

# Dee View Court Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 August 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. At the time of this inspection one resident was supported in another service, also provided by Sue Ryder and located adjacent to the care home.

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'.

## About the inspection

This was a full inspection which took place on 19 and 20 August 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 five people using the service, and three of their family representatives;
- spoke with 10 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

**Key messages**

- People enjoyed a range of activities, and opportunities to access the community were increasing.
- The management team had worked hard to improve quality assurance and support to staff.
- Some areas of the service such as fixtures and fittings and IPC needed to improve.
- Support plans were person centred and set out people's support needs well.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

**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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	5 - Very 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 quality indicator as good. Performance demonstrated a number of important strengths which, taken together, clearly outweigh areas of improvement.

The service had a bright, lively atmosphere. Staff had good knowledge about the people they were supporting and how to meet their needs. People told us 'Staff are lovely. They go out of their way to make sure we're cared for' and 'They do listen to you. It's our house as far as they're concerned, so staff make sure we do what we want'. Staff had clearly formed good relationships with people they were supporting. As a result, people were central to their care, which helped them achieve their potential.

Personal plans were very detailed and contained information on how to care for people using a person-centred approach. It was good to see the 'All about me' life story document which had been completed with residents and their families. It was clear to see that staff knew people really well. This meant that staff could use this information to engage with people to support them to achieve their goals. People told us they were listened to and 'treated as a person' Others told us 'We get options and choices' and 'We're not ignored'. It was good to see that people's preferences were used to shape how they were supported and cared for.

People's care plans showed they were able to access additional services such as tissue viability and speech, language therapy and other peripatetic professionals. This ensured that people were appropriately accessing other professionals' support to optimise their health.

Mealtimes were mostly provided in the busy cafe area of the service. We observed support over lunchtime and found this to be a noisy and distracting environment. It was difficult to hear conversation due to the levels of noise, and some staff did not engage in conversation when supporting people with their meals. One person was supported in the corridor area adjacent to the cafe, which was also busy and distracting due to traffic and noise of people moving from one area to another. We discussed with managers how the use of other quieter areas of the service could be utilised, especially for people who required support with communication, and who had additional support needs associated with feeding and concentration during mealtimes. **(See area for improvement 1).**

People were being encouraged to enjoy a range of recreational therapies that were meaningful to them. There was a lively atmosphere, and people were clearly enjoying themselves and had plenty to do. As a result, people felt respected and listened to and were able to choose how to spend their day. We were told, 'I go to the church service on Wednesdays. I would like to go out to church but its closed now', 'I won at bingo today' and 'We get out in the garden for fresh air'. People were able to choose how to spend their time and were encouraged to keep active. It was good to see one of the residents who used an adapted wheelchair, being supported safely, to move freely around a soft mat area. This encouraged a range of movement and exercise, and the resident looked happy and relaxed.

There was an organised system in place for the administration of medications, with regular audits being undertaken by management, which had identified areas for improvement. Although the service did not have 'as required' (PRN) protocols in place for medication, we discussed this with management, who promptly took action to implement these straight away. Some topical creams in people's en-suite bathrooms were out of date, and others had no opened by date documented on them. A consistent approach to administration of topical medication would ensure that people were receiving the correct topical medication which was in

date.

A number of areas of concern around infection, prevention and control (IPC) were identified in the service during our inspection. Individual bedrooms, en-suites and surrounding corridor areas were not clean enough and cleaning records were inconsistent with findings on the day of our inspection. Due to the condition of some fixtures and fittings in some areas, this also impacted on people being treated with dignity and respect. For example, we found some mattresses and bed rail bumpers were dirty and had not been cleaned before beds were made and some en-suites were cluttered, with items such as toiletries and linen stored next to the toilet. **(See Requirement 1 under key question 4, 'How good is our setting').**

### Areas for improvement

1. In order to ensure that mealtimes are safe, relaxed and that people are supported to enjoy their meals in a calm environment that supports effective communication; managers should ensure that mealtimes are provided in manageable sized groups, which are regularly reviewed to ensure that people receive the correct support at mealtimes.

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

**'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'. (HSCS 1.34); and**

**'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'. (HSCS 1.35)**

### How good is our leadership?

**5 - Very Good**

We evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

The manager was visible in the service and had a clear vision for service improvement and encouraged staff to be involved. People told us 'The manager is approachable every time, and any issues are dealt with properly', 'Management ask for our opinions' and 'I feel supported every day'. This meant people had confidence in the management of the service and that any concerns were dealt with appropriately.

The manager and wider management team had developed a range of audits and quality assurance processes to monitor all areas of the service. These included the whole staff team and provided opportunities for staff at all levels to develop and maintain their own areas of responsibility, which promoted and encouraged leadership in all staff groups at all levels. The management team supported improvement by carrying out monthly 'lessons learnt' meetings with staff to discuss where things that had gone wrong, and to analyse these issues together as a staff group to improve learning and agree strategies to avoid mistakes recurring. This approach clearly demonstrated improvements in all areas of the service at this inspection.

There were a range of ways in which the manager ensured that people were kept up to date with changes and had opportunities to feed back about the service. Regular newsletters were sent out to relatives and families to keep them informed of news about the service and special events, and relatives were encouraged to speak to staff and managers if they had any concerns. Relatives told us, 'I have recently seen a massive improvement in the standards of care since the new manager and staff have come on board and they are all

wonderful'. Service users were encouraged to be involved in some meetings in order to inform managers and heads of departments about issues that were important to them. This information had been acted on and had led to an increase in activities out with the service, including trips to the cinema, bowling and shopping out in the wider community.

Some accidents and incidents had not been reported to the Care Inspectorate as is required of all services. We discussed these issues and provided guidance to support improvement in this area. **(See area for improvement 1).**

The manager and wider management team had a very good overview of the service, was aware of areas for improvement and had put in place a development plan and trackers to bring about these improvements. However, we found that some audits had failed to pick up some concerns relating to the environment and fixtures and fittings. The management team was new to the service, had different areas of responsibility, and were still developing and agreeing how these areas should be embedded within existing audits, during our inspection.

We discussed the importance of the whole management team working closely together and agreeing how these areas should be monitored going forward. This was to ensure a consistent approach was adopted by all. The management team worked hard during our inspection to bring about improvements in these areas and agreed on methods to bring about improvement. **(See requirement 1 in section four of this report, 'How good is our setting').**

## Areas for improvement

1. Managers should ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'

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

**'I benefit from different organisations working together and sharing information about me promptly where appropriate'. (HSCS 4.18).**

## How good is our staff team?

**4 - Good**

We evaluated this quality indicator as good. Performance demonstrated a number of important strengths which, taken together, clearly outweigh areas of improvement.

Care and support were carried out at a relaxed pace, and staff were observed to have time to sit and chat to residents during quieter moments, and support activities which created a homely and calm atmosphere in the service, and supported people to meet outcomes important to them. We observed that during mealtimes, some staff did not engage in conversation when supporting residents with their meals. The manager was aware of this and the importance of the social aspect of mealtimes and had plans in place to improve this area with staff.

**(See area for improvement 1, in section one, 'People's health benefit from their care and support').**

The staff team worked well together and were supported by the manager and seniors. Staff told us, 'The

manager is great, very supportive and available to us when we need her'. The manager and clinical lead had an open-door policy and actively encouraged staff to discuss any concerns. The clinical lead also visited night staff during the night shift to ensure that night staff were included and had access to managers. This had led to more night staff attending routine meetings, who reported that they felt more included and involved in the day to day running of the service.

Staff training was monitored, and systems had been introduced to ensure that staff kept up to date with their essential and core training requirements. This meant that staff were maintaining and developing their skills to keep people safe and satisfy the conditions of the Nursing and Midwifery Council (NMC) and Scottish Social Services Council (SSSC).

Supervision was improving and a blended approach to this had been developed to support staff. All the staff we spoke to told us that they could access managers out with supervision when needed.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references, right to work checks, protection of vulnerable group checks and registration of professional bodies checks being undertaken or put in place.

The Health and Care (Staffing) (Scotland) Act 2019 was effective as of 1 April 2024. The manager demonstrated a good understanding of how to support staff and implement the act within the service. Staffing was at good levels and the use of agency staff was minimal, which meant that people experienced consistent care with staff who knew and understood their care and support needs.

We will continue to monitor this area at our next inspection to ensure that staffing numbers and dependency levels are closely monitored to ensure that people experience safe staffing and continue to enjoy meaningful days.

## How good is our setting?

### 3 - Adequate

We assessed this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses.

Comprehensive cleaning schedules were in place for all key areas of the service. However, in some cases it was difficult to establish what cleaning had been undertaken due to the inconsistencies within the recording. For example, some records were marked with a tick, others were scored through and some had undecipherable marks documented. A key to aid completion for staff would be beneficial, and would ensure a consistent approach to cleaning.

Although cleaning schedules in some en-suite bathrooms and the main kitchen had been marked as completed, cleaning had not been completed to a good enough standard. This placed people at risk of infection.

A robust maintenance programme was in place, and all maintenance checks were up to date and certificates were in place, where required. A rolling programme for maintenance was in place, to rectify some of the issues identified by the service, for example, where there had been a flood, and one of the ceilings had been badly damaged and was awaiting repair and redecoration. We will follow this up at our next inspection.

A number of areas of concern around infection, prevention and control (IPC) were identified in the service during the inspection. Individual bedrooms, en-suites and surrounding corridor areas in some houses were in a poor state of repair, and the standard of cleanliness was not good enough. For example, we found mattresses and bedrail bumpers were dirty and had not been cleaned before beds were made. Some en-suites were cluttered, with items such as toiletries and linen stored next to the toilet. Toothbrushes and holders were dirty and not fit for purpose. The general standard of the linen, towels and pillows, was poor and needed replaced. Some walls in the bedrooms and en-suites were stained and required cleaning and there were stains on the corridor carpets. Some items of furniture such as chests of drawers and bedside tables, were old with chipped surfaces which made cleaning difficult. It was also disappointing to see cleaning records were being completed in full, before effective cleaning had been completed in the en-suites. As a result, this meant that we could not be confident that staff were cleaning these areas effectively, and to the required standard, in line with IPC guidance. This posed a risk of infection to people. Due to the condition and fabric in some areas of the building not being upgraded, this also impacted on people being treated with dignity and respect. **(See requirement 1).**

People had access to outside space in the grounds surrounding the home. There were a variety of areas such as a large patio with a summerhouse, to the side of the building, and smaller courtyards with grassy areas for people to enjoy. We could see that people had access to the grounds via several large patio doors off each unit, which were open to allow people to come and go as they pleased. It was good to see that people could access outside areas and fresh air when they wanted to.

## Requirements

1. By 30 November 2024, the provider must embed and maintain comprehensive and structured systems for assuring the quality of the service, including fixtures and fittings and maintaining appropriate standards of IPC (Infection Prevention Control) of all areas.

To achieve this the provider must develop quality assurance audits and processes to include but is not limited to:

- a) Include how the management team and provider will evaluate and monitor the quality of the service.
- b) Include formal auditing and monitoring of all areas of the service provided to evidence that the standards are met and maintained.
- c) Relevant staff should receive training in the quality assurance procedures and be able to demonstrate an understanding of how these can be used to assure the quality of the service.

**This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.**

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

**'I benefit from an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24).**

How well is our care and support planned?

5 - Very Good



We evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

Care plans were clear with lots of detail. A range of assessments also informed people's plans of care. This contributed positively to support their wellbeing. Management had good oversight of clinical information such as wound care, food and fluid intake and weights. As a result, staff could identify any changes for people and ensure that appropriate referrals were made to other professionals, as required.

There were a range of risk assessments in people's files which had been reviewed regularly. People's level of risk was being monitored to reflect any changes in their care and to ensure current risk measures in place were appropriate.

Legal powers were documented in people's care plans, and copies of legal documents were evident, such as power of attorney and guardianship. Where appropriate, adults with incapacity (AWI) certificates were in place. This meant that staff were aware of who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

Do not attempt cardiopulmonary resuscitation (DNACPR) documents were in place where appropriate. Anticipatory care plans (ACPs) had been completed with people, which helped staff to identify what actions should take place when they reached the end of their lives.

Care reviews were being carried out, however, not all had been reviewed at six-monthly intervals as is required. These were being progressed and well developed plans were in place to bring these up to date. In some review documentation, it was not always clear if residents had been involved in their reviews or why the resident was not present to give their views. Some care review documents were not completed in full, to reflect discussion around all aspects of people's care and support or to identify any agreed actions. We discussed this with the manager who had identified these issues and had a plan in place for improvement. We will follow this up at our next inspection.

Where people suffered from stress and distress, care plans detailed strategies and approaches that worked to support and help de-escalate situations when necessary. As a result, people were supported sensitively using techniques that worked to alleviate any discomfort.

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

### Requirements

#### Requirement 1

By 03 January 2024 the provider must ensure that staff have the skills, knowledge and professional guidance to enable them to support people.

In order to do this the provider must ensure:

- a) that all staff have access to appropriate levels of supervision to support their professional practice;
- b) that leaders in the service observe staff practice to assure themselves that staff are competent;
- c) use staff supervision and observations of practice to identify any training needs and ensure staff have access to relevant training.

This is to comply with Regulation 15 (a)(b) (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

'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 requirement was made on 10 October 2023.

#### Action taken on previous requirement

Supervision planners were in place and included a blended approach to supervision including one-to-one meetings with line managers, direct observation of staff practice and group supervision. Most staff in the service had received at least one of these methods of supervision by the time we carried out our inspection. Staff told us that they were well supported by the management team, who were available to them if they needed guidance or advice.

In addition to supervision, staff were supported by regular meetings to discuss the needs of residents, clinical practice and wider departmental issues to ensure that staff were kept up to date and involved. An annual appraisal process was also in place to ensure that staff were meeting their goals for development in the service.

**Met - within timescales**

#### Requirement 2

By 03 January 2024 the provider must ensure that people receive care from staff who are confident and competent in key areas of clinical care.

In order to do this the provider must ensure that:

- a) staff training for essential care processes is identified and put in place as soon as possible. This should include but is not limited to, enteral feeding regimes and care of feeding tubes and associated equipment;
- b) there are sufficient numbers of staff who are proficient in carrying out essential clinical care tasks at the time of need. Where training is required to carry out clinical tasks safely and effectively, this must be completed as soon as possible and measures put in place to ensure that these care tasks are carried out safely;
- c) care processes are delegated appropriately at the beginning of every shift and there are no delays in essential clinical care being carried out timeously.

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

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

**'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisation codes'. (HSCS 3:14).**

**This requirement was made on 10 October 2023.**

#### **Action taken on previous requirement**

Staff training was completed to a high standard. New processes had been introduced to ensure that staff were keeping up to date with core and essential training, to ensure that people were safe, and that staff were maintaining their responsibilities under their professional codes of practice. Where staff were not keeping up to date, meetings were arranged to discuss these challenges. Some staff still had to complete some specific clinical training; however, this had been delayed by infrequent opportunities to carry out very specific and infrequent tasks under the required supervision. These were planned and well underway at the time of our inspection.

**Met - within timescales**

## **Complaints**

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

## 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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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