

Riverside House Care Home Care Home Service

2 Bridge Street
Wick
KW1 4NH

Telephone: 01955 602 314

Type of inspection:
Unannounced

Completed on:
9 September 2025

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 40 older people. It is in the centre of Wick with easy access to the local amenities.

People's rooms 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 also used for arts and crafts activities. The home has a small area at the front of the house where residents can sit out.

About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 September, 2025. 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 five people using the service and seven family members
- Spoke with ten staff and management
- Spent time with people and observed practice and daily life
- Reviewed documents
- Reviewed questionnaire feedback received before the inspection visit

Key messages

- People were happy at Riverside House
- People got on well with staff
- People's home was well looked after
- Family members had confidence in the service and staff
- Staff had a warm, relaxed manner and had formed very good relationships with people
- Management had very good oversight of the service
- Staffing arrangements were effective and staff understood their roles
- Management understood quality assurance well and were able to implement improvements when needed

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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	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?

5 - Very Good

We evaluated this key question as very good. This means there are major strengths with very few areas for improvement. There were quality assurance processes in place and a continuous improvement approach at this service.

People were very comfortable living at Riverside House. The service accommodated people's wishes as much as possible. Many people enjoyed the companionship of others and opportunities to take part in activities. The atmosphere was, for the most part, relaxed within the care home. People socialised in the lounges and had routines that suited them. Also, for those who liked to spend more time in their rooms during the day, this was recognised and respected.

People were able to express their views and wishes both individually and as a group. Regular resident's meetings took place and there were examples of points being raised and we saw they'd been listened to and acted upon by the service. Individually, people made various decisions, for examples, about their room's decoration, meal preferences, activities to join in with and generally choices about what they liked.

People had opportunities and were supported to make use of their local community facilities, such as, attending events, going to a cafe or having a walk.

People's families and friends were able to keep up with them. Visits could happen at all times during the day. Family members and friends felt very welcome when arriving to visit and felt reassured by staff's friendly and knowledgeable manner. Staff members could always say something about how their relative was getting on. People were able to maintain the important relationships in their lives.

Mealtimes were relaxed and if anybody required assistance this was provided in a way that suited the person. Meal choices were available and the meals were reported on positively. People enjoyed their meals.

The service had good arrangements to ensure people's care and support was provided in a safe and beneficial manner. Staff had detailed information and guidance on each person's health and wellbeing needs. This meant people got the care and support that helped them keep good health and wellbeing. If they experienced a health or wellbeing difficulty then staff knew the right things to do to minimise discomfort or distress as much as possible.

People's care and support was well recorded. If a person needed help with medication, for instance, then each time medication support was provided it was recorded. If someone had mobility needs and had support to change their position then this was done and accurately recorded. The service had processes in place for checking people's care and support was appropriately provided. People's health and wellbeing benefitted from the service's responsible and professional approach.

The service was very good at working together with partner agencies such as nurses and GPs. This meant advice and input was sought when a resident would benefit from further input from other professionals. People's health and wellbeing was supported.

The service ensured regular, at least six monthly, review meetings took place for people. Other agencies could attend this if needed, as well as the person themselves and their family members or representatives. These meetings were an opportunity to check that all was well or if any changes were needed.

Regular review meetings were an important way to check people continued to benefit from and be happy with the care and support provided. People were able to express their views and wishes.

The service should continue to develop its quality assurance and monitoring as we did come across evidence of errors in practice, for example, with medication support and recording. There were very few of these but this did show that the auditing and monitoring could still be improved.

We found that people call alarms bells were responded to in a timely manner. This usually meant people got their care and support needs met quickly. However, the call bells were quite noisy and we discussed with management whether there were ways to lessen the sound or other means for staff to be alerted that a person needed attention. Suitable steps, if taken, would help to create a less noisy and more peaceful home for people.

It was also discussed that the service could explore more technology that would assist people keep their independence as much as possible.

How good is our staff team?

5 - Very Good

We evaluated this as very good. There were major strengths with only a few areas to improve in.

This service followed safe recruitment procedures. Applicants for roles at Riverside House went through appropriate checks and interviews. People can trust that their staff members were selected carefully for their suitability for working in a care and support setting.

New staff went through an induction to help make sure they were gaining the right knowledge and skills for working in the care home. Consistent and safe staff practice was beneficial for people. The service was looking at improving the induction process for new staff. The improvements to be introduced were based on feedback from recent new staff. Overall, though, new staff were given very good support to gain confidence, skills and knowledge in their role. People can trust that the service supports new staff well.

People got on well with their staff members. Families were also positive about the staff at Riverside. Staff were said to be welcoming to family members and friends. They got to know each person well.

Some comments were:

- 'Very nice staff.'
- 'Staff are easy to talk to.'
- 'Very approachable staff and a very good atmosphere, relaxed and cheerful.'
- 'Staff have a personal relationship with her.'
- 'Totally delighted with Riverside.'

Staff were motivated and they worked as a team. Different members of staff understood that they contributed to the overall positive experience for people. Management and senior staff were seen as available, in touch and supportive. Very good staff arrangements were in place at Riverside House.

People benefitted from a well organised staff team who understood their roles and responsibilities. People had staff who had time and interacted with them in a relaxed and kind way.

Communication within the service was very good. There were daily and other regular opportunities for staff to pass on information, talk about any concerns for a person's health or wellbeing and generally raise matters. People can trust that staff were alert to any changes for them and any concerns would be shared with management and within the team. People's health and wellbeing benefitted from the communication.

Staff had learning and training opportunities. The nurses, for instance, had a range of training they undertook as did care staff members. Some training was the same for all staff. The service strove to ensure all staff had the right knowledge and skills for their role and to meet people's needs and wishes. Learning opportunities were also responsive to people's health and wellbeing needs. New learning would be introduced if identified as being of clear benefit.

However, there were still a few gaps in, or recently gone out of date, training for some staff. The service was aware of these and were focussing on getting all necessary staff training completed.

Staff had supervision meetings to assist them to reflect on the care and support provided and to learn through discussion. The service also used observations of staff practice to ensure best practice and guidance was followed whenever possible. The service enabled staff to gain health and social care qualifications suitable for their role. People can trust that staff have the knowledge and skills to support them well.

Within the service there were a number of different staff meetings. These were arranged based on different responsibilities, for example, the domestic and laundry staff team would meet together every so often, as would the nursing team. Suitable meetings enabled the care home provision to be organised, be effective and meet people's needs and wishes. People had a care home that was well run.

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

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

The house was clean and there were good arrangements in place in terms of general maintenance, safety checks on equipment and facilities. People's home was well looked after.

There was a good stock of personal protective equipment (PPE) in the care home. Around the home, on each floor, there were PPE stations conveniently located for staff. Staff had received guidance and instruction on the correct use of PPE. People can be confident staff have the right equipment and knowledge to minimise any risk of infection within their care home.

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 was comfortable, and homely. The lounges and dining rooms were 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. People's wishes were followed as much as possible.

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 maintenance person on site to manage day to day maintenance.

Property improvements had been carried out in the last year, further work continues and progress was being made. The laundry and kitchen areas were clean and presentable, fit for purpose. People's environment was kept safe.

Overall, we saw continuous investment in improving the building and facilities. It was recognised that as an older building further work in the future will be required to continue to meet people's needs and expectations.

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 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).

This requirement was made on 14 October 2024.

Action taken on previous requirement

This was met. The service had put in place a number of measures to address this requirement. For people's 'as required' medications, protocols were in place with sufficient detail to guide staff in meeting a person's needs and for assuring consistent staff practice. When a person had one of their 'as required' medication the service monitored it's effectiveness and benefit for the person.

Medication audits were in place and these were of a very good standard and helped to reduce the likelihood of errors being repeated. They supported good, safe practice. When an audit identified some improvements were needed then the service management would consider the appropriate actions or changes to make. Management had learnt important information from the audits and continued to introduce improvements to practice.

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 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).

This area for improvement was made on 24 October 2024.

Action taken since then

This was met. There was very strong evidence that the service had fully taken on board this area for improvement. Quality assurance was operating at a high standard. Management were able to identify aspects of care and support that could be better. Following this they would develop action plans to address matters and ensure the actions were carried out. The benefits of the actions for people were monitored and were usually successful in improving the service provision. The service had a reflective and learning approach. People can be reassured by the service's responsible approach.

Previous area for improvement 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).

This area for improvement was made on 24 October 2024.

Action taken since then

This was met. The service took an intelligent and well considered approach to improving it's performance in this area. Staff were receiving support and guidance to help them increase their skills and knowledge. Senior staff assisted staff to identify learning and development for themselves. Staff received regular observation of practice, opportunities for reflective discussions and supervision meeting support.

Previous area for improvement 3

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).

This area for improvement was made on 24 October 2024.

Action taken since then

This was met. There were regular supervision meetings for staff and these were reflective and insightful about health and social care practice matters. Staff's annual appraisals were planned and were informed by identified development needs and the staff member's goals and wishes.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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