a risk that care would not be consistent across the whole staff team or when new or agency staff were in attendance. An area for improvement is made. **(See area for improvement 1.)**

The recording of fluid intake required more attention. It is important that information is recorded accurately, and that the evaluation of records actively contributes to care. Paperwork was being inconsistently completed and it was unclear how the information was being used to guide care. The service was advised to consider all elements of food and fluid recording in order to improve practice. An area for improvement is made. **(See area for improvement 2.)**

The service had good links with external professionals and referrals were made promptly when required. There was good evidence to show that care plans and care were being updated to reflect advice given to the service. People benefitted from a service which continued to develop links with other healthcare professionals to ensure people had access to a full range of services.

Areas for improvement

1. To promote people's skin integrity the provider should ensure that all daily documentation pertaining to skin care is supported by the provision of an individual plan of care. Care plans should clearly outline the skin care needs of the individual and the support required to meet those needs.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To promote people's nutrition and hydration needs the provider should ensure that all daily documentation pertaining to food and fluid is necessary, fully completed and regularly evaluated. The evaluation of documentation should contribute to positive outcomes for people.

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).

How good is our leadership?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which outweigh areas for improvement.

Quality assurance should be well led and contribute to change and improvement. Audits and overviews were taking place regularly, covering a number of aspects of care and support. Environmental audits were sometimes delegated to members of the staff team, which contributed to good team working. Staff understood how the process of overview contributed to improving standards.

The manager was very present throughout the home and was well known to people living there. Feedback was gathered informally each day and people were confident to raise any issues or concerns. Formal feedback had been gathered towards menu planning and this information about likes and dislikes had influenced change. People commented that the new chefs were providing a range of enjoyable foods and that they had asked for.

Feedback from relatives was positive and the new manager was seen as approachable and effective. One relative said, "I find the manager approachable and ready to address any concerns".

People felt confident that their loved one was safe and being well cared for.

Elements of quality assurance were still in the process of development. Staff supervision and appraisal schedules were not completely set, although some staff supervision had been completed.

Aspects of recording and paperwork required further development to ensure that staff were fully engaged in their completion. It is important that staff can demonstrate how they are fulfilling their role and responsibilities. The manager planned to engage with staff to find solutions which met everyone's needs and ensured that paperwork was manageable and effective.

How good is our staff team?

4 - Good

We evaluated this key question as 'good', where there are important strengths which outweigh areas for improvement.

The skill mix, number and deployment of staff should meet the needs of people living in the service. We found that staffing levels had increased during the day and that care was being delivered in an unhurried fashion. The assessment of staffing levels took into consideration not only the number and needs of the people living in the home, but the layout and environment in which people were living. Staff had time to support people with more than just basic care needs. This meant that people could access the outdoor spaces and spend time with staff in one-to-one conversations and small activities. This was particularly important as the home had yet to recruit an activities co-ordinator. Further engagement was being provided weekly from a visiting artist, an exercise class, a church service and a singing group. The whole staff team, including non-care staff, worked together to contribute to people's wellbeing. One person said,

'We are very well looked after, we're totally spoiled'. Most relatives reported noticing the increased staffing level and more consistent staff group.

Staff reported that they were clear about their allocation for each shift. This meant that their roles and responsibilities were outlined well and that they could work towards these. The allocation process allowed the shift leader to balance staff skill mix and ensure that new or inexperienced staff were well supported.

The service was in the process of building a full staff compliment under the new manager. This process will require further input in order to identify staff training needs, maximise on staff strengths and skills and gather meaningful feedback for improvement. Systems and processes were in place but not yet fully developed.

How good is our setting?

4 - Good

We evaluated this key question as 'good', where important strengths outweigh areas for improvement. People should benefit from high quality facilities which are safe and well maintained.

The home benefitted from a dedicated maintenance person, who was well known to people living in the service. People felt confident that they could ask for changes or repairs to their rooms, and these would be actioned with minimal delay.

An environmental improvement plan was in place which identified further goals and improvements of the service. Some areas of the home require flooring to be replaced, however, the manager was aware of these areas and was working towards their completion. Overall, the environment was clean and homely. People reported an increase in the cleanliness of the home over recent weeks. The manager was working towards further ways of maintaining and monitoring the environmental cleanliness of the home.

People could spend their time in the bright dining room, the communal lounge or in their own rooms. A smoking area was being developed in the garden grounds in order to facilitate access for wheelchair users. The service could be seen to be responding well to people's needs and wishes.

The service would benefit from further consideration about the way in which the environment supports and promotes people's independence. This should include ways in which people access and use the outdoor spaces.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses. Improvements should be made by building on strengths in order to ensure positive outcomes for people.

Personal plans should reflect people's needs and wishes and be used to deliver care effectively.

Although some aspects of personal plans were well completed, plans contained an inconsistent level of detail. Plans for skin care were missing or incomplete for some people and this was a concern. The layout and organisation of personal plans made the guidance for skin care difficult to find. This meant that staff did not always have adequate written guidance with which to direct care. Although staff knowledge about people's skin care needs was adequate, people were at risk of inconsistent care and of aspects of skin care being overlooked.

Recognised tools were being used to assess health needs. This meant that people's needs could be assessed over time and care adjusted accordingly. Supporting care plans were not always fully in place, which created a risk.

Overall care plans required further development in order to ensure that all aspects of people's care needs were fully outlined. The manager was aware of this and was working towards auditing and reviewing all care plans over the coming weeks. A requirement is made. **(See requirement 1.)**

Requirements

1. By 26 July 2024, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include information on all important care needs and health conditions
- b) that all care documentation is kept up to date and used to evaluate and amend people's care as needed
- c) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is 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 (SSI 2011/210).

This is to ensure that care and support is consistent with 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); and

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

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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