

Riverside Healthcare Centre Care Home Service

Bridge Street
Selkirk
TD7 5BU

Telephone: 01750 722 701

Type of inspection:
Unannounced

Completed on:
11 September 2025

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 40 people were residing in the home

About the inspection

This was an unannounced inspection of the service which took place on 2 and 3 September 2025. The inspection was carried out by three 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

- The service needs to enhance the manager's oversight of medication practices to ensure robust quality assurance
- Additional improvements are required in previously identified areas to ensure sustained progress and ultimately improve outcomes for individuals supported by the service.
- Staff demonstrated genuine warmth and caring attitudes when supporting people.
- Mealtime experience gave access to a variety of meals and drinks and choice promoted.

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?	3 - Adequate
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?	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?

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.

The inspection highlighted a good culture of compassion and encouragement among staff members. Positive and respectful relationships between staff and those receiving care were consistently evident throughout the visit. Interactions were warm and engaging, with frequent expressions of joy and laughter. Individuals receiving support spoke highly of the staff, reflecting a deep sense of trust and appreciation for the care provided.

During the inspection, it was noted that while individuals had access to external healthcare professionals such as GPs, District Nurses, speech and language therapists (SALT), and podiatry services. A nursing team was present and demonstrated the skills necessary to identify early signs of health deterioration.

Assessment processes were in place; however, their application appeared inconsistent, and the resulting support plans and risk assessments did not always reflect current needs. Key monitoring activities such as tracking weight, falls, and associated risks were observed, but documentation remained fragmented and lacked a comprehensive overview, particularly in relation to personal care. People's needs should be fully met as agreed in their personal plan, to achieve this, all documentation relating to personal care should be accurately recorded. Significantly, an area for improvement identified at the previous inspection regarding this has not been addressed. This unmet improvement will be carried forward for reassessment at the next inspection, as it continues to impact the overall quality and safety of care delivery.

Staff supported activities and worked alongside the activity coordinator and provided a range of events and activities. The activity coordinator had a very good rapport with those residing in the home. During the inspection we witnessed a lot of fun and laughter during the activities. One relative told us "My mother is very happy in Riverside. The activity program is catered to everyone if they want to participate."

People benefitted from access to tasty, varied and well balanced meals and choice was promoted. The chef was familiar with the current dietary needs of each person. Throughout the day, they were supported to meals, snacks and drinks. Hydration was promoted well and recorded where necessary. Our mealtime observations showed a calm and sociable dining experience. People were supported appropriately where needed, and the atmosphere was relaxed and unhurried, showing us that people enjoyed their mealtimes.

Medication administration is provided via paper medication administration records. Staff received training to ensure safe practice which benefitted people's health and this was followed up by observations of practice carried out by the manager to ensure that staff were competent and skilled. A monthly medication audit was in place though improvements were found to be needed. Area for improvement will be addressed in key question 2 (How good is our leadership).

People were encouraged to move regularly and remain as active as possible. Good practice was witnessed regarding moving and handling. People could have confidence in staff supporting them because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes.

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.

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. An area for improvement will be carried forward from last year's inspection and a new area for improvement specifically for medication will be added. The service needs to enhance the manager's oversight of medication practices to ensure robust quality assurance. Strengthening medication oversight will support better health outcomes for those receiving support and reduce the risk of medication-related incidents. (See Area for Improvement 1).

Staff meetings have shown improvement since the previous inspection, with a broader range of topics now being discussed. These include care planning, medication management, incident reporting, wound care, repositioning, confidentiality, communication, supervision and training, mobile phone usage, infection control, and uniform standards. This reflects a more structured approach to operational oversight and staff accountability.

Resident meetings are held regularly; however, the structure and documentation of these meetings require further development. Records reviewed consisted mainly of informal transcripts, with no clear evidence of attendance, agendas, or follow-up actions. This limits the ability to track participation and respond effectively to people's concerns, reducing the overall impact of these meetings as a tool for meaningful engagement and continuous improvement.

There was no evidence of relatives' meetings taken place, however, the service has made efforts to maintain communication through monthly newsletters distributed to residents, relatives, and staff. These newsletters include updates on community resources such as the library, upcoming events, donations, birthdays, staff introductions, and planned activities. This contributed positively to the sense of community and helped keep relatives informed and connected.

Supervision records were completed in full and demonstrated a structured and comprehensive approach. Documentation included detailed discussions covering management responsibilities, workload updates, individual performance, reflective practice, professional development, and identified actions with managerial commentary. Each record was appropriately signed and dated by both the supervisor and supervisee, ensuring accountability and transparency.

Previous agenda items and agreed actions were routinely revisited during subsequent sessions, supporting continuity and follow-through. The records were descriptive and reflective of the conversations held, evidencing meaningful engagement. A supervision matrix was in place to support the timely scheduling and organisation of sessions, contributing to a consistent and well-managed oversight process.

Areas for improvement

1. To support people's medication needs, the service should enhance the manager's oversight of medication practices to ensure robust quality assurance. While systems are in place for administering and recording medication, there is scope to improve the consistency and effectiveness of auditing processes. This includes:

- Implementing regular, structured audits of Medication Administration Records (MARs) to identify and address discrepancies, missed doses, or documentation errors.
- Using audit outcomes to inform staff training, focusing on safe handling, administration, and recording of medicines.
- Establishing a feedback mechanism where audit findings are shared constructively with staff to promote a learning culture.

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)

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

How good is our staff team?

4 - Good

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

The staff team appeared well established, with evidence of collaborative working and respectful communication contributing to a generally supportive atmosphere. Individuals receiving care benefitted from continuity of staffing, which supported the development of familiar and caring relationships. Staff demonstrated confidence in their roles and worked cohesively. One relative told us the service has "Such lovely kind patient staff, always making time for those who require it."

Feedback from families and individuals receiving care was largely positive, though not all comments reflected the same level of satisfaction.

Staff completed training that was relevant to their roles. Training records were kept and evidenced a very good level of compliance. Systems were in place to monitor staff training, and this helped the management team prioritise learning for staff.

Staffing arrangements were guided by assessments of individual needs, regularly updated using the provider's dependency tool. During the inspection, staffing levels were observed to be sufficient, enabling staff to deliver compassionate care and engage in meaningful interactions with those they supported.

Regular supervision sessions, observations of practice, and staff meetings are in place to support continuous development and quality assurance.

Safe recruitment practices was demonstrated and a good induction process was in place.

All staff were appropriately registered with relevant professional bodies.

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

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

The home presented a relaxed and age-appropriate atmosphere, with individuals supported to personalise their rooms with items such as televisions, photographs, and ornaments. The environment was generally clean and free from malodours; however, several areas were identified as requiring attention. For example, the kitchen door showed signs of wear with missing paint, and some bedroom furniture appeared similarly worn. A raised toilet seat was noted to have rust present, which was acknowledged by the manager and scheduled for immediate replacement.

While the home was noticeably less cluttered than during the previous inspection, some PPE stations were observed to be obstructing floor space. The manager had already taken steps to address this, with several stations now wall-mounted.

Maintenance processes were well organised, and the designated maintenance worker demonstrated a clear understanding of his responsibilities. Required documentation was in place to meet core assurance standards. Despite these strengths, the inspection highlighted several areas in need of repair or redecoration particularly woodwork, which underscores the importance of ongoing maintenance within the broader refurbishment strategy. An area for improvement will be recorded in relation to environmental maintenance. (See Area for Improvement 1).

Areas for improvement

1. To improve the environment of the home the provider should continue to develop a refurbishment plan. This should include but not be restricted to timely repairs and replacement of items. The plan should detail the timescales for refurbishment and repairs/maintenance to take place and be reviewed on a regular basis.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

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

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

Support plans reviewed were person centred and informative. The plans were easy to follow and gave a good background on the person, their life, medical history and who was important to them. There was some good write ups on skin care as well as dietary and hydration needs. The support plans had relevant information to deliver the right care and support for that person. Improvements have been made since the last inspection.

Support planning extended to end-of-life care, with thoughtful inclusion of individuals' future wishes and preferred place of care. This ensured that dignity, respect, and personal choice were upheld throughout the final stages of life.

Notable improvements have been made since the previous inspection, demonstrating a commitment to continuous development.

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

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)

This area for improvement was made on 27 November 2024.

Action taken since then

While progress has been made since the previous inspection, certain areas still require further development and consistent implementation. As a result, this area for improvement has not yet been fully achieved and will be carried forward for review during the next inspection.

Previous area for improvement 2

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)

This area for improvement was made on 27 November 2024.

Action taken since then

Further work is required to fully address this area for improvement. Certain documentation continues to lack a comprehensive and robust overview, and as such, this area for improvement remains unmet. It will therefore be carried forward for reassessment during the next inspection.

Previous area for improvement 3

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)

This area for improvement was made on 27 November 2024.

Action taken since then

Progress has been made, and regular reviews are being conducted. While the improvements implemented must be sustained to ensure long-term impact, sufficient progress has been achieved to consider this Area for Improvement as Met.

Previous area for improvement 4

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)

This area for improvement was made on 27 November 2024.

Action taken since then

Further work is required to fully address this area for improvement. Clinical oversight continues to need to improve and be sustained. Therefore, this area for improvement remains unmet. It will be carried forward for reassessment during the next inspection.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
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
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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