

Riverside House Care Home Care Home Service

2 Bridge Street
Wick
KW1 4NH

Telephone: 01955 602 314

Type of inspection:
Unannounced

Completed on:
23 August 2023

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 44 older people. At the time of this inspection there were 36 people using the service. The provider is R.F. More Limited. Riverside House Care Home is a converted former hotel situated in the centre of Wick with easy access to transport links and local amenities.

The accommodation is provided over four floors with rooms also on split levels between storeys. There is a central stairway to all floors and a small passenger lift can also be used. The rooms on the split levels can be accessed by stair lifts and/or stairs. Bedrooms 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 used for arts and crafts activities and first floor dining room is being kitted out for residents' baking groups. The home has a small area at the front of the house where residents can sit out.

The stated aims of the service included:

- to provide holistic, compassionate, 24 hour care; and
- to provide a high standard of care, comfort and cleanliness in a warm, comfortable and friendly setting.

About the inspection

This was an unannounced inspection which took place on 16 and 17 August 2023. 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 seven people using the service and four of their family members;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- People were cared for in a kind and respectful way.
- People had daily opportunities to enjoy a wide range of activities, including outings and in house entertainment.
- Relatives spoke highly about the staff and management.
- The service had made good progress in the refurbishment of the home.
- Care planning, recording and support for staff could be improved.
- We saw improved oversight and governance of the service.

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 leadership?	4 - Good
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?

4 - Good

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

Staff engaged with people in a respectful, compassionate, and kindly manner. It was clear that they knew people's needs well and we saw several staff members support people who were upset or disoriented, sensitively. This helps people feel safe and that their concerns validated. Throughout the inspection we observed staff responding to people politely and respectfully and where appropriate, with shared humour.

There was a homely atmosphere throughout the care home with lots of things going on for people to get involved with. People were comfortable and supported to continue with activities they previously enjoyed. For example, the first floor lounge had been turned into an arts and crafts space and the dining room, a space where people could be supported to bake together.

Some people told us about their weekly walking group and how much they enjoyed getting out and about and meeting people from the town. Others spoke about the entertainment happening regularly in the home. One of the relatives told us 'the entertainment and activity programme is excellent' and another said 'there is more going on in here than we have at home'. One of the residents said 'staff give me wee jobs to do. This makes me happy and I feel useful'. This means that people have a range of activities to experience, enjoy and feel valued.

Friends and relatives said they were welcomed into the home and could visit at any time. They told us they had an open invitation to join in the arranged activities or outings, as much as they are able and wish to. This supports the maintenance of important relationships and development of new friendships. Walks to the local shops or cafes for coffee were encouraged and supported. This helps keep people connected to their community.

Staff knew people very well and able to support people according to their needs, wishes and usual routines. People were well dressed and looked well-groomed; we observed staff supporting people's dignity discretely.

Mealtimes for people had improved. The dining room was attractively decorated, tables carefully set and provided a relaxed and pleasant dining experience for people. People enjoyed a varied and well balanced diet. Food was cooked daily and people were offered options from the menu. Alternatives were available for people who did not want the menu choices. This meant that people's dietary needs were met in ways that were acceptable to them. Drinks were offered at and between meals. This helped ensure people had plenty fluids.

Relatives told us there was effective communication about any changes in people's health or if there was an incident or accident. One relative told us 'He is well looked after and I'm kept informed of everything'.

Medication management was generally satisfactory and there was some oversight of this. The medication audits did not always include the dates when the audit was completed so we could not be confident that these were routinely assessed. Audits showed some action needed to address issues but there was no overview to identify recurring issues and formulate a plan for dealing with this. **(See area for improvement 1).**

Risk assessments were in place for a range of issues including tissue viability, falls, choking, malnourishment etc. so that staff had the right information to support people safely.

There were good links with external services such as GPs, community nurses, dentists and physiotherapists. This helped ensure people's health and wellbeing was supported by the right person at the right time.

Feedback from professionals indicated the team worked well with them and kept them informed about any significant events. They told us the care and support people received was 'very good' and communication and engagement was 'helpful and constructive'.

Areas for improvement

1. To support people's health and wellbeing, the manager should ensure that there is routine and frequent oversight of the system for ordering, administering, recording and disposal of medication and that a plan to address any identified is developed and implemented in a timely manner.

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)

How good is our leadership?

4 - Good

We evaluated this key question as good. Important strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Overall we saw the service had made some notable progress in developing, implementing and monitoring quality assurance processes.

Feedback from people we spoke with was positive about the management team - this included other professionals and relatives who had confidence in the way the home is run. Relatives said they could raise concerns and had confidence the managers or staff would deal with their worries promptly and effectively.

There were a number of audits carried out covering a range of issues including health and safety, infection control, and staff practice. We saw some observations and audits that looked at people's experiences around mealtimes which had led to a much better experience for people.

Improved processes were in place to identify risks and plan appropriate actions in the event of an adverse incident or accident. Monthly audits of all adverse events were completed. This looked at what had gone wrong and what actions were needed to reduce risk of recurrence. Some of the analysis we saw was insightful and clearly identified the controls needed to reduce risks. However, they needed to inform and update risk assessments and care plans and generate further review to ensure actions taken were effective in reducing incidents.

Some of the recording was incomplete. For example, mattress audits were not completed routinely as directed by good practice guidance. Where a mattress failed, there was no information to indicate what actions followed. This was a pattern found in other quality audits where an assessment had been undertaken, but not routinely or with predicted regularity so it was difficult to follow up on issues and to check if the identified remedial actions had been effective in addressing the issues.

The service's improvement plan was focused on the refurbishment and redecoration of the home and we did not see a development/improvement plan for service delivery.

We made a requirement at the last inspection about ensuring quality assurance processes were robust and transparent. While we found some good progress, further action was needed in order to fully meet the requirement. We amended the requirement to address the outstanding issues. **(See requirement 1).**

Requirements

1. By 31 December 2023, the provider must evidence that people benefit from a culture of continuous improvement and that the service maintained 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) there are robust and transparent quality assurance processes that cover all aspects of the service including staff practice and training, care planning and review, the environment and management and leadership;
- b) regular quality assurance audits are completed. These should include a realistic evaluation of current performance; any changes needed to improve outcomes;
- c) quality audits informs and updates an improvement and development plan for the service which details timescales for making changes, and the necessary actions required to complete the improvements;
- d) evaluate the impact of improvements within a set timescale to ensure they have been effective in achieving the change required.

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 Regulation 4(1) – Welfare of users.

This is 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)

How good is our staff team?

4 – Good

We evaluated this key question as good. We found that there were important strengths with some areas for improvement to make sure staff knowledge, competence and development were sufficient to support improving outcomes for people.

Staff told us they had good opportunities to develop their knowledge through the service's training programme. Many of the training courses were online, but there were regular workshop sessions and some courses where an external trainer was brought in to deliver training. This approach recognised the different learning styles of staff and enabled staff to get the most out of their development. Staff completed evaluations at the end of each training session which helped improve delivery and format of the training session.

The service had a basic training plan, but they did not have an effective training analysis for the care home

or individual staff. The training plan included online, inhouse and workshop types of sessions and the dates when the training was planned. The format should be improved to give an overview of all training planned, including mandatory, refresher or updated training; when each training session had been delivered with details of who had attended and who still had to complete. This would enable an overview of staff development needs at any one time;

Competency assessments were completed for a range of different care tasks. The assessments identified where staff were competent and confident, and if there were issues with any aspect of practice. However, a plan to address this was not in place. For example, one assessment identified training on assisting with eating and drinking, but there were no records to evidence when or if this had been achieved or if competence in this area had been reassessed following training. **(See area for improvement 1).**

Staff support and supervision was too infrequent to support ongoing personal and professional development. For example, records showed where actions were needed in relation to staff practice or knowledge, but there was no opportunity for these to be followed up and outcomes discussed because it may be many months until the next meeting. It was unclear from the supervision records how these discussions informed training plans and did not evidence discussions in relation to staff responsibilities to meet any registration requirements.

(See area for improvement 2).

We concluded that there was insufficient progress in this area to meet the requirement made at the last inspection. Therefore the requirement will be continued with an extended date.

(See Requirement 1 and section 'What has the service done to meet any requirements we made at the or since the last inspection').

Requirements

1. The provider must by 31 December 2023, ensure that staff are supported to develop their practice, knowledge, and skills.

In order to achieve this, they must ensure that supervision records evidence:

- a) how training has impacted and improved individual's professional practice;
- b) that staff were encouraged to reflect on their practice;
- c) ensure that where concerns had been identified in relation to practice, that this had been followed up to address these and improve practice;
- d) how the discussions from staff supervisions inform the annual staff training plan.

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 Regulation 4 (1)(a) - Welfare of users

This is 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).

Areas for improvement

1. 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)

2. 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).

How good is our setting?

4 - Good

We evaluated this key question as good. We saw some important strengths which when taken together, clearly outweighed any areas for improvement and had a positive impact on people's experiences.

The house was clean, odour free and there were good arrangements in place in terms of general maintenance, safety checks on equipment and facilities.

Overall, we saw continuous investment in improving the building and facilities. Some particularly good progress had been made on the third and second floors.

Space was less cluttered and brighter. Most bedroom doors on floor 3 have been revamped with colourful door wraps which people had chosen for themselves. Some of the rooms had been redecorated and new furniture purchased. It was clear that people had been involved in planning the redecoration.

New vinyl flooring had been laid in some of the bathrooms and toilets. This helped to improve infection prevention and control practices and reduced risk of trips and falls.

There was good evidence of ongoing maintenance and repair work in other areas of the home. Maintenance records evidenced regular servicing of equipment to ensure these were kept in good working order.

Although not ideal, the small garden area for use by people living in the home was attractively set out with seating and artificial grass and bright floral arrangements. This area had been well used over the warm weather.

At previous inspections we made a requirement about developing a refurbishment plan for the home which would ensure the premises were maintained to a high standard. The refurbishment plan submitted was suitable and met most of the elements required. We concluded that the requirement has been met in the main and we have made an area for improvement to address the outstanding issues. (**See area for improvement 1**).

Areas for improvement

1. People should be actively involved in giving their views about their home; how well it works for them and what could be improved. The provider should ensure people who live in the home are listened to and can influence changes and upgrades.

In order to achieve this, the provider should:

- a) actively seek people's views on the planned improvements and refurbishment of the home;
- b) inform people about the decisions they can make or influence in relation to redecoration and refurbishment and the timeframes when each phase is expected to be completed;
- c) if timescales have slipped, inform people as to the reasons why and when they can expect the repairs/ redecoration/ replacement to be completed.

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

'I am supported to participate fully as a citizen in my local community in the way that I want.' (HSCS 1.10) and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24)

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We found a number of important strengths that clearly outweighed areas for improvement.

The service were currently operating two systems for recording assessments, personal plans and reviews. The paper based care planning and assessment was being phased out and moved on to a digital care planning system which supports dynamic care and support for people. The new system will provide an integrated information and recording system that can be updated in real time and give a detailed overview of people's care and support needs.

Once fully operational, the new system will keep staff up to date with changes in people's health and wellbeing needs and risks as they happen and help to ensure that people get the right care at the right

time. The management team will have better oversight of the actual care being delivered and changes in people's health and wellbeing.

At the time of the inspection about half of the personal support plans were recorded on the new system. From the digital plans viewed, we saw improvements in the quality and quantity of information recorded. The support plans linked well with the updated risk assessments to provide staff with detailed information on how best to support people safely and in accordance with their wishes and preferences. However, this system has only recently been introduced and staff are just becoming familiar with using it.

An area for improvement was made at the last inspection about ensuring sufficient detail in people's support plans. While there has been clear improvements in this area until we can assess the overall impact on improving health and wellbeing outcomes for people, we cannot be confident that the area for improvement has been met. We will restate the area for improvement and look forward to seeing the full rollout of the digital system and how it had improved outcomes and reduced risks for residents at the next inspection.

(See area for improvement 1).

Areas for improvement

1. The provider should continue to review and update people's care and support information to ensure that there is sufficient detail and explanation to assist staff to provide consistent and helpful care and support. Risk assessments need to link to people's support plans so that staff are sufficiently informed to support people safely in line with their assessed needs and preferences. This will benefit people's health and wellbeing.

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) and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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

Requirements

Requirement 1

By 31 July 2023, the provider must evidence that people benefit from a culture of continuous improvement and that the service maintained a focus on continued improvement which protects and promotes the health, welfare and safety of people living in the care home.

In order to achieve this, the provider must ensure:

- a) there are robust and transparent quality assurance processes.
- b) regular quality assurance audits, that record a realistic evaluation of current performance; any changes that should be implemented to improve efficiency and /or efficacy for the service and how these changes would impact positively on the wellbeing of people.
- c) the outcomes from quality audits inform and updates an improvement and development plan for the service which details timescales for making changes, and the necessary actions required to complete the improvements.
- d) review the outcome of any changes/improvements within a set timescale.

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 Regulation 4(1) – Welfare of users.

This is 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 requirement was made on 6 February 2023.

Action taken on previous requirement

We found some good progress in meeting this requirement, however, further action was needed in order to fully meet the requirement. We have made an amended requirement to address the outstanding issues and agreed a new timescale.

See requirement 1 under key question 2.

Met - outwith timescales

Requirement 2

The provider must by 31 July 2023, ensure that staff are supported to develop their practice, knowledge, and skills.

In order to achieve this, they must ensure that supervision records evidence:

- a) how training has impacted and improved individual’s professional practice;
- b) that staff were encouraged to reflect on their practice;
- c) ensure that where concerns had been identified in relation to practice, that this had been followed up to address these and improve practice;
- d) how the discussions from staff supervisions inform the annual staff training plan.

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 Regulation 4 (1)(a) - Welfare of users

This is 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 requirement was made on 6 February 2023.

Action taken on previous requirement

We concluded that there was insufficient progress in this area to meet the requirement made at the last inspection. Therefore the requirement will be continued with an extended date.

See requirement 1 under key question 3.

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

To support people's safety and wellbeing, the provider should ensure a full analysis of significant incidents or accidents is undertaken. This should include: factors which contributed to the incident/accident, mitigating factors, what could have/will be put in place to prevent recurrence and how often this will be reviewed to ensure it remains up to date and effective.

This will enable an overview of themes which have the potential to present risks for people and to take prompt action to intervene so that risks to people are reduced.

This is 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 6 February 2023.

Action taken since then

Quarterly audits of all adverse events were completed. This looked at what had gone wrong and what actions were needed to reduce risk of recurrence. Some of the analysis we saw was insightful and clearly identified the controls needed to reduce risks.

This area for improvement is **MET**.

Previous area for improvement 2

he provider should continue to review and update people's care and support information to ensure that there is sufficient detail and explanation to assist staff to provide consistent and helpful care and support. Risk assessments need to link to people's support plans so that staff are sufficiently informed to support people safely in line with their assessed needs and preferences. This will benefit people's health and wellbeing.

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 6 February 2023.

Action taken since then

Some improvements were noted at the inspection, but the service is moving personal support plans, assessments and all other documentation to a digital system which is not yet fully operational. Therefore we have restated this area for improvement and will look at the issues again at the next inspection.

This area for improvement is **NOT MET**.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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