

Riverside Project Care Home Service

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Govan
Glasgow
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Telephone: 01414 402 633

Type of inspection:
Unannounced

Completed on:
17 May 2024

Service provided by:
Talbot Association Limited

Service provider number:
SP2003000185

Service no:
CS2003000940

About the service

The Talbot Association's Riverside Project is a care home registered to provide support and accommodation to 12 adults with a history of homelessness and mental health problems. The provider is Talbot Association Limited. There were 12 people using the service at the time of this inspection.

The service is located in a residential area in Govan, close to local shops and transport links. The service is provided from a purpose-built property, with accommodation on three levels. Residents have access to communal spaces on two of the floors. Smoking is permitted in one of the communal areas and within people's bedrooms. All bedrooms have en suite facilities.

The service has use of a minibus to support people to appointments and on outings.

About the inspection

This was an unannounced inspection which took place on 14, 16 and 17 May 2024. The inspection was carried out by two inspectors 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 with seven people using the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People benefitted from the support of an experienced and committed staff team.
- Staff were good at developing supportive relationships with people using the service helping promote positive outcomes.
- People's health and wellbeing had improved because of the support they received.
- Staff would benefit from further training and development to support people's changing needs.
- There were good opportunities for people to engage in social activities.

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?	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?

4 - Good

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

We observed that staff engaged naturally and respectfully with people living at the service, this contributed to people feeling valued, and because most staff had significant length of service at the Riverside Project, this meant that people experienced support from staff who were familiar with their needs and wishes. This contributed to the trusting and productive relationships that people had developed with staff over time, impacting positively on their health and wellbeing. People spoke positively about staff at the service.

Staff were good at motivating people and encouraging them to participate in activities, helping to promote social engagement, combat isolation and promote wellbeing. We saw evidence of some of the activities that had been provided, this included group bus trips and in house activities as well as one to one support. Some people enjoyed familiar routines and engaged with their local community independently.

The improvements made at the last inspection in relation to nutrition had been sustained with the introduction of a breakfast club. Staff monitored people's dietary intake and weight. This meant that any risks in relation to nutrition could be quickly identified and addressed. People we spoke with indicated that the quality of meals was good and people advised that staff were happy to provide an alternative if they didn't like the meal choice. Menu's were displayed meaning that people knew in advance what the options were.

Staff supported people with their medication. We noted that medication was stored in people's bedrooms promoting privacy and dignity. We suggested carrying out regular assessments of people's needs in relation to support with medication in order to ensure the support provided continued to be proportionate to their abilities and to identify opportunities to help promote their independence. (See area for improvement 1).

Having the opportunity for people to develop skills in relation to cooking was a suggestion made by one resident. This could support people to develop skills for independent living. The service manager was receptive to this when we discussed it with them.

Having a consistent staff team contributed to the effective monitoring for any changes in people's presentation that may suggest concerns about their physical and mental wellbeing. Some people we spoke with were able to identify the positive health benefits of living at the service. This included the importance of having structure to their day.

Areas for improvement

1. To promote people's independence, the provider should regularly assess the level of support people need to take their prescribed medication to ensure this is consistent with their abilities and to promote independence.

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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We reviewed systems in place to ensure quality and drive improvements. The manager acknowledged that self assessment was key to identifying what the service was doing well and where improvements could be made and we could see that this had been started. Going forward, the information obtained from this process should further inform the service improvement plan. Audits helped to identify areas for improvement and we offered some suggestions to help make these more effective.

More robust oversight by senior management was needed to complement quality assurance systems at the service and support the manager. Whilst it was positive that an audit had been carried out by senior management, the findings from this needed to be shared with the manager to help progress any improvements identified.

We saw that participation opportunities were good at the service, with people able to comment on the service they received and suggest improvements important to them. This included via regular residents meetings and surveys.

There were systems in place to ensure that reviews of the service provided to people took place frequently in accordance with their statutory responsibility. This helped ensure that people continued to receive a service that was right for them. The manager should, however, ensure that reviews are carried out more timely where people's needs are changing.

Staff meetings took place on a regular basis providing a forum for staff to make suggestions for improvements and for the manager to pass on information.

The frequency of staff supervision had slipped and it is important that these are reinstated to ensure that staff have the opportunity to identify development needs, receive feedback and reflect on their practice.

Repairs were the responsibility of the landlord and we could see that there was a system for logging repair requests and tracking when these were completed. We did note some areas that needed attention that hadn't been reported to the landlord and highlighted this to the manager.

How good is our staff team?**4 - Good**

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

It was evident from speaking with staff and observing interactions between staff and residents that this is a staff team who work well together, supportive of each other and working flexibly to meet people's needs. We heard of instances where staff gave up their own time to support people with activities, demonstrating their commitment to supporting positive outcomes.

Whilst staffing levels appeared sufficient to support the day to day tasks and facilitate in-house activities and one to one support, staff we spoke with said they would like more time to spend with residents, providing one to one support and helping them to engage more with their community.

A part time cook was employed at the service, with care staff preparing breakfast and lunch during the week. We noted that there was no cook at the weekend, with care staff responsible for cooking all meals. We discussed weekend staffing arrangements with the manager, and whilst we didn't identify any poor outcomes as a result of this at the time of this inspection, we suggested that they keep this under review to anticipate any potential impact on staff time resulting from people's changing needs and increased dependencies.

The manager should devise an approach to determining staffing levels that takes account of the views of staff and of people being supported as well as the changing needs of residents. This will ensure that staffing levels are determined by a process of continuous assessment and linked to quality assurance.

The service had a stable and skilled workforce with all but one of the staff team with long service at Riverside. This meant that residents always had access to experienced staff on duty and that new staff were supported in their development by experienced colleagues.

Whilst staff said they felt supported in their practice, formal supervision meetings that provide opportunities for staff reflection and to identify any training and development needs, had not taken place in line with the organisation's supervision policy. The manager reassured us that formal supervision would be reinstated. Similarly, it is essential that the manager also receive regular supervision.

It was positive that staff felt the training they received was sufficient to support them to meet the needs of people they were supporting, this contributed to them being confident in their role. However we identified additional training that staff would benefit from due to increased dependencies and changing needs of people living at the service. This included an increased understanding dementia and of the Adults with Incapacity (Scotland) Act 2000. We highlighted this to the manager.

How good is our setting?

4 - Good

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

We found all areas within the home to be clean, with dedicated housekeeping staff working hard to maintain standards of cleanliness, contributing to a safe environment for residents and staff alike.

There were sufficient social spaces promoting opportunities for social interaction. Smoking was permitted within people's bedrooms as well as within one of the communal lounges. Bedrooms had televisions for people's entertainment and one of the lounges had access to SKY television. Tea and coffee making facilities were provided within people's bedrooms.

Bedrooms we visited had items on display, personal to the individual living there, helping people personalise their space and feel at home. En suite facilities promoted people's privacy and dignity. A communal bathroom was also available where this was preferred. Laundry facilities were available with most people's laundry being done by staff. The service also benefited from private outdoor space for residents to enjoy.

To promote people's independence and prepare people who were looking to move on to their own tenancies, opportunities to prepare and cook food should be available. We discussed this with the manager who was receptive to this suggestion, advising that this had been available in the past.

One staff member suggested the service purchase a device to allow people to play music on demand. This could also be used to create individual playlists including to support people with dementia.

Whilst the landlord had responsibility for repairs, the provider was responsible for cosmetic improvements and for the replacement of furniture. We discussed the ongoing challenges of redecorating the bedrooms of people who smoke. We were advised that they would need to decant the space for a period of time to allow for redecoration to take place and there were currently no empty rooms. The manager should continue to explore options for redecorating bedrooms that minimise disruption.

We noted some furniture in a poor state of repair and suggested that the manager identify any furniture that needs to be condemned and replace this.

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.

Care plans sampled contained relevant information about people's needs and wishes. Risk assessments were clear and concise. Daily records were kept and helped with communication and to identify any patterns or concerns.

We asked the manager to review the care plan of one individual with higher dependencies to clarify if any changes were needed in relation to the support they required. This will help identify if further support from external health professionals is needed. The manager advised that they would develop an additional system to monitor this individual.

We discussed the requirement for any resident assessed as not having capacity to have the appropriate legal documentation in place to enable staff to support with medication and to promote peoples rights. Where there are concerns about an individuals capacity, a request for a capacity assessment should be made to determine any additional support required to meet people's needs.

It was evident that residents were involved in reviewing the support they received and the 'planning for review' document helped inform the review process. We suggested that review minutes should provide a summary of progress made rather than signposting to other documents within a persons care plan to find out what outcomes had been achieved. There was no evidence of input from social work or health professionals at reviews and we advised that where people have support from external health professionals or social workers, they should contribute to the review process.

Improvements were needed to evidence the support being provided to help facilitate people moving on from the service and to review progress towards this outcome. We suggested including this as an agenda item at reviews and at one to one meetings. The manager should also assess if additional staff training is required to support people to work towards moving on.

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
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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