

Riverside House Care Home Care Home Service

2 Bridge Street
Wick
KW1 4NH

Telephone: 01955 602 314

Type of inspection:
Unannounced

Completed on:
26 September 2024

Service provided by:
R.F. More Limited

Service provider number:
SP2003002402

Service no:
CS2003010537

About the service

Riverside House Care Home is registered to provide a care home service to a maximum of 44 older people. At the time of this inspection there were 39 people using the service. The provider is R.F. More Limited.

Riverside House Care Home is a converted former hotel situated in the centre of Wick with easy access to transport links and local amenities. The accommodation is provided over four floors with rooms also on split levels between storeys. There is a central stairway to all floors and a small passenger lift can also be used. The rooms on the split levels can be accessed by stair lifts and/or stairs.

Bedrooms are spacious and include en-suite toilets and washbasins. The home's shared spaces include two lounges and two dining rooms on the ground floor. The first floor lounge is used for arts and crafts activities and the first floor dining room is being kitted out for residents' baking groups. The home has a small area at the front of the house where residents can sit out.

The stated aims of the service included:

- to provide holistic, compassionate, 24 hour care; and
- to provide a high standard of care, comfort and cleanliness in a warm, comfortable and friendly setting.

About the inspection

This was an unannounced inspection which took place on 9 and 10 September 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 two people using the service;
- Spoke with four of their family members;
- Spoke with nine staff, including the management team;
- Reviewed surveys giving views of the home from four professionals who visit the home, five relatives and seven staff members;
- Observed practice and daily life;
- Reviewed documents.

Key messages

- People were supported by staff in a kind and compassionate way.
- Staff had developed genuine warm and respectful relationships with people living in the home, and their families.
- There were good opportunities for people to enjoy a range of activities that supported their health and wellbeing.
- We saw continued progress in quality assurance processes.
- Support for staff training and development could be improved.

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. There were important strengths which positively impacted on outcomes for people and clearly outweighed area for improvement.

Staff engaged with people in a respectful, compassionate, and kindly manner. It was clear that they knew people's needs well and we saw helpful friendly interactions between staff and residents. It was clear that genuine, warm and affectionate relationships had been developed with people living in the home. One resident said of the staff 'they are just like family to me'.

There was a range of activities on offer for resident to enjoy. This enabled people of all abilities to participate and have meaningful activity daily. Activity folders showed consideration of people's past lives and interests, their current capacity to engage with activities, and things they enjoyed. This meant that the activity coordinator tailored activities to enable everyone to participate in some form of activity meaningful to them. This helps promote wellbeing for people.

Newsletters and Facebook page helped to keep friends and relatives updated about plans for the home and events planned for residents. Families were welcome to visit the home at any time and invited to participate in activities if they choose to, which helps people stay connected to their families and to the community.

The service had developed good links with local health professionals including, GP practices, community nursing service, speech and language therapy, dieticians, dentists, opticians and social work teams. This helped ensure referrals to the right professional were made in a timely manner, and people's health and wellbeing was supported by the right professionals.

We carried out an audit of the medication across all floors and found some issues around medication management and recording of medication. This meant that people's medications may be missed, with potentially serious consequences. Some of the issues had been picked up by the service's own quality audits, but action was needed to address these.

It was also difficult to distinguish between a signature and a code, so for example, it was not clear if someone had been administered their medication or whether this had been refused. Evaluations of PRN pain medication were not made. This meant that it was not possible to assess if the medication had been effective in reducing or eliminating pain for people.

(See requirement 1).

Requirements

1. By 30 November 2024 the provider must ensure that people are supported to keep well by robust medication management systems.

In order to achieve this they must at least but should not be limited to:

- a) develop protocols for as required medication to include details of when and why medication is to be administered.
- b) as required pain relief must be informed by a pain assessment.
- c) the efficacy of pain relief medication is evaluated and any follow up action taken is recorded.

d) medication audits are completed accurately, clearly identify errors and detail actions taken to reduce risk of recurrence.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 (Principles) and 4(1)(a) (Welfare of users)

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

'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).

How good is our leadership?

4 - Good

We evaluated this key question as good. We found important strengths which had a positive impact on people's experiences and outcomes.

We saw good improvements in the quality assurance processes. Audits were completed regularly. Areas for improvements had been identified and action plans had been developed to address these. We found that the audits were carried out to a good standard with analysis identifying what was going well and how improvements could be made. However, not enough time had elapsed for these to be re-evaluated to check the level of compliance or if improvements had resulted in better outcomes. Action plans needed to set clear timescales that are regularly reviewed and signed off once achieved. **(See area for improvement 1).**

The service had undertaken a core assurance self-evaluation. This had been completed well with corresponding evidence to support evaluations and actions proposed to improve across all areas of the service. This gives assurance that key areas which are considered to be essential to a service being safe are reviewed and any issues identified can be actioned quickly.

A record of all accidents and incidents occurring in the service was maintained and, where required, notified to the Care Inspectorate and/or the appropriate agency/authority. There are quality assurance processes around accident and incidents and evidence of learning from these

Relatives we spoke with said they were confident in the leadership within the home. They told us the management team were very approachable, and any issues they may have had were dealt with right away. This was the consensus from all relatives we spoke with. One person said, 'They seem to have a very good process in place to care for residents'.

There was an up-to-date development/improvement plan in place which was regularly reviewed and updated. However, the service should include a record of where the improvement/development was initiated or suggested by staff, residents or relatives.

Staff competency assessments had been undertaken, but these were not recorded well and did not routinely form part of the quality assessment process. Some action was needed to ensure leaders and staff were confident staff practice was competent and residents were cared for by skilled and knowledgeable staff. This was an area for improvement made at the last inspection and has been restated. **(See area for improvement 2).**

Areas for improvement

1. The provider should ensure that quality assurance processes are effective in achieving positive change that results in improvement in service performance and that the service maintains a focus on continued improvement which protects and promotes the health, wellbeing and safety of people living in the home.

In order to achieve this the provider must ensure:

- a) quality assurance audits include a realistic evaluation of current performance; any changes needed to improve outcomes.
- b) quality audits inform and update an improvement and development plan for the service which sets realistic timescales for making changes, and the necessary actions required to complete the improvements.
- c) evaluate the impact of improvements within a set timescale to ensure they have been effective in achieving the change required.

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

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

2. The provider should ensure that staff competence is regularly assessed and their practice development is well supported.

In order to achieve this, assessments needed to:

- a) accurately record the date the assessment took place, areas of good practice and where there were issues or concerns about practice; identify development needs and when reassessment would take place.
- b) inform the training plan for the individual and/or the overall annual training plan for the service.
- c) feed into the staff member's supervision and support meetings.

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).

How good is our staff team?

4 - Good

The home was well staffed with a good mix of nursing staff, carers, and ancillary staff. This means that the skills mix within the home was suitable to meet residents' needs, including more complex needs. Staff each knew their role within the staff team and had a positive view of their contribution to residents' care and support. Staff we spoke with said they enjoyed working in the home and were very clear about their role and responsibilities. They described a homely, happy atmosphere at work, and we saw that staff were flexible in their approach and worked together well.

Care staff and nurses have opportunities to develop their knowledge and skills including leadership skills. We saw staff training and development planned at regular intervals throughout the year. Staff benefited from both online and face to face training. Face to face training may be delivered by external trainers or delivered in house by their own staff, including regular skills workshops. This ensured that learning and development opportunities fit with different learning styles and the needs of the staff group.

Residents said that staff spent time with them, and they didn't ever feel their care and support was rushed. They told us they had confidence that staff were able to meet their needs 'very well', they said 'the staff cannot do enough for me', and 'nothing is too much bother'.

Relatives also gave positive feedback about the staff.

Comments included:

'I would rate the care staff as excellent'.

'They are always attentive and responsive to their needs, and they seem to genuinely care about my parent's well-being'.

'Very caring, very helpful, very attentive to everyone that I have seen'.

'Extremely friendly and provide the best care possible'.

'The staff are amazing , I've seen first hand how they care for my parent'.

'Very good, diligent, friendly, work hard'.

Supervision records were lacking detail. We could see supervisions were not happening with regularity and we couldn't see how practice observations or competency assessments informed supervision, we did not see any examples of reflective practices that would give insight to values, practice development or demonstrate staff members' skills.

We did not see detailed discussion about training needs in the supervision records. Information about staff training was mainly focused on completing mandatory training or regular updates. We could not see that this was linked to practice development through discussion. We made an area for improvement about this at the last inspection. We could not evidence any progress in meeting this and therefore the area for improvement will be restated.

(See area for improvement 1).

Areas for improvement

1. The provider should ensure staff practice is supported and improved through effective supervision and appraisal.

In order to achieve this the manager should ensure:

- a) each member of the care team are supported to participate in regular 1:1 meetings throughout the year.
- b) supervision records should detail at a minimum; the discussions about staff practice, training needs and progress in obtaining professional qualifications; and any issues in relation to their professional registration.
- c) supervision records feeds into and informs annual staff appraisals.

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).

How good is our setting?

4 - Good

We evaluated this key question as good. Important strengths could be identified which outweighed any areas for improvement and had a positive impact on people's experiences.

The house was clean, odour free and there were good arrangements in place in terms of general maintenance, safety checks on equipment and facilities.

At the time of our inspection, the home was closed to visitors because of an outbreak of Norovirus. The management team were working well with the public health team and following their guidance on infection prevention and control to help keep people safe. The home had been deep cleaned and staff wore Personal Protective Equipment (PPE) appropriately. We saw good supplies of PPE on each floor and disposal points were placed conveniently.

The building was old and the layout challenging with different levels on the same floor. Modernising the building was time consuming and expensive. However, repairs and maintenance continue to progress ensuring the home was maintained to a good standard.

The home is comfortable, and homely. The communal rooms are spacious allowing room for people with mobility aids to move independently and safely. Bedrooms were spacious and comfortable. They were personalised to individual tastes and people could furnish them with their own furniture and beds if they choose to.

There was good space on the ground and first floors for people to engage in both large and smaller group activities and the space allowed several activities to be going on at the same time. This meant that people had more choice in the activities they could participate in, and privacy to entertain visitors.

Records demonstrated that equipment was regularly serviced. There was a handyman on site to manage day to day maintenance. However, these should be regularly checked to ensure that completed requests for maintenance was signed off.

We noted further redecorating on the first and second floor corridor, but, there didn't appear to be further progress on updating the bedroom doors. We saw the layout in the laundry was better. There was a clear dirty - clean flow and more room for laundry assistants to work. The tile flooring in the laundry was chipped and we noted some bare concrete in places. Replacing the flooring should be a priority in the refurbishment plan as this could harbour dirt and germs.

Overall, we saw continuous investment in improving the building and facilities. This work needs to continue to ensure the home is maintained to a good standard inside and out.

How well is our care and support planned?

4 - Good

We evaluated this key question as good because there were important strengths that impacted positively on people's experiences and outcomes.

The service have now fully integrated the 'Person-Centred Software' digital platform, The 'Plan Day' programme, provided a robust care planning system which was person centred and outcome focused. We saw detailed information about each person, including risk assessments and outcome-focused support plans.

Care plans and risk assessments were updated monthly, so people's support needs were reviewed regularly.

Formal reviews were held six monthly, review minutes evidenced that people living in the care home, and their relatives, were able to bring up issues that mattered to them and have those addressed.

The formal review records could be further improved through detailing what was working well, and which outcomes were being met for people, and recording what the plans / outcomes for the next six months were for that person.

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

Requirements

Requirement 1

By 31 December 2023, the provider must evidence that people benefit from a culture of continuous improvement and that the service maintained a focus on continued improvement which protects and promotes the health wellbeing and safety of people living in the home.

In order to achieve this the provider must ensure:

- a) there are robust and transparent quality assurance processes that cover all aspects of the service including staff practice and training, care planning and review, the environment and management and leadership.
- b) regular quality assurance audits are completed. These should include a realistic evaluation of current performance; any changes needed to improve outcomes.
- c) quality audits inform and updates an improvement and development plan for the service which details timescales for making changes, and the necessary actions required to complete the improvements.
- d) evaluate the impact of improvements within a set timescale to ensure they have been effective in achieving the change required.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 3 Principles and 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 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 23 August 2023.

Action taken on previous requirement

There was good progress in meeting this requirement. The service had improved systems for managing quality assurance audits, including good analysis and action plans to address issues. A service improvement plan had been developed which helped to promote positive outcomes for people using the service and evidence capacity for improvement. The service was reviewing its use of paper-based auditing systems with a view to more efficient digital information management tools.

The requirement is MET.

Met - within timescales

Requirement 2

By 8 July 2024, the provider must evidence that people benefit from a culture of continuous improvement and that the service maintains a focus on continued improvement which protects and promotes the health, wellbeing and safety of people living in the home.

To do this, the provider must ensure:

- a) a service development and improvement plan is in place, containing details of all quality assurance and service improvement activity.
- b) routine and regular management audits are being completed across all areas of the service being provided.
- c) internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported.
- d) clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- e) action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

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

'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 9 February 2024.

Action taken on previous requirement

Audits were completed regularly. Areas for improvements had been identified and action plans had been developed to address these. We found that the audits were carried out to a good standard with analysis identifying what was going well and how improvements could be made. However, not enough time had elapsed for these to be re-evaluated to check the level of compliance, or if improvements had resulted in better outcomes.

There was an up-to-date development/improvement plan in place which was regularly reviewed and updated.

Met - within timescales

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

The provider should ensure that staff competence is regularly assessed, and their practice development is well supported.

In order to achieve this, assessments needed to:

- a) accurately record the date the assessment took place areas of good practice and where there were issues or concerns about practice; identify development needs and when reassessment would take place.
- b) inform the training plan for the individual and/or the overall annual training plan for the service.
- c) feed into the staff member's supervision and support meetings.

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 area for improvement was made on 23 August 2023.

Action taken since then

There was some progress in meeting this area for improvement. Competencies had been completed for some staff, however, it was difficult to see what area of practice was being assessed. Information was not clear in these documents and we could not see how these could provide assurance that staff practice was competent.

This area for improvement is **NOT MET** and has been restated. See area for improvement 2 under key question 2.

Previous area for improvement 2

The provider should ensure staff practice is supported and improved through effective supervision and appraisal.

In order to achieve this the manager should ensure:

- a) each member of the care team is supported to participate in regular 1:1 meetings throughout the year.
- b) supervision records should detail at a minimum; the discussions about staff practice, training needs and progress in obtaining professional qualifications; and any issues in relation to their professional registration.
- c) supervision records feeds into and informs annual staff appraisals.

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 area for improvement was made on 23 August 2023.

Action taken since then

Supervisions records were lacking detail. We could see supervisions are not happening with regularity and we couldn't see how practice observations or competency assessments informed supervision, we did not see any examples of reflective practices that would give insight to values, practice development or demonstrate skills.

This area for improvement is **NOT MET** and has been restated. See area for improvement 1 under key question 3.

Previous area for improvement 3

People should be actively involved in giving their views about their home; how well it works for them and what could be improved. The provider should ensure people who live in the home are listened to and can influence changes and upgrades.

In order to achieve this, the provider should:

- a) actively seek people's views on the planned improvements and refurbishment of the home.
- b) inform people about the decisions they can make or influence in relation to redecoration and refurbishment and the time frames when each phase is expected to be completed.
- c) if timescales have slipped, inform people as to the reasons why and when they can expect the repairs/ redecoration/ replacement to be completed.

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

'I am supported to participate fully as a citizen in my local community in the way that I want'. (HSCS 1.10);

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

This area for improvement was made on 23 August 2023.

Action taken since then

Residents had been consulted and had active involvement in the decisions made about their environment. We saw some participation in the colour schemes and choosing wallpaper which would evidence ongoing consultations.

This area for improvement is **MET**.

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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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