

Riverside Project Care Home Service

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Govan
Glasgow
G51 3AF

Telephone: 01414 402 633

Type of inspection:
Unannounced

Completed on:
7 August 2025

Service provided by:
Talbot Association Limited

Service provider number:
SP2003000185

Service no:
CS2003000940

About the service

The Riverside Project is registered as care home providing support and accommodation to 12 adults with a history of homelessness and mental health problems. The provider is Talbot Association Limited. There were 12 people being supported by the service at the time of this inspection.

The service is located in a residential area in Govan, close to local shops and transport links. The service is provided from a purpose-built property, with accommodation on three levels. Residents have access to communal spaces on two of the floors. All bedrooms have ensuite facilities.

About the inspection

This was an unannounced inspection which took place on 5, 6 and 7 August 2025 between the hours of 09.30 and 18.00. 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 eight people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with one health professional

Key messages

- People experience support from staff who are caring and committed.
- People are supported to work towards achieving positive health outcomes.
- Personal plans could be improved to support people to measure the progress they are making towards achieving the outcomes they have identified.
- Some of the furniture needed to be replaced to enhance the quality of people's living environment.
- The service needs to make changes in order to reduce the risks associated with smoking and comply with smoking legislation in Scotland.

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 setting?	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.

Interactions between staff and residents were observed to be natural and supportive, helping foster productive working relationships and supporting people to feel valued and safe. And whilst there had been some recent changes to a previously very settled and experienced staff team, people continued to speak positively about staff.

To promote health and wellbeing, staff encouraged people to make and attend health appointments and accompanied them to these when required. Staff worked closely with health partners and one health professional we spoke with commended the skills of the staff team and spoke of positive communication with the service.

People's nutritional needs were being addressed and people enjoyed a varied menu. We saw from resident's meeting minutes that there had been some input from residents about the introduction of new meal options. Menu's were planned on a rolling basis and people knew in advance what was on the menu each day. Alternative options would be made available if people didn't want what was on the menu. People we spoke with were generally satisfied with the meals provided.

Care staff cooked all meals at the weekend and we discussed this arrangement with the manager and operations manager. We asked that this be kept under review to ensure that weekend staffing levels were sufficient to meet people's needs.

At the previous inspection we had explored potential opportunities for people to develop their skills for independence. We spoke again at this inspection about the possibility of creating a cooking area where people could practice these skills and occupational therapy kitchen assessments could take place for people seeking to move on to their own tenancies.

We discussed promoting people's independence in relation to managing their medication. We suggested that an assessment of people's abilities in relation to managing their medication would help determine the level of support that they needed. We have repeated an area for improvement we made at the last inspection in relation to this as this had not been met. **See area for improvement 1 in the section 'Outstanding areas for improvement'.**

In house activities provided opportunities for social contact, helped reduce isolation and enhanced resident and staff relationships. There was less evidence of one to one activities at this inspection and we appreciate that the recent staff changes and other factors may have had an impact on this.

We sampled people's personal plans. Whilst electronic personal planning had been an aspiration for the provider, this had not yet been realised. We discussed the need for better management oversight to ensure that plans were being completed timeously and to pick up any gaps in recording. Personal plans would benefit from being more outcome and recovery focused with systems in place to measure people's progress towards achieving their goals.

Housekeeping staff worked hard to maintain the cleanliness of the building and support the health and wellbeing of residents, staff and visitors. Housekeeping staff we spoke with demonstrated a good understanding of infection prevention and control management with appropriate cleaning products being used and cleaning records maintained.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Whilst areas within the home would benefit from cosmetic upgrading, overall the home was clean with housekeeping staff working hard to maintain standards of cleanliness.

Communal lounges provided options for people to spend time in areas other than their bedrooms. Meals were served in a lounge/dining room on the ground floor. Residents had access to the garden from the dining room.

Bedrooms benefitted from ensuite facilities promoting people's privacy and dignity. A communal bathroom was also available and some people made use of this. We suggested to the manager that the seating in the bathroom should be replaced with something more suitable.

We noted that the condition of some of the chairs and bedside cabinets in bedrooms was poor and would make them difficult to clean. Some furniture in one of the lounges had temporary repairs, making them unsightly and potentially impacting on their integrity to remain fire resistant. **See requirement 1.**

At the last inspection we asked the manager to identify and remove furniture that needed to be replaced. We did not see evidence that this had happened. And whilst recent environmental audits had identified furniture that needed to be replaced there was no evidence to indicate how or when this would be addressed. **See requirement 1.**

Contrary to smoking legislation in Scotland, the provider permitted smoking in bedrooms and in one of the communal areas within the service. We discussed the risks of smoking in bedrooms and in communal areas including the risks associated with passive smoking and the risk of fire. Risk was further compounded where alcohol was being consumed with the risk of fire significantly increased. The manager and senior management acknowledged that this needed to be addressed. **See requirement 2**

The impact of smoking in bedrooms meant that extensive redecoration was required as opposed to just painting, extending the time that people needed to be decanted to another bedroom. However as this was not possible whilst the home was at full occupancy, redecoration of these room could not be completed as quickly as was necessary. This meant that some people's living environment was not of the standard that they should expect in a care home. **See requirement 2.**

Requirements

1. By 3 October 2025 the provider must ensure that any furniture that has been identified as needing to be condemned because it presents a risk to health due to being damaged or being difficult to clean is removed and where necessary replaced.

To do this the provider must at a minimum:

- a) Conduct an environmental audit detailing any furniture identified as requiring to be removed and replaced.
- b) Develop a plan to remove and where necessary replace furniture that has been identified in the environmental audit.
- c) Ensure that there is a robust system in place to identify and replace furniture that fails meet expected standards, on an ongoing basis.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations (2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices. (HSCS 5.21) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

2.

By 3 October 2025 the provider must write and implement a no smoking policy to ensure that people are cared for in a smoke free environment at the premises used for the provision of the care service.

To do this the provider must at a minimum:

- a) Ensure that the policy identifies the areas where smoking is not permitted within the care home.
- b) Ensure that the policy identifies who must comply with the smoking policy e.g. care staff, residents, visitors and relatives of those receiving care.
- c) Indicate when the policy will be reviewed.
- d) Specify what action the provider will take if the policy is not adhered to.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations (2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells'. (HSCS 5.18)

This takes account of the Smoking, Health and Social Care (Scotland) Act 2005.

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

To promote people's independence, the provider should regularly assess the level of support people need to take their prescribed medication to ensure this is consistent with their abilities and to promote independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 17 May 2024.

Action taken since then

There was no assessment tool in place to identify the support people needed with their medication. This meant that staff were not aware of people's abilities, were not supporting people in a person centred way and were not promoting independence in relation to people managing their own medication in accordance with their abilities.

This area for improvement has not been met and will continue.

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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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