

Riverview Lodge Care Home Service

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

Type of inspection:
Unannounced

Completed on:
22 August 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 the 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 16 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.

About the inspection

This was a follow up inspection which took place on 20 and 21 August 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 with four people using the service and one of their family members
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Care plans continued to require development to fully guide all aspects of care.
- Documentation of food and fluid intake was being kept when necessary, but further work to improve information sharing would be beneficial.
- Skin care documentation required some revision to ensure that paperwork fully reflected the care which was being given.

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

Requirements

Requirement 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).

This requirement was made on 24 April 2024.

Action taken on previous requirement

Care plans continued to be developed and were under regular review. The style and content of the care plans was consistent and plans were well organised. Plans were being reviewed as part of a 'resident of the day' system which ensured that each plan was checked at least once per month. Plans contained a summary style section which had the potential to provide key information to any new or agency staff. Although some key information was included in this section there was an opportunity for this to be added to and enhanced over time.

Most plans provided adequate information with which to guide care. There was scope to further develop the level of detail in certain plans. The manager was aware of the continued work which was required and had been building staff knowledge and confidence since the last inspection. More time was required in order to achieve the desired standard for all plans. Timescales for this requirement have been extended until 30 October 2024.

Not met

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

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).

This area for improvement was made on 24 April 2024.

Action taken since then

Staff were aware of the people in their care who were at risk of issues with skin integrity. Monitoring of pressure area concerns for the whole home showed that there had been very limited issues over recent months. Documentation to support skin care required further development in order to better reflect the care which was being given. The manager took immediate steps to source additional advice and training on this matter. This area for improvement will continue to be monitored.

Previous area for improvement 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).

This area for improvement was made on 24 April 2024.

Action taken since then

People appeared happy with the food choices on offer and mealtimes appeared calm and relaxed. Documentation relating to people's nutrition and hydration was generally well completed and only put in place when necessary. Further written information would be beneficial for the catering staff in order to ensure a consistent approach if, or when, permanent staff were not on duty. Information regarding people's dietary needs could also be enhanced within care plans. This area for improvement will continue to be monitored.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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