

Riverside Project Care Home Service

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Govan
Glasgow
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Type of inspection:
Unannounced

Completed on:
21 April 2022

Service provided by:
Talbot Association Limited

Service provider number:
SP2003000185

Service no:
CS2003000940

About the service

The Talbot Association's Riverside Project is based in Govan and is close to local shops and transport links and is registered to provide support and accommodation to 12 adults with a history of homelessness and mental health problems.

The project aims to build client's self-esteem and be part of the community. There were 10 people using the service during this inspection.

The project is indistinguishable from other properties in the area purpose built, with accommodation on three levels. People who use the service have their own bedroom, with en-suite facilities. There are two communal rooms. One is used for smoking, TV and playing pool the other for meals and relaxing.

People who use the service have access to the service's mini bus for outings and appointments.

About the inspection

This was an unannounced inspection which took place on 20 and 21 April 2022. Feedback was provided on Thursday 21 April. 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 three of their family representatives. We spoke with four staff members, the management team and appropriate external professionals.

We observed staff practice and daily life in the care home. We inspected bedrooms and communal areas.

We reviewed documentation including medication records, personal plans, maintenance records and quality assurance records.

Key messages

- The stable staff team know people well.
- Residents feel safe and comfortable in the home.
- People living in the care home were supported to maintain relationships with those important to them.
- The care home requires to review meal arrangements and menu planning.
- Access to meaningful activities should be improved.
- The management team require to make improvements to the quality assurance system in the care home.

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

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 made an evaluation of adequate for this key question, as there are some strengths, but these just outweigh weaknesses and areas for improvement.

There was a stable staff team who knew people's needs and preferences well. This meant staff were able to recognise and respond to changes in people's wellbeing. There were good links with external health professionals. This helped to keep people well.

People living in the home confirmed they were happy there, felt safe and well supported. Comments included; "staff are very good, and this is a good palace compared to where I had lived in the past", "staff help me out with things, keep me right with my money".

Medication was managed well. Changes in medication support was communicated clearly. There was guidance available for staff on the administration of "as required" medication and this was monitored by the manager. This helped ensure individuals were supported to take the right medication at the right time.

Mealtimes had been impacted by social distancing restrictions and residents attended the dining area in smaller groups. To ensure people get the most out of life, and promote healthy lifestyle choices in accordance with the service's stated aims and objectives, catering arrangements should be reviewed and improved. People regularly missed breakfast. People could request care staff to prepare a breakfast, however, the service should be more proactive in promoting the benefit of a nutritious meal in the morning. A light lunch was prepared by care staff, however, there was little choice. Although catering staff were onsite to prepare an evening meal, there was limited access to a range of healthy snacks and fresh produce throughout the day. Catering arrangements should be reviewed to improve people's nutritional intake and meal experience. People should have the opportunity to participate in menu planning and have access to a choice of nutritious meals and snacks including fresh fruit and vegetables. (See requirement 1)

The way people spend their day should promote feelings of purposefulness and wellbeing. Access to meaningful activities had not been readily available to people. This resulted in lack of social stimulation and people spending long periods in their bedrooms. Plans were in place to review the use of the service minibus in line with updated guidance and trips were scheduled. The service requires to explore links with external resources to support people to re-engage with activities outwith the home in accordance with the stated aim of the service. This will help people feel part of the wider community and give a greater sense of purpose to their day and maximise their self-esteem. (See requirement 1)

The service aims and objectives include promotion of healthy lifestyles for people living in the home. People's health would benefit from reducing or stopping smoking. Access to local smoking cessation groups would give people opportunities to explore this. The service planned to review the smoking arrangements within the care home building. This will help promote good health and enhance the living environment. (See requirement 1)

People should be confident personal plans were regularly evaluated to ensure they continued to meet their needs. Most plans had been transferred to a new format. Plans included bitesize assessments and clear information to direct staff about how people liked to be supported. This helped ensure people were supported appropriately to achieve their identified goals.

Staff had attended training on the use of personal, protective equipment (PPE) and were aware of its correct usage. Staff had access to sufficient personal protective equipment (PPE) and this was being used appropriately. This helped protect individuals from the risk of infection. Infection, prevention and control (IPC) training had been completed and domestic staff worked hard to keep the environment clean. The bedrooms and ensuite facilities had been prioritised. However, cleaning arrangements of communal areas require improvement. This will enhance the care home environment making it a more pleasant place to live. (See requirement 2)

People were supported to maintain relationships with those important to them and visitors were able to visit without restriction. This reduced feelings of social isolation. Feedback from families confirmed the service had been proactive in facilitating visiting and that communication had been "excellent". They were kept fully updated on changes to visiting and the wellbeing of their loved ones. There were appropriate infection prevention and control (IPC) safeguards in place for visitors to the service. This meant individuals were protected from the risk of infection.

Requirements

1. By 18 July 2022, the provider must support people to get the most out of life and promote people's health and wellbeing.

To do this, the provider must as a minimum:

- a) Ensure people have access to an appropriate range and choice of healthy and nutritious meals and snacks throughout the day.
- b) Ensure people are supported to maintain and develop interests, activities meaningful to them.
- c) Access resources to help people to stop or reduce smoking.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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' 1.25 and 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' 1.33 and

'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.' 1.28

2. By 18 July 2022, the provider must ensure people experience an environment that is clean, tidy and well maintained.

To do this the provider must as a minimum:

- a) ensure adequate arrangements are in place to ensure all areas of the home are clean
- b) Implement audits/checks to monitor cleanliness.

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

This is to ensure that 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.' 5.22

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Residents, relatives and staff spoke positively about the management team and confirmed they were visible and accessible. We saw evidence that team meetings had taken place. This allowed staff to share their views on the service meaning staff felt listened to and valued. The manager planned to develop supervisions to include direct observations to obtain assurance of staff practices.

Staff had accessed online training. However, the approach to staff development should be improved to promote positive outcomes for people and provide assurance that staff work in accordance with best practice. This should take account of regular one to one staff supervision sessions, observation of staff practice and a formal training plan based on the assessed needs of people who use the service, individual staff members and updated best practice guidance. This will ensure staff have the knowledge and skills to meet the changing needs of people and to support the ongoing development of the service.

The management team routinely communicated with families. This allowed those closest to people living in the care home to be kept up to date with daily life. To ensure people had a say in how the home was run and had the opportunity to influence improvements. Plans were in place to seek more formal feedback through relatives/service user questionnaires. This should inform a service development plan.

People benefit from a culture of continuous improvement. Audit tools were available to support some quality assurance processes including care plan audits and service user reviews had been completed. However, a more comprehensive overview of aspects of service delivery such as activity provision, staff training, cleaning arrangements, and oversight of people's mealtime experience would evidence positive outcomes for people and that quality assurance systems informed positive change. (See requirement 1)

Requirements

1. By 18 July 2022, the provider must develop a meaningful service improvement plan. To achieve this, the provider must as a minimum:

- a) seek the views and feedback of people using the service and their families of how they would like the service to develop;
- b) develop the staff training/development programme which meets the current and future needs of people using the service and the stated aims and objectives of the service; and
- c) build upon existing quality assurance systems to ensure care and support contributes to positive outcomes for people.

This is to comply with Regulation 4(1)(a)(d) and 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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))

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 personal plans are reviewed at least once in every six months period whilst the service user is in receipt of the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2:17)

This area for improvement was made on 11 October 2019.

Action taken since then

Care plans were in the process of being transferred to a new format. This will be reviewed at 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
1.3 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

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