

## Dee View Court Care Home Service

Caiesdykes Road  
Aberdeen  
AB12 5JY

Telephone: 01224 245 920

**Type of inspection:**  
Unannounced

**Completed on:**  
21 June 2024

**Service provided by:**  
Sue Ryder

**Service provider number:**  
SP2007967940

**Service no:**  
CS2003013713

## About the service

Dee View Court is a care centre, which is registered to provide a care service for a maximum of 44 adults with physical and sensory impairments, who may require palliative care. The provider is Sue Ryder, which is a registered charity.

The centre is in Kincorth, which is a residential area, close to some local shops and a bus route. It is a single-storey care centre which is centred around a large spacious café area. There are two wide corridors, laid out as internal streets, leading to the six houses.

The Sue Ryder website says of Dee View Court: 'For people who have life-changing conditions affecting the brain and nervous system, our neurological centres offer specialist care and support. By focusing on health, wellbeing and what each person can do, not what they can't, we support people to live their lives as fully as possible'.

This service has been registered since 2003.

## About the inspection

This was a follow up inspection which took place on 21 June 2024. from 09:00 hrs - 13:00 hrs. 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, previous complaint 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 people, spoke with two staff (in passing) and management, and reviewed documents.

## Key messages

The service had worked hard to support people with their continence needs.

Risk assessments and care plans had been written in a person-centred manner, with improved outcomes being the focus of planned care.

The management team had spent time developing the complaints policy to ensure that it contained relevant information and guidance on the complaints process.

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

### Requirements

#### Requirement 1

By 17 May 2024, the provider must put an individual continence management plan in place for service users who require continence support. This should take account of;

- a) How continence should be promoted.
- b) The views of the service user and other healthcare professionals.
- c) A detailed assessment and risk assessment.
- d) Links to skin integrity, nutrition, and medicines.
- e) Environmental and health factors which could affect continence promotion.

**This requirement was made on 30 January 2024.**

#### Action taken on previous requirement

The management team had reviewed the care of people who needed support with their continence needs. Appropriate risk assessments had been carried out, and people had their own continence management plan.

We reviewed a sample of care files and found care plans to be person-centred and detailed. There was clear information relating to people's neurological condition and how this presented. Care plans had been written clearly and were easy to understand. We found 'step by step' guidance for supporting people's needs, such as caring for a resident who had an ileostomy.

There was clear evidence of senior management oversight, with quality assurance processes evident. The management team had revised the standard operating procedure for ordering continence aids (15 April 2024). This provided clear guidance for staff to follow.

There had been a focus on staff training. The NHS bladder and bowel specialist team had delivered training to 31 members of staff. The head of clinical services told us that the service now had 15 continence champions.

Further to this, the care home assurance nurses (Aberdeen City Health & Social Care Partnership) had visited on 16 April 2024. The visit had been very positive, with the continence specialist nurse recording that good processes were in place to support positive outcomes for people.

#### Met - within timescales

## Requirement 2

By 17 May 2024, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must;

- a) Review and update the complaints procedure in line with best practice, ensuring that it contains appropriate information for Dee View Court.
- b) Ensure that the complaints policy supplies accurate information about how to make a complaint to the Care Inspectorate.
- c) Review the complaints procedure regularly to ensure it is current and in line with best practice.
- d) Ensure that residents and their representatives are provided with a copy of the complaints procedure.
- e) Develop staff awareness on how to recognise, investigate and respond to complaints. f) Ensure that complaints are fully investigated. Written responses should clearly detail the findings of the investigation, action taken, and lessons learned to improve outcomes for people.

**This requirement was made on 30 January 2024.**

### Action taken on previous requirement

The provider had reviewed the complaints procedure. This was now appropriate to the service and provided information on how to raise a concern or complaint with the Care Inspectorate. Copies of the revised complaints procedure were available for residents, visitors, and staff in the foyer area. The head of clinical services told us that the organisation intended to produce an 'easy read' leaflet in the coming months.

We noted that the main regulatory bodies had been listed, with the exception of the Scottish Social Services Council (SSSC). This should be addressed.

The service had recognised the importance of supporting staff to recognise and respond to feedback. A 'carebox' toolkit had been incorporated into staff training. This included reflective practice, what to do when things go wrong, and lessons learned.

The head of clinical services had been recently recruited and was keen to ensure that complaints raised prior to her appointment had been thoroughly investigated and concluded. We checked and found evidence of an in-depth investigation and recognition of failures or areas of improvement. We found the conclusion to be warm and inclusive in the spirit of partnership working. There was evidence of senior management oversight, reflection, and a review of areas for development.

**Met - within timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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