Riverside Healthcare Centre
Care Home Service

Bridge Street
Selkirk
TD7 5BU

Telephone: 01750 722 701

Type of inspection:
Unannounced

Completed on:
27 November 2024

Service provided by:
Riverside Care Limited

Service provider number:
SP2003002289

Service no:
CS2003010302

About the service

Riverside Healthcare Centre is a care home for older people situated in a residential area of Selkirk. The provider is Riverside Care Ltd.

The service is registered to support 45 older people who need either nursing or residential care. There is ample parking outside the home.

All accommodation is provided on the ground floor and is divided into, Ettrick and Riverside. Both benefit from their own sitting room and dining area. There are other small areas situated around the home where people can go if they choose a quieter area to sit.

Bedrooms all have en-suite bathrooms with most having level access showers.

There is a welcoming garden for people to use which is safe, accessible and well maintained.

At the time of the inspection 37 people were residing in the home.

About the inspection

This was an unannounced inspection of the service which took place on 20 and 21 November 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection information was reviewed 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 people using the service as well as feedback from relatives. We also spoke with management and staff, observed practice and daily life as well as reviewed a wide range of documents.

Key messages

- Staff were knowledgeable about peoples care needs and showed genuine caring and respectful attitudes when supporting people.
- People living in the care home and their families were happy with their care.
- People living in the nursing home and staff benefitted from staffing levels that supported their care needs.
- People's needs should be fully met as agreed in their personal plan, to achieve this, all documentation relating to care should be accurately recorded with a clinical overview.
- The service needs to be able to demonstrate that adequate care planning and interventions are in place to ensure outcomes are met for people receiving support.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the home. Staff were knowledgeable about those in their care and how to meet their needs, People benefitted from a range of assessment of health and care needs which informed support plans and risk assessments. Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. However, this was let down by the inconsistency in records of daily living. There were gaps in all aspects of daily records and monitoring. This meant it was difficult to accurately assess if the planned care had been effectively carried out. (See area for improvement 1). The manager already had training in place to address this.

People had access to external professional support such as GPs, opticians, and occupational therapists when this was needed. This ensured people were receiving regular routine health screening and had access to other peripatetic professional support. People could be assured they are supported by staff who are trained and competent and know when to refer to external healthcare professionals.

Medication administration was provided via paper medication records. This was managed with regular assessments and audits. Staff were trained in the administration of medication and observations of practice were carried out by management. This assured people staff were knowledgeable and competent.

Mealtimes were well organized, people had opportunities to sit with others to enjoy their meals, this included relatives. Staff encouraged and enabled people to eat their meals independently with support where needed. Choice was promoted and there was access to a variety of fresh foods.

A variety of activities were available to people, both within the home and the community. Those receiving care had a very good relationship with the activity coordinator who had an oversight of the activities people were doing to ensure everyone had an opportunity to be involved. One to ones were offered to those who chose to not to be involved in the activities.

Feedback from those residing in in the nursing home and their relatives was good, one person told us 'The staff are great here, I love it here. I am so well looked after and the staff are fantastic, I can't say enough about them, they're all good'. There were no restrictions on family visiting, family and friends were invited into the home which allowed further opportunities for people to connect with those who are important to them.

Areas for improvement

1. People's needs should be fully met as agreed in their personal plan, to achieve this, all documentation relating to care should be accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.

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

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27)
"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? 3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weakness.

Systems were in place to assess and monitor the quality of the service and environment, however, oversight of documentation evidencing care and support was lacking. It is imperative care and support can be evidenced to ensure the wishes and choices of those receiving care and support are met. (See area for improvement 1).

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. The manager ensured where needed, that any identified risk led to changes in planned care.

Regular team meetings, supervisions and observations of practice were taken place. This ensures people benefit from a culture of continuous improvement.

Relatives we spoke with told us that they felt that they could speak to one of the staff, or the manager if they had any concerns. They told us that when any
issues were raised these were addressed promptly.

Areas for improvement

1. To support people's health and wellbeing, the manager must have a good overview of all documentation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
"My needs are agreed in my personal plan, are fully met, and my wishes and choices are respected". (HSCS 1.23)
"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

We evaluated this key question as good where strengths impacted positively on outcomes for people and outweighed areas for improvement

Staffing was assessed using a recognised dependency tool. The outcome and monitoring of this showed that there was sufficient staff to meet the assessed needs of the people living in the home. Direct care was relaxed, at the person's own pace and person centred.

People supported received care from consistent staff who knew them well and who had built up caring relationships with them. Good feedback was received from families and people who use the service.

There was a wide range of training available to staff, this included online and face to face training. This included staff who had completed dementia awareness training at skilled level, promoting good practice and enabling a fuller understanding of dementia care to benefit people living in the home.

Systems were in place to show that staff were appropriately registered with regulatory bodies such as the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team.

People benefitted from safe recruitment and induction which reflected positive outcomes for people experiencing care.

How good is our setting? 4 - Good

We evaluated this key question as good where strengths impacted positively on outcomes for people and outweighed areas for improvement

The home had undergone some refurbishment since the last inspection and people residing there were involved with colour schemes.

The home had a relaxed and welcoming atmosphere and reflected the ages of the people living there. People could choose to sit in a communal area or enjoy their own company in a quiet spot or in their own room.

The living environment was clean, decorated well and clutter free. Communal bathrooms were clean and spacious to allow for the use of mobility aids if required.

Maintenance of the environment and equipment was well organised, checks completed in line with requirements.

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weakness.

Personal plans contained information about health, people's preferences and health. Some plans were person centred and well written. However, because these were on an online system sometimes the information did not cross reference across all sections of the plans. There was a large amount of generic information within the plans. This detracted from the information needed to support someone, in their preferences of support. There was inaccurate information in some of the plans about care needs. Further work was needed to develop the plans and ensure the information written is accurate and reflects the care given. (See area for improvement 1).

People's weights were monitored and recorded on a regular basis to identify if further support was needed from a health professional such as a dietician. However, food and fluid intake were inconsistently recorded and this meant there was a lack of evidence to show targets were met to ensure people were receiving the care as directed in the personal plans.(See area for improvement 1) Due to this, the area for improvement from the last inspection regarding hydration cannot be met and will be carried forward as part of the new area for improvement.

Personal plans sampled did not consistently evidence elimination was effectively monitored. We could not see instruction or guidance in the plans about the signs and symptoms that someone would exhibit should they be suffering with irregular bowel movements and were unable to express this. (See area for improvement 2)

Future care plans (anticipatory care) are a tool to discuss what matters most when making plans for care in the future. There was information in the plans on peoples wishes, which briefly reflected discussions with the person and their family. However, the level of generic information in this section of the plan detracted from this being person centred. Thought should be given to removing aspects of the generic information.

Six monthly care reviews were taking place and relatives were invited to be involved in this. This enabled family and friends to have an input into someone's care where relevant and offered the opportunity for feedback about the quality of care given.

Areas for improvement

1. Personal plans should accurately reflect the care provided. To do this the manager should ensure:

- Personal plans are reviewed and updated accordingly to reflect all assessed care needs.
- The plans are fully audited to ensure all the information held within them can be cross referenced as being accurate.
- There are accurate records of food and fluid intake, which are audited regularly to improve consistency in recording.

This is to ensure that care and support is consistent with the 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)
"I experience high quality care and support because people have the necessary information and resources".(HSCS 4.27)

2. To support people's health and wellbeing, the manager must implement care and support plans for people who are at risk of becoming constipated. This should include, but is not limited to, ensuring records detail preventative actions to be taken, how this will be monitored and managed, and ensure there is effective clinical oversight of people's elimination records.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that :
"My care and support meets my needs and is right for me."(HSCS 1:19)

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 always ensure that residents have sufficient daily fluid intake to meet their health care needs. In order to achieve this, the provider should:

a) ensure that fluid balance charts are completed correctly and accurately.
b) ensure that there is documented evidence within care planning on action taken when residents are not achieving their targeted daily fluid requirements.
c) ensure that staff have a clear understanding about effective hydration for residents and can demonstrate this through monitoring practice.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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 5 July 2023.

Action taken since then
Improvements have been made regarding hydration but the recording of this was still not sufficient to evidence people residing in the home were getting their hydration needs met. This area for improvement has not been met and will be carried forward as part of the area for improvement made in key question 5, area for improvement 1.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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