

## Riverside Nursing Home Care Home Service

5 Riverside Terrace  
Aberdeen  
AB10 7JD

Telephone: 01224 211 707

**Type of inspection:**  
Unannounced

**Completed on:**  
30 September 2021

**Service provided by:**  
Craigard Care Ltd

**Service provider number:**  
SP2004006030

**Service no:**  
CS2003014146

## About the service

Riverside Nursing Home is owned and managed by Craigard Care Ltd. This service is registered to provide a care service to a maximum of 42 older people.

Riverside Nursing Home operates in purpose-built accommodation situated in a quiet residential part of Aberdeen. There are three units, one each on three separate floors of the building. There are two communal open-plan combined lounge and dining areas in each unit.

The aim of the service is "to provide a high quality service that meets the unique needs of individuals in our care. We will enable them to fulfil a rewarding life through our core values."

This was a follow up visit from our previous inspection carried out on 13 July 2021. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

## What people told us

We spoke informally with residents during our inspection. People expressed that they were happy with the service and were complimentary of the staff.

Some people were unable to tell us verbally about their experience of living in the home. We spent time observing how staff interacted with them and the impact this had on their wellbeing.

## 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 care and support during the COVID-19 pandemic?	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?

**3 - Adequate**

During this inspection we focused on following up the one requirement and four areas for improvements made by us at previous regulatory activity.

We found that some improvements had been made, however progress had been slow. The new leadership team had identified where improvements were necessary and had developed an action plan with several areas of focus. This work was ongoing. We gave advice around the prioritisation of improvements and focusing attention.

We have extended the timeframe for the requirement and areas for improvement in order to support service development (see 'What the service has done to meet any requirements and areas for improvement we made at or since the last inspection.').

We did not re-evaluate the grade awarded for this key question at this inspection.

## Requirements

1. By 29 October 2021 the provider must ensure people's needs are planned, monitored, evaluated and updated in a way that promotes their wellbeing.

In order to achieve this provider must:

- a) Implement systems that enables accurate information and data to be collated and analysed in relation to, but not limited to, skin integrity, wounds, falls, nutrition, hydration, stress and distress.
- b) Ensure that staff are trained and competent in the use of the systems identified in relation to (a) above.
- c) Use the information obtained to confirm that people's plans of care are meeting their needs and being fully implemented.
- d) Plan and take action on any deficits identified as part of the data collection and analysis undertaken.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. The provider should improve how people are supported to take part in meaningful activities and engagement to help support their health and wellbeing and improve the quality of their day. This should include opportunities to move regularly and maintain mobility.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

2. The provider should enhance the mealtimes to promote a more social experience where people are informed about the food options available to them.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'My care and support meets my needs and is right for me.' (HSCS 1.19).

3. The provider should review the post management of accidents and incidents to ensure they are appropriately analysed, and where required a plan of action implemented.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'My care and support meets my needs and is right for me.' (HSCS 1.19); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

4. The provider should ensure residents receive the right care for them, the provider must ensure that all service users' personal plans are reviewed in order to ensure that they contain all of the required up-to-date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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).

## How good is our care and support during the COVID-19 pandemic?

**3 - Adequate**

During this inspection we focused on following up the two areas for improvement made by us at the last inspection.

The provider had made the necessary improvements. This meant there was a focus on improving outcomes and experiences for people (see 'What the service has done to meet any areas for improvement we made at or since the last inspection.').

We did not re-evaluate the grade awarded for this key question at this inspection.

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

### Requirements

#### Requirement 1

By 20 August 2021 the provider must ensure people's needs are planned, monitored, evaluated and updated in a way that promotes their wellbeing.

In order to achieve this provider must:

- a) Implement systems that enables accurate information and data to be collated and analysed in relation to, but not limited to, skin integrity, wounds, falls, nutrition, hydration, stress and distress.
- b) Ensure that staff are trained and competent in the use of the systems identified in relation to (a) above.
- c) Use the information obtained to confirm that peoples plans of care are meeting their needs and being fully implemented.
- d) Plan and take action on any deficits identified as part of the data collection and analysis undertaken.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and 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 15 July 2021.**

#### Action taken on previous requirement

The provider had implemented some systems for the recording of information and data to support good practice in relation to skin integrity, wounds, falls, nutrition, hydration, stress and distress. Systems were not always being completed fully or adequately, and important health events were being missed. This indicated that staff did not have enough awareness or understanding of the correct application of the systems, which meant that people would remain at risk from recurring events that may impact on their physical and emotional wellbeing.

The poor completion of systems for monitoring people's wellbeing had impacted on the lack of clinical oversight by the senior team. We found that there had at a times been a delay in information about people's wellbeing being communicated and planned for. This had the potential to have a detrimental impact overall on people's wellbeing. Effective clinical oversight provides a platform for supporting effective communication, planning and review of how well people's needs are being met.

We felt the service had not made sufficient progress to meet this requirement. We discussed our findings with the provider and agreed to extend the requirement to allow further progress.

**Not met**

## 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 improve how people are supported to take part in meaningful activities and engagement to help support their health and wellbeing and improve the quality of their day. This should include opportunities to move regularly and maintain mobility.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

**This area for improvement was made on 15 July 2021.**

#### Action taken since then

The activities coordinator had left the service, however the provider had successfully recruited a new activities coordinator, a start date was pending recruitment checks.

We found that opportunities for people to engage in activities that gave meaning to their day were limited. Some people spent long periods of time in their bedrooms without interaction from staff outwith times when essential care was being delivered. Others spent long spells sat in the same area with little to do. We did see that the care team were trying to engage in activity when they could, but we found that a lot of their time was taken up supporting people with their care needs. This contributed to the lack of opportunity for a focus on social support and engagement. We felt that opportunities should be explored to enable people to increase opportunities to exercise and make use of their living area, including the outdoors.

Open with care guidance was being followed, and people received visitors in a manner that suited their particular wishes, including accessing the local community for some.

We do not consider this area for improvement to have been fully met and will further review at our next inspection.

#### Previous area for improvement 2

The provider should enhance the mealtimes to promote a more social experience where people are informed about the food options available to them.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 15 July 2021.**

#### Action taken since then

Some improvement had taken place. We saw that tables were presented in a more homely manner with table cloths, crockery and cutlery laid out. Menu boards were available however, further thought to the placement of these was necessary.

Some people remained in their rooms to eat and did not appear to be given a choice to come to the dining area.

There was a lack of staff observation at meal time, once people had food placed in front of them staff left, meaning that anyone seeking assistance had to wait for some time. The inspector had to intervene on two occasions to ensure the wellbeing of residents.

There appeared to be no distinct beginnings and endings to meal times, as some people sat in the dining area or at the table for most of the day.

We do not consider this area for improvement to have been fully met and will further review at our next inspection.

#### Previous area for improvement 3

The provider should review the post management of accidents and incidents to ensure they are appropriately analysed, and where required a plan of action implemented.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'My care and support meets my needs and is right for me.' (HSCS 1.19); and '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 15 July 2021.**

#### Action taken since then

The provider had implemented a system for the review the post management of accidents and incidents and had improved upon post management of incidents and accidents. However, we found that further improvement was needed to ensure that practice was consistent to improve upon outcomes for people.

We do not consider this area for improvement to have been fully met and will further review at our next inspection.

#### Previous area for improvement 4

The service should strengthen leadership and governance for infection prevention and control with the application of effective systems for auditing staff knowledge and compliance with best practice guidance.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 15 July 2021.**

## Action taken since then

The provider was carrying out regular environmental audits, walking around the premises to identify any issues of concern. Staff competency on hand hygiene, use of personal protective equipment and infection control was being assessed regularly and issues resolved when identified.

Domestic teams were following recognised systems and processes for decontamination and cleaning care equipment and the general environment and managers had oversight of this.

Staff continue to receive updates through staff training, team meetings and daily handover meetings.

We consider this area to be met but will continue to review as part of the ongoing inspection processes.

## Previous area for improvement 5

The provider should develop a system of regular, formal supervision. This is to ensure that each staff member has access to support and guidance and achieves the expected standards of practice. This also ensures that staff and managers have opportunities to discuss learning and development requirements.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 15 July 2021.**

## Action taken since then

The provider had put in place a formal system for supervision and support for staff. Heads of departments had completed an initial session and plans for the supervision of junior staff was underway.

Supervision notes identified areas for improvement across the service, training needs and departmental goals. Staff were given the opportunity to discuss any concerns about service delivery or share ideas for improving practice.

We consider this area to be met but will continue to review through ongoing inspection processes.

## Previous area for improvement 6

The provider should ensure residents receive the right care for them, the provider must ensure that all service users' personal plans are reviewed in order to ensure that they contain all of the required up-to-date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are outcome focused.



This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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).

This area for improvement was made on 19 June 2020.

#### Action taken since then

The provider has carried out work to ensure that information about people is easier to find in their personal plans. Work continued to transfer people's information into a new format of plan. Further work was needed to ensure that information in people's plans corresponded with other care systems in operation to ensure people consistently experienced good outcomes.

We do not consider this area for improvement to be fully met and will review again at a further inspection.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.