Dee View Court Care Home
Care Home Service

Sue Ryder Care
Dee View Court
Caiesdykes Road
Aberdeen
AB12 5JY

Telephone: 07354902670

Type of inspection:
Unannounced

Completed on:
6 May 2026

Service provided by:
Priory CC138 Limited

Service provider number:
SP2024000771

Service no:
CS2025000200

About the service

Dee View Court is a purpose-built care home situated in the south of Aberdeen City. The service is in a residential area, close to local shops and bus route. The service is registered to provide a care service for a maximum of 43 adults with physical and sensory impairments, who may require palliative care.

The home is designed around a large, spacious central café area, which acts as a focal point for communal living. Two wide corridors extend from this space, which provides access to six individual houses within the service. Each person has their own single, ensuite bedroom.

The environment offers a range of communal lounges and a dedicated therapy suite. The service has a hydrotherapy pool on site; however, it was not operational at the time of the inspection.

The service benefits from a sensory room, which provides a calm and supportive environment for people. There is a large garden available which people and their families enjoy using.

There were 43 people living in the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on site between 28 April 2026 and 4 May 2026 and continued virtually on 5 May 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Spoke with 19 people using the service.
- Spoke with 10 families.
- Spoke with 15 staff and management.
- Received feedback from two visiting professionals.
- Reviewed survey responses from 15 staff and 4 visiting professionals.
- Walked round the building.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People generally experienced kind and compassionate care, staff knew people well.
- Improvements were required to the oversight and administration of people's topical medications.
- The manager should review and make improvements to quality assurance systems.
- Staffing arrangements needed to be reviewed.
- The service should ensure people's care reviews take place within the regulatory timescales.

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?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People experienced generally warm, compassionate, and respectful care. Staff demonstrated a good understanding of people's needs. People appeared comfortable, well-presented, and at ease in their environment. Most people spoke highly of the care they received. One person stated, "I don't like it here, I love it here". These experiences contributed to people feeling valued and supported. However, some people reported inconsistencies in staff approaches, including occasions where they felt rushed or spoken to in raised voices. This meant that not all interactions were consistently calm or fully respectful. This impacted negatively on some people's overall experience. Greater consistency in communication and staff approaches would further enhance outcomes for people.

The service demonstrated effective oversight of people's health needs. Staff used assessments to monitor changes, supported by a comprehensive clinical oversight system. This enabled staff to identify trends and respond promptly. Staff worked collaboratively with external health professionals, and feedback from professionals was positive.

Information sharing in the service about people's needs was good which ensured people's needs or changing needs were known. However, we did observe gaps in monitoring charts with inconsistent recording of people's weight. **(See requirement 1).**

People benefited from access to an in-house physiotherapy team. This supported tailored care planning and staff training. It also helped promote mobility and reduce risks associated with poor posture. The service made sure that equipment was in place to keep people's skin healthy and to prevent skin damage. However, we found inconsistencies in repositioning practice and incomplete records. This meant that some people did not receive the care and support they required. **(See requirement 2).**

We identified concerns with the standard of bedding and towels which were very worn. This was a risk to people's comfort and dignity. The management team were responsive to this, and items were replaced during the inspection.

Whilst the service had good management in some aspects of people's skin integrity, we were concerned about the oversight and administration of people's topical medication. We observed gaps in records which meant people were not always receiving their topical medication (creams) as prescribed. This meant that there was an increased risk of people experiencing discomfort or of their skin breaking down. **(See requirement 2).**

Staff responded sensitively to people who were distressed and used appropriate strategies to provide reassurance. This supported positive emotional outcomes and helped people feel safe.

Opportunities for meaningful activity were well developed. Dedicated recreation staff provided a varied programme of group and one-to-one activities, including themed events. These opportunities enhanced people's mood, reduced isolation, and added structure to their day, contributing positively to wellbeing.

People were supported to maintain important relationships. Staff welcomed visitors warmly and facilitated meaningful contact with family and friends. Families reported regular communication about their relatives'

care, which helped them feel reassured and involved. Staff also used approaches, such as translation technology and learning sign language, to improve communication. This inclusive approach enabled families to share their views and strengthened relationships.

People enjoyed a varied and nutritious diet, with meals tailored to people's needs. The kitchen team demonstrated a strong understanding of dietary requirements, and people were given choice. However, poor completion of fluid charts and unclear records reduced confidence in monitoring nutritional intake. We also observed delays in clearing dishes and limited prompting, which may have affected people's engagement with meals. **(See requirement 1).**

The dining experience was not consistently positive. A noisy and busy environment reduced people's ability to enjoy meals comfortably. While the service made improvements by offering quieter dining spaces, these changes were not consistently maintained. This inconsistency impacted people's dignity and overall mealtime experience. **(See requirement 1).**

During our inspection we found food and fluid thickener for the dietary management of dysphagia not to be stored securely. This meant people were at risk of harm if swallowed accidentally. **(See requirement 1).**

Medication management systems were generally in place, including policies and audits. The service should ensure that effectiveness of people's "as required' medications is monitored and recorded. This meant there was no evaluation of its effectiveness to inform future care.
(See area for improvement 1).

The service did not have infection control measures in place when carrying out procedures that support a person's breathing, which could put people at risk of infection. We signposted the service to the National Infection Prevention and Control Manual (NIPCM) Scotland. The manager acted upon this at the time of the inspection. We were confident this would be put in place.

Requirements

1. By 31 July 2026, the provider must ensure people's nutrition and hydration needs are met to help maintain and improve their health.

In order to achieve this, the provider must as a minimum:

a) Review the dining environment to ensure it is welcoming, calm and conducive to eating and drinking.

b) Ensure accurate records of food and fluid are maintained for people where monitoring is required.

c) Ensure people choosing to eat in their rooms receive appropriate support and regular checks to confirm that meals are consumed safely and adequately.

d) Thickening agents must be stored safely and securely.

e) People's weights must be monitored at their assessed frequency.

f) Where weights are not obtained as planned, the reason must be clearly documented, along with any actions taken to mitigate risk.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service 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 enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'. (HSCS 1.35);
' My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1.23).

2. By 31 July 2026, the provider must ensure that people's health, mobility and skincare needs are met, to prevent discomfort and the risk of skin breakdown.

In order to achieve this, the provider must as a minimum:

a. Ensure people are positioned in their optimal position in accordance with their assessed needs and personal plan.

b. Ensure positioning equipment (e.g., cushions, supports) are used correctly

c. Ensure people are repositioned at the frequency to meet their needs and record all repositioning activities accurately.

d. Ensure clear directions are in place for the administration of topical medication and people are receiving these as prescribed,

e. Ensure people welfare checks at the frequency as set out in their personal plan and that these are recorded accurately.

f. Ensure all records detail accurate time of care delivery.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service 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 high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

Areas for improvement

1. To ensure people receive their medication in the way it has been prescribed, medication protocols should be in place to reflect the current prescribed "as required" medication which are personalised to the person. In addition, when as required medication is given, records should include the date, time and quantity given, the reason for administration and the result of the outcome.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We found the management team responsive, and they effectively addressed issues raised by us during the inspection.

The leadership of the service had systems in place to assess the performance of the service and undertook a range of audits. While some processes were effective in identifying areas for development, quality assurance systems failed to detect issues related to medication, stock provision, and review meetings. This meant concerns were not always identified and addressed timeously. **(See requirement 1).**

The service had developed an improvement plan; however, this did not fully capture all planned developments or reflect the views of people using the service, and their families. Staff were not consistently aware of the service's key priorities for development. This reduced their ability to contribute to improvement and limited opportunities for a shared vision across the team. Strengthening communication about improvement priorities would support a more inclusive approach. **(See requirement 1).**

Daily flash meetings supported communication between staff and management, promoting consistency in care delivery. A key strength of these was that they included all areas and teams in the service which provided a holistic approach with information shared effectively.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences. However, some adverse incidents had not been reported to the Care Inspectorate as per guidance. This meant we were unsure whether there was a clear understanding of the regulatory expectations regarding this. We shared a copy of our guidance with the service. We also heard staff had not received training on the new accident/ incident reporting system which had been implemented in the service. **(See requirement 1).**

Observations of staff practice were undertaken to assess learning and competence. This helped to highlight good practice as well as any areas for improvement

Staff champions had been appointed who led and supported the development of staff learning across a variety of different topics, for example, infection control and prevention and wound care. This allowed sharing of knowledge and skills within the team.

Requirements

1. By 31 July 2026, the provider must ensure that people benefit from quality assurance processes that identify how to improve people's experiences.

In order to achieve this, the provider must as a minimum:

a) Internal quality assurance systems effectively identify any issue which may have a negative impact on the health and welfare of people supported.

b) Develop the service improvement plan to include the views and feedback of people, families and staff.

c) Investigate all accidents, incidents, and adverse event to identify actions to be taken to mitigate reoccurrence. Appropriate notifications should be submitted to relevant statutory bodies.

d) Ensure all relevant parties receive training in the electronic accident/incident reporting system.

This is to comply with Regulation 4(1)(a) (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 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).

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff told us they enjoyed their jobs but reported that morale fluctuated and was often low. Some staff reported confusion regarding the expectations of their roles, for example, with expectations of additional duties. We heard conflicting accounts about service changes which contributed to uncertainty and anxiety within the staff team. The management team told us that they were committed to supporting staff and working to improve morale and shared plans to address this.

We had mixed observations during the inspection. At times the team appeared to work well, however, there was also evidence that teamworking was inconsistent. We heard that some staff did not always respond flexibly to people's needs and instead adhered strictly to their designated roles. This was reflected in responses such as, 'I am not on that team' when asked to assist with people's care and support. This approach may lead to delays in care, unmet needs, and a less responsive, person-centred experience for people.

We observed that staffing arrangements were not consistently at a level that ensured people's needs could be met. A dependency tool informed staffing requirements, and rotas were planned in advance. However, we found gaps in the rotas were not always covered. This resulted in the service working at times below the optimum staffing levels that were identified in the provider's dependency tool. **(See requirement 1).**

New staff completed an induction and probationary period. The probationary period allowed the provider to assess staff knowledge, skills and competence for the role. Staff also had the opportunity to shadow more experienced staff to learn about people's needs. This meant staff had the information required to undertake their role.

People experiencing care could be confident that staff were appropriately trained and competent. The

service had its own team of practice educators onsite, which supported the delivery of consistent training and ongoing professional development. Records evidenced that staff had accessed a wide range of training appropriate to their roles and staff were knowledgeable and competent during our discussions and observations. This ensured staff had the necessary skills, knowledge and competence to effectively support people.

Staff received regular support and supervision, and systems were in place to support staff development and performance. Staff said they felt supported in their roles and a tracker document was in place to ensure supervisions were completed on time. This helped to ensure a competent and confident workforce.

Staff meetings were taking place regularly. This meant staff were provided with the opportunity to share ideas, views and to support communication across the organisation.

Requirements

1. By 31 July 2026, the provider must ensure that staffing levels within the service are safe, responsive, and sufficient at all times to meet the assessed health, welfare, and safety needs of the people experiencing care.

In order to achieve this, the provider must ensure as a minimum:

a) A comprehensive and regular assessment of staffing levels is undertaken, using a systematic approach that considers: the number of people using the service and their current dependency levels, the layout of the building and supervision needs, the skills, experience, and competencies required on each shift and fluctuations in people's needs, including changes in health and wellbeing, planned activities, and community involvement.

b) Staffing rotas ensure adequate numbers of trained and competent staff are present at all times.

c) Ensure the wellbeing of staff by ensuring appropriate arrangements are in place to support staff members and to protect the health, wellbeing and safety of people and enable staff to provide safe and high-quality care.

This is to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My needs are met by the right number of people'. (HSCS 3.15); and
'People have time to support and care for me and to speak with me'. (HSCS 3.16).

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.

People benefited from a warm, comfortable, and welcoming environment. Communal areas were bright, well-ventilated, clean, and free from intrusive noise or unpleasant odours. Cleaning schedules were in place

and supported good standards of hygiene, which contributed to people's comfort and overall wellbeing.

The layout of the home supported safe and independent movement. Corridors were wide and accessible, enabling people to use powered wheelchairs with ease. This promoted independence, confidence, and dignity, allowing people to move freely around their home.

People had choice and control over how they spent their time. A range of communal spaces were available, which were attractively decorated and comfortably furnished. These environments encouraged social interaction, reduced isolation, and supported the development of meaningful relationships, contributing positively to people's emotional wellbeing.

People's bedrooms were spacious and personalised, reflecting individual preferences and supporting dignity and identity. The availability of ensuite shower rooms further enhanced privacy and independence. However, some ensuite areas were found to be cluttered and untidy, which increased the risk of infection and reduced the overall standard of the environment for some people.

We observed that some fixtures and furnishings showed signs of wear and tear. While this detracted from the overall quality and comfort of the environment, the service responded promptly when these issues were highlighted, demonstrating a commitment to maintaining standards and improving people's living conditions.

The provision of a sensory room was a positive feature of the environment. This space offered people a calm and safe setting to engage with different sensory experiences, supporting relaxation and emotional wellbeing.

Information within the service was predominantly presented in written formats, which did not consistently meet the communication needs of all people. In addition, limited signage and visual prompts could make it difficult for some people to orientate themselves and navigate the building independently. This reduced accessibility and may have impacted people's confidence and independence within their environment. The service should consider assessing the service using the five good communication standards developed by the Royal College of Speech and Language Therapists (RCSLT). **(See area for improvement 1).**

The service benefited from a dedicated maintenance team and effective systems for reporting and addressing repairs. Regular health and safety checks were completed, and required certifications were in place. This provided assurance that the environment was maintained safely and supported positive outcomes for people by reducing risks within the home.

Areas for improvement

1. To help people orientate in their surroundings, the provider should review the design of the premises and written information on display. This should include the use of colour schemes and signage, to help people living with cognitive and other sensory impairments find their way to communal facilities and their bedrooms.

Reference to the five good communication standards developed by the Royal College of Speech and Language Therapists (RCSLT) would be useful in providing ideas for design changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I can independently access the parts of the premises I use, and the environment has been designed to promote this'. (HSCS 5.11).

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People benefitted from having a team of key workers who were responsible to coordinate the delivery of their personal plans. This promoted consistency and ensured that people had the opportunity to build trusting relationships with the person supporting them.

People had detailed personal plans and 'All About Me' documents that outlined their care needs, life histories, and preferences. However, information was not consistently organised, with key details (such as routines and wound care) recorded in different sections or documents, making it difficult to locate. This may impact staff's ability to quickly access accurate information and deliver consistent, person-centred care. We heard the service was introducing an electronic system which would help to address these issues.

People's health and supplementary care recording charts were not always completed fully, and some were unclear. For example, people were not receiving position changes at the required frequency. This meant there was a lack of ongoing evaluation and assessment to adequately meet people's current and changing needs.
(See Key question 1 How well do we support people's wellbeing?).

People had a hospital passport in place. This meant if a person were admitted to hospital, staff would be provided with essential information to treat and support the person more effectively.

Some people's care was not reviewed within the regulatory timescales. This meant that people's support may not meet their needs and wishes. **(See requirement 1).**

People had anticipatory care plans in place. This ensured people's specific wishes and preferences regarding their care were known should their condition deteriorate.

Requirements

1. By 31 July 2026, the provider must ensure that people receive high quality care based on regular review of their care and support needs.

To do this, the provider must:

a) Ensure that people's care and support plans are reviewed and updated whenever their needs change.

b) Ensure that people's care and support is reviewed every six months line with statutory requirements.

c) Ensure that people and their carers are supported to participate in their care reviews.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) 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 states 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).

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

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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