

Dee View Court Care Home Service

Caiesdykes Road
Aberdeen
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Telephone: 01224 245 920

Type of inspection:
Unannounced

Completed on:
9 December 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 follow up inspection which took place on 4 December 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 three people using the service and one of their family representatives;
- spoke with three staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- Residents and family members spoke highly of Dee View Court and of the staff.
- People were busy and engaged in activities which resulted in a good atmosphere in the service.
- Some infection, protection and control processes needed to improve.
- Progress had been made with previous requirements and areas of improvement.

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

Requirements

Requirement 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).

This requirement was made on 22 August 2024.

Action taken on previous requirement

A range of new audits had been introduced to capture breaches in infection prevention control (IPC), and more staff were involved in audit activity. Staff had been provided with training regarding the importance of these audits; how they linked to Health and Social Care Standards, and their role in ensuring that any concerns were reported to managers. An IPC lead had been introduced to monitor this area, and the service had been receiving support from the Health and Social Care Partnership lead assurance nurse. Some areas of the service had been re-painted, and further repairs were in the process of being carried out to some areas during our inspection.

The bedroom areas were personalised, and visibly clean and tidy. New bedding and towels had been purchased, and we were advised that this was on-going at the time of our inspection. Despite this, we found that some pillows were in use that should have been replaced. Some new furniture had been purchased to replace previously old or damaged furniture, and the bathroom areas had been tidied and new plastic bins purchased to store toiletries and other personal items. However, during our inspection, we noted several areas requiring further improvement, for example, some plastic bins storing toiletries in

bathroom areas did not have lids; were over full, or had been covered in plastic bags, which meant that the lids were not secured and the contents were exposed to potential cross contamination from toilet areas, increasing risks to people. Some walls, bathroom shelving surfaces and doorframes were damaged and required re-surfacing and painting to ensure that these areas were clean and easily wipeable, and some carpet areas were heavily stained.

Although a range of audits had been introduced it was clear that further staff training was required to ensure that all responsible staff understood their responsibilities with regard to auditing these areas, and reporting concerns to seniors where necessary. Due to these concerns, we found that this requirement was not met, and we have continued this requirement to 03 February 2025 (eight weeks), to allow more time for improvements to be embedded.

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

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).

This area for improvement was made on 22 August 2024.

Action taken since then

The café area of the service remained a busy and noisy area at times, especially during mealtimes. This could be distracting for people, especially for those who had additional support needs during mealtimes. Due to the layout and construction of this area, there was little that could be done to change this area significantly.

The manager had taken action to reduce the numbers of people in the busy café area, to ensure that people received the correct support to enjoy their meals. Another area of the service was also being used to support people with additional needs at mealtimes, and for those who did not require a solid food diet. This meant that there were less people requiring support in one area, which reduced noise and distractions.

A consultation with residents had taken place, which evidenced that most people wanted to stay in the café area at mealtimes.

The manager had introduced 'conversation starter' laminated sheets with ideas for staff to start, and encourage social engagement with residents during mealtimes. These were not in use during this inspection during lunch, however, were seen to be available on tables at other times during this inspection. We found that some staff were engaging well when supporting residents with their meal, however, some staff required more support in this area. Managers advised that they would continue to focus on this area, to ensure that mealtimes were enjoyed as a social and pleasant experience for residents, and to continue to work to keep noise and distractions to a minimum. Progress had been made in this area, and we will continue to monitor this area at our next inspection.

This area for improvement was met.

Previous area for improvement 2

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).

This area for improvement was made on 22 August 2024.

Action taken since then

Notifications had increased to the Care Inspectorate and contained good detail of actions taken. We found some missed notifications, however, these were corrected during the inspection, were not of significant concern, and did not increase risks to people. We were confident going forward that that the manager was clear about reporting requirements.

This area for improvement was met.

Complaints

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

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