

Riverside Care Home Care Home Service

Riverside Home
5 Riverside Terrace
Aberdeen
AB10 7JD

Telephone: 01241211707

Type of inspection:
Unannounced

Completed on:
20 May 2025

Service provided by:
Renaissance Care (No 4) Ltd

Service provider number:
SP2023000147

Service no:
CS2023000227

About the service

Riverside Care Home is a care home for older people situated in the residential area of Aberdeen, close to local transport links, shops and community services. The service provides nursing and residential care for up to 42 people and there were 37 people living at the service at the time of this inspection.

The service provides accommodation over three floors in single bedrooms, each with an en-suite toilet and shower. There are three sitting areas and three dining areas. There is access to a well-maintained garden, with a large access patio and sitting area.

About the inspection

This was an unannounced inspection which took place on 9 May 2025 between 09:00 and 12:00. Further visits took place on 12 May 2025 between 11:30 and 15:00, 13 May 2025 between 08:00 and 13:30 and 14 May 2025 between 09:00 and 13:00. 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, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluations we:

- Spoke with 12 people using the service and six relatives who were visiting at the time of the inspection
- Eight relatives also contacted us by email
- Spoke with 12 staff and management and a further four staff contact us by email.
- Observed practice and daily life
- Reviewed documents.

Key messages

- Staff were welcoming, warm and working to meet people's needs.
- The service had met the requirement made since the last inspection.
- There was a new management team in place.
- Improvement was noted in the oversight and management of people's health and wellbeing.
- Quality assurance processes were more focused on improving outcomes for people.
- People and families were happier, especially about getting out and about.
- There were concern regarding team working and the impact this was having on ensuring people received consistent care and 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?	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 a number of important strengths which taken together clearly outweigh areas for improvement.

There was a friendly, warm, welcoming atmosphere in the home. We received mainly very positive feedback about the service and carers. People told us, "the staff are welcoming when we visit, creating a relaxed, homely atmosphere", "staff at Riverside Care Home have made the process easier and my mother seems to be settling in well" and "the carers and nurses do a wonderful job looking after our relative". However, some concerns were raised regarding the lack of interaction with people at times.

People generally received the care and support that was right for them. However, due to a lack of information or documentation, practice at times was inconsistent. Staff raised concerns about teamwork, which led to inconsistencies in care and support, and sometimes staff did not act in the best interest of the person. A relative said "I had to explain to a carer, that mum (who has stayed in Riverside for a while) is very hard of hearing and at present hearing very little." One staff member expressed frustration that care standards were not always maintained in her absence. As a result, people's experiences of care and support were sometimes negatively affected. (see 'How good is our staff team?' and "how well is our care and support planned?")

Improvements have been made to ensure activities were starting to become part of daily life in the home. The extended wellbeing team planned many events and activities for people to attend. People had fun and enjoyed the social aspects of the group activities. There was a focus on ensuring people got out and about, in the local community. Meaningful relationships and friendships were developing with other people and staff. Relatives said "They have done a great job getting her out on visits ". The management team had identified that there needed to be a whole team approach to improving and enhancing people's daily lives. Many carers were focused on the task of providing care and there were many missed opportunities for staff to interact meaningfully with people. A relative said "often even if a carer is in the lounge area there is not always many interactions with the residents." As a result, staff were not interacting with people in ways that were meaningful to them or helping them live their best lives.

People were supported to maintain pride in their appearance and were in general were well presented. People were being offered and supported to bathe or shower regularly. However, standards were not always consistent. There was a lack of attention to detail at times, for example people wearing inappropriate clothing for the weather, mis matched clothing and marked or stained clothing. Staff need to get better at recording people's choices or if they refuse or decline aspects of care. The concerns highlighted during the inspection in relation to personal hygiene and appearance were addressed by the senior team.

People were receiving their oral medication as prescribed. There was ongoing auditing, however improvements identified were not linked to an action plan to ensure issues were addressed promptly and effectively. As a result, there was limited daily oversight or responsibility of the management of medication. For example, the prompt ordering of medication, the recording of topical medication and the lack of as required (PRN) protocols. People's pain management was not being monitored or assessed effectively. There was the potential that people may not always receive their medication when they required it or as prescribed. These concerns were discussed with the manager and were addressed during the inspection.

Communication with families had begun to improve. Relative said they were kept informed of changes in

people's needs or if they were unwell. Some relatives felt that staff were not proactive in identifying or addressing issues. They waited for families or visitors to raise these concerns, like broken hearing aids or a non-working television. There was a lack of documentation to reflect the changes or concerns in people's health, wellbeing or that families had been contacted. (see "How well is our care and support planned?")

The oversight and monitoring of people's health needs had improved. There were staff champions or leads in place for moving and handling, nutrition, and wound management. These staff shared and promoted best practice with less experienced staff. As a result, there had been a reduction in the number of wounds, injuries because of falls, weight loss or adverse incidents. The management team had identified that they needed to make information available to carers better and more consistent to ensure everyone follows the same practices. People were receiving the care and support that is right for them on a more consistent basis.

The core, experienced staff were more confident about how to support people who were anxious or distressed, and people were starting to trust them. There were strategies in place to help with stress and distress, and the service worked closely with external professionals. However, there remained some important gaps in the information available to support people and staff. There was little evaluation of which actions or strategies were effective at supporting people when they became distressed or anxious. (See 'How well was our care and support planned?') As a result, there was potential for people's support to be inconsistent.

How good is our leadership?

4 – Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

There was a relatively new management team in place, the management changes have had an impact on the outcomes for people, the staff, and families. The manager and the deputy manager were very visible within the home and approachable.

Work was well underway to build relationships and trust with families. Senior staff were now aware of their responsibility regarding addressing complaints or concerns. All issues or concerns were being appropriately recorded and audited. All concerns or issues were being shared with staff. As a result, most people and their families were confident that concerns or issues raised with the management team would be addressed. Staff were not always proactive in reporting or addressing concerns within the home. This included issues like broken hearing aids, wrong bedding from the laundry, and broken equipment. These problems potentially could impact people's wellbeing. As a result, some families were not always confident that concerns or issues were being addressed promptly when they were not there. A previous requirement regarding the complaints process was met (see 'What the service has done to meet any requirement we made at or since the last inspection').

Quality assurance processes were more focused on improving outcomes for people and the quality of the service. The views of staff, relatives and people who live in Riverside had recently been sought. The feedback on the quality of the care, support and experience for people was mixed. The management team were working with staff to identify the concerns or issues around team working. The service's development plan was being used to identify planned improvements. The audits were being completed but these had not been linked to the home's improvement plan (SIP) which should be used to delegate responsibilities and monitor improvements. There was an open transparent culture within the management team. Learning and any changes in practice were discussed and shared with staff. As a result, there had been many improvements

throughout the whole home which were having positive outcomes for people. These improvements should be maintained and further developed to ensure the positive outcomes for people are sustained.

All incidents and accidents were reported, and discussed with appropriate parties for example, the Care Inspectorate, Adult Protection, and families. There had been no adverse incidents, accidents, and events since the last inspection. Due to the lack of evidence available, a previous area for improvement regarding all adverse incidents or accidents are fully investigated will be reinstated. (see 'What the service has done to meet any areas for improvement we made at or since the last inspection' and area for improvement 1).

Areas for improvement

1. To support people's health and wellbeing the provider should ensure all adverse incidents or accidents, unexplained injuries and bruising are fully investigated, and appropriate action taken to reduce harm to people.

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

'My care and support meet my needs and is right for me' (HSCS 1:19); and

'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).

How good is our staff team?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

There was a developing staff team, which aimed to provide consistent care and support. People and their families had begun to build trusting relationships with staff. Overall, staff told us they really enjoyed working at Riverside and spoke highly of the positive culture in the home. Staff said "the positive working environment is fostered within the team. Staff across departments are treated with respect, encouraged to contribute their perspectives, and supported in their roles." However, lately some staff felt there was an issue with team working. The standards of care and support varied depending on who was on shift and the leadership on the unit. Staff were allocated to units, taking into account the skills, knowledge, and experience of staff. The Registered Nurses focused on nursing tasks with limited oversight of the care and support on a daily basis. Feedback from a staff member was everyone wants to be the boss. The staff survey supported this and the impact this had on people's experience of care and support. Formal staff supervision, welfare check ins, and team meetings were established. There was also informal support and discussions taking place with the manager and other experienced staff within the organisation, to support staff and develop team building.

The management team reviewed staffing arrangements and had responded to people's changing needs. Allocation of staff was based on the needs of people and not just the number of people within each unit. At times, relatives felt that staff were not readily available. The management team were open with relatives, staff, and people about their decisions on staffing and how the home was staffed.

How good is our setting?**4 - Good**

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The home was friendly and welcoming. It was clean, tidy and clutter free. Staff should be attentive in addressing issues of spills or tidying up throughout the day, just to ensure the home remains tidy and a nice place to stay. Some staff at times did not appreciate that it was peoples' home or that tidying up was part of their role. A recent refurbishment program in parts of the home had been completed. The management team were continually reviewing the environment, through their improvement plan, audits, and daily walk rounds, to ensure the home continued to enhance and promote a good quality of life for the people who live there.

There was good oversight by the maintenance team. Maintenance and servicing records were in good order, with a clear process for highlighting any required work. Not all concerns or issues were recorded appropriately, by staff. As a result, there was a potential that repairs would not be addressed promptly. The general environment was safe and secure.

People were supported and encouraged to move freely around the home. There were several communal areas that people and their families could choose to spend time in. Furniture was positioned to encourage socialising and there were plenty of places for people to sit and rest. The gardens and courtyard were well maintained. Most people could freely access these areas. However, people living on the upper floors had to rely on staff being available to accompany them. A relative said "the layout of the care home, it's quite open plan and has easily accessible outside areas which is very important to us as we take our mum out in the garden every time we visit." People were seen enjoying the garden.

People were encouraged and supported to bring in their own bits and pieces to have around them, which promoted each person's experience, dignity, and respect. This helped create warmth and comfort and due to the familiarity of their surroundings, people felt relaxed and comfortable. Where barriers were in place over people's doors, this helped make people feel safe and acted as a deterrent for other people entering their personal space. There was some concern over people's personal bedding not being returned from the laundry. This was highlighted to the manager.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

Assessments and care plans were held on a digital care planning system. The management team and staff were working to ensure people's care and support plans fully meet their needs. The standard and quality of documentation within people's personal plans were inconsistent. There remained some significant gaps within some plans. People's plans did not always contain relevant information and guidance, which had a potential impact on the care and support provided. Practice surrounding effective evaluation of people's care was very mixed. Changes in or deterioration in people's health was not always recorded. As a result, it was difficult to monitor changes or improvements in people's health. Tools and assessments were not being used effectively to support clinical decisions or assessment, for example around pain management. As a result, there were areas in which changes, improvements and achievements in the residents' welfare and wellbeing, were not being monitored or effectively evaluated. A previous area for improvement regarding information about residents and all quality assurance data should be accurate and up to date, will be restated. (See 'What the service has done to meet any areas for improvement we made at or since the last

inspection' and See area for improvement 1 & 2)

People's care was not being formally reviewed on a regular basis in line with best practice. As part of the 'resident of the day' process and the 6-monthly review process, there were opportunities for people and their families to inform staff of what was working for them and what needed changing. This practice was not consistent. The management team needed to ensure that these processes were used effectively to ensure people and their families' views were truly reflected within their personal plans.

Areas for improvement

1. To ensure people receive the care and support that is right for them, and their thoughts and wishes are respected, the provider should ensure accurate recording of all care and support provided by staff, to facilitate effective evaluation.

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

2. The service should ensure that record keeping is improved. Information about residents and all quality assurance data should be accurate and up to date. The standard of record keeping should be consistent with the provider's policy, as well as Nursing & Midwifery Council (NMC) and Scottish Social Services Council (SSSC) codes of practice.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

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

Requirements

Requirement 1

By 31 March 2024, the provider must demonstrate that people benefit from a culture of continuous improvement by ensuring that the management of complaints is robust and transparent. In doing this, the provider should

- a) Ensure that residents and their representatives are provided with a copy of the organisation's complaints policy.
- b) Ensure that all staff are aware of how to recognise and respond to complaints.
- c) Ensure that a senior member of staff is responsible for managing complaints in the absence of the manager.
- d) Ensure that complaints are fully investigated. Written responses should clearly outline the findings of the investigation, resulting actions, and lessons learned.
- e) Ensure that the complaint log is accurate and up to date.
- f) Ensure that quality assurance information is accurate and fully transparent, with a focus on improving outcomes for people.

To be completed by: 31 March 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210)

This requirement was made on 16 December 2024.

Action taken on previous requirement

This requirement was met. See 'How good is our leadership?'. However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

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 service should ensure that record keeping is improved. Information about residents and all quality assurance data should be accurate and up to date. The standard of record keeping should be consistent with the provider's policy, as well as Nursing & Midwifery Council (NMC) and Scottish Social Services Council (SSSC) codes of practice.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 16 December 2024.

Action taken since then

This area for improvement was not met and will be restated. See 'How well is our care and support planned?'.

Previous area for improvement 2

To support people's health and wellbeing the provider should ensure all adverse incidents or accidents, unexplained injuries and bruising are fully investigated, and appropriate action taken to reduce harm to people.

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

'My care and support meet my needs and is right for me' (HSCS 1:19); and

'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).

This area for improvement was made on 7 January 2025.

Action taken since then

See 'How good is our leadership?'. This area for improvement will be restated due to on evidence being available to assess improvement.

Complaints

Please see Care Inspectorate website (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?	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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