

Riverside Care Home Care Home Service

Riverside Home
5 Riverside Terrace
Aberdeen
AB10 7JD

Telephone: 01241211707

Type of inspection:
Unannounced

Completed on:
5 February 2026

Service provided by:
Renaissance Care (No 4) Ltd

Service provider number:
SP2023000147

Service no:
CS2023000227

About the service

Riverside Care Home is a care home for older people situated in the residential area of Aberdeen, close to local transport links, shops and community services. The service provides nursing and residential care for up to 42 people and there were 40 people living at the service at the time of this inspection.

The service provides accommodation over three floors in single bedrooms, each with an en suite toilet and shower. There are three sitting areas and three dining areas. There is access to a well-maintained garden, with a large access patio and sitting area.

About the inspection

This was an unannounced inspection which took place on 27 January 2026. 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 and three of their family on 27 January 2026
- spoke with 6 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The organisation had implemented a range of quality assurance systems to monitor the care and support provided, with appropriate oversight from senior management.

A new manager had recently taken up post. They demonstrated a good understanding of the service and were progressing the required actions identified through internal audits to strengthen the quality of care delivery.

Changes had also been made to the staffing arrangements to support safer and more responsive practice.

The management team routinely conducted spot checks across all shifts to promote consistency and ensure that staff practices aligned with organisational expectations and regulatory standards.

Families reported ongoing concerns.

How good is our leadership?

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

A new manager had recently taken up post. They demonstrated a strong understanding of the service and were progressing the required actions identified through internal audits to strengthen the quality of care delivery.

The organisation had implemented a range of quality assurance systems to monitor the care and support provided, with appropriate oversight from senior management. Changes had also been made to staffing arrangements to support safer and more responsive practice.

The management team routinely carried out spot checks across all shifts to promote consistency and ensure that staff practice aligned with organisational expectations and regulatory standards.

Despite these developments, families we spoke with continued to express ongoing concerns. They reported that issues previously raised had not been resolved, and they did not feel there had been satisfactory outcomes to the matters they highlighted.

Areas for improvement

1. Ensure every concern, complaint, incident, accident and allegation is thoroughly investigated within defined timescales, with written reports detailing findings, corrective actions and lessons learned to improve individual outcomes.

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

Requirements

Requirement 1

By 30 November 2025, the provider must demonstrate that people benefit from a culture of continuous improvement supported by robust and transparent quality-assurance processes.

- a) Ensure the service improvement plan is regularly reviewed, updated and used as a live tool to drive measurable improvements in care, including in areas such as audit, wound care, medication management and care planning.
- b) Implement structured audits across key domains, including medication management; care planning; palliative and end-of-life plans; infection prevention and control; complaints handling; and accident and incident reporting.
- c) Strengthen oversight of staff practice through daily leader-led walkarounds and monitoring, with a clear focus on people's experiences, outcomes and the accuracy of information exchanged between shifts.
- d) Deliver targeted training and coaching for managers and staff to build key skills in recognising, investigating and responding to concerns, complaints or allegations of abuse.
- e) Ensure every concern, complaint, incident, accident and allegation is thoroughly investigated within defined timescales, with written reports detailing findings, corrective actions and lessons learned to improve individual outcomes.
- f) Ensure that lessons learned from complaints, incidents and audits are clearly documented, shared with staff and used to improve practice and reduce the risk of recurrence.

To be completed by: 30 November 2025

This is in order to comply with:

Regulation 18(3) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This requirement was made on 17 August 2025.

Action taken on previous requirement

The organisation had implemented a range of quality assurance systems to monitor the care and support provided, with appropriate oversight from senior management. A new manager had recently taken up post. They demonstrated a sound understanding of the service and were actively progressing the actions identified through internal audits to strengthen the quality and consistency of care delivery.

Changes had also been made to the staffing arrangements to support safer and more responsive practice. In addition, the management team routinely carried out spot checks across all shifts to promote consistency and ensure that staff practice aligned with organisational expectations and policies.

Despite these measures, families reported that they still had outstanding concerns. These are related to the reliability of communication, activities for people, the consistency of staff practice, and the extent to which recent improvements have yet translated into sustained positive outcomes for people using the service. Families expressed a desire for clearer updates, greater reassurance regarding staffing arrangements, and more visible evidence that identified issues were being fully addressed.

This requirement has been met; however, an area for improvement will be implemented to reflect that not all complaints have yet reached closure.

Met - within timescales

Complaints

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

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