



## Inspection Report on

**Riversdale**

**Riversdale House  
Radyr Court Road  
Cardiff  
CF5 2QF**

## **Date Inspection Completed**

4 November 2019

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## **Description of the service**

Integra Community Living Options Ltd is registered with Care Inspectorate Wales (CIW) to provide a care home service, known as Riversdale House, within Cardiff. The home is registered to support a maximum of 10 people. The home's Statement of Purpose states the service has provision to *'provide support and rehabilitation for individuals who have a primary diagnosis of an enduring mental health disorder and/or significant maladaptive behaviours.'*

The registered service provider has nominated Peter Max as the Responsible Individual (RI), in order to oversee the strategic operation of the service. A manager is in post, who is registered with Social Care Wales (SCW), which is the workforce regulator. During our inspection visit, the RI confirmed the new interim management arrangements, of which CIW will be formally notified of, within the next week.

On the day of our visit, nine people were accommodated.

## **Summary of our findings**

### **1. Overall assessment**

People who live at the home told us they are happy with the care and support provided. The home is comfortable and the environment meets their needs. Staff know people well and are responsive to their needs. People receive personalised care and support, which is guided by their personal plans. Timely referrals are made to healthcare professionals. People are encouraged to maintain contact with families and others who are important in their lives. They are generally encouraged to engage in activities; however, improvement is needed in order to motivate people to identify what interests them. Staff and management demonstrate a commitment to providing a good quality service.

### **2. Improvements**

The service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016) in November 2018. This was the first inspection since re-registration.

### **3. Requirements and recommendations**

Please refer to section five of this report for further details of recommendations.

## 1. Well-being

### **Our findings**

People, and their representatives, are able to contribute to the decisions that affect the care and support provided. We saw the statement of purpose, which provided information about the service and signposted the reader to other agencies. This needed updating to ensure it was fully reflective of the service provided. We saw people had the opportunity to attend house meetings to provide an opinion on the running of the home. They had choice regarding their day-to-day care and support decisions and had access to the home's complaints procedure. Effective internal auditing and quality control practices, evidenced feedback had been sought from people associated with the service. Therefore, we judge the rights of people are promoted within the service, and processes are in place to give them an equal opportunity to raise their wishes and views.

People experience social interaction, which promotes their well-being. Independence was promoted in life skills, which included medication and cooking. We observed people spent time in communal areas or out in the wider community as they wished. The RI acknowledged more work needed to be done with a view to motivating people in identifying additional personal interests and educational opportunities, which may be available to them. We conclude independence is promoted and people have opportunities to participate in what interests them. Nevertheless, the RI and interim manager agreed additional work needs to be undertaken in this area of support.

Staff are able to identify when people may be at risk of harm or abuse, and are given appropriate outlets to report safeguarding concerns. We saw risks to people's health and safety were included in plans of care and risk assessments. Safeguarding training was up to date and safeguarding and whistleblowing policies were available. Therefore, we conclude people are protected from harm and abuse and concerns are reported appropriately.

People's well-being is enhanced within a safe environment that is suitable for their needs. Management ensured the home was safe and well maintained, supported by internal policies, records and safety checks. People benefitted from sufficient personal and communal space. Maintenance records demonstrated necessary practices in connection with safety had been undertaken. We judge, individuals live in suitable safe surroundings.

## **2. Care and Support**

### **Our findings**

The assistance people receive promotes and maintains their physical and emotional well-being. On the day of our visit, there were sufficient numbers of staff on duty. A review of a sample of documentation, demonstrated people had been supported to access healthcare facilities in the locality, including multi-disciplinary teams. We considered a small sample of information relating to medication, which included the medication policy, medication administration records and audits. We saw medication was stored securely and had been administered as prescribed. Any medication errors had been responded to. We saw the outcomes of audits undertaken and the planned actions to be taken. Based on what we saw, we judge, people are supported to be safe and as healthy as they can be.

Overall, care is tailored to the individual. We saw people's needs had been assessed prior to moving into the home, in order to ensure Riversdale House was a suitable place for them to live. We saw choice had been respected and upheld, wherever possible. This was in keeping with the person's assessed needs and individual plans. People's best interests had been considered, we saw Deprivation of Liberty Safeguards (DoLS) authorisations had been requested as necessary. We considered the care records of a sample of people living at the home, including their personal plans. These plans outlined people's needs and provided staff with guidance of how they should be met, in order to maintain their safety. Plans were clear about triggers, proactive and reactive strategies in relation to the behaviours people were at risk of exhibiting. We provided feedback that documentation should be streamlined. Additionally, some of the information, including personal plans, activity planners and daily notes of care interventions should be more person centred and less problem focused. Information viewed did not always reflect the positives in a person's life, describe what people could do well and evidence how they were feeling. During feedback, the RI and interim manager provided assurances this will be addressed. Recorded dates indicated regular reviews of people's care had taken place. Nevertheless, based on what we saw, we could not be confident that people always fully participated within these meetings. The RI and interim manager agreed to discuss this matter with staff.

Independence was encouraged, with a focus on rehabilitation. We were told of the importance of compatibility between people living at the home and during the assessment process, this aspect is always considered. We discussed with the RI and interim manager the level of engagement in relation to how people spent their time and what they were supported to achieve. The RI agreed improvement was needed in this area. People had the opportunity to attend regular house meetings, so were provided with a 'voice' in matters relating to the running of the home. The manager told us of her plans to encourage people to become more engaged, with a view to identifying additional personal interests and educational opportunities, which may be available to them. Based on the above we conclude people experience positive well-being because their needs are understood and

catered for. However, people should be encouraged and motivated to pursue wider interests.

### **3. Environment**

#### **Our findings**

People are able to enjoy a clean, stimulating and homely environment. The home consisted of two houses – Riversdale House and the Coach House. People could spend their time in communal or private areas. Communal areas consisted of lounges, dining rooms, a conservatory and the garden. The home's interior was comfortable and people could personalise their rooms as they pleased to suit their individual needs. Some rooms benefitted from en-suite facilities, which consisted of a shower, toilet and hand basin. People had access to communal bathrooms. On the day of our visit, we were made aware that two of the communal bathrooms were out of order. We noted a mal odour in a third bathroom and advised the RI this room would benefit from being redecorated. The RI confirmed the issues with the bathrooms would be addressed as a priority. We were informed the service had not been inspected by the Food Standards Agency (FSA), as people living at the home were responsible for cooking their own food. As the result of our findings, we judge the home offers suitable facilities to meet people's needs, enhancing their comfort and well-being.

People's safety needs are well met. When we accessed the building, staff greeted us, where our identity was checked. People's personal information was securely stored in locked facilities and IT equipment was password protected. The service provider contracted with a maintenance company, which undertook day-to-day repair work throughout the home. We saw the testing and servicing of appliances and equipment was kept up to date, as were risk assessments. We saw evidence of this within maintenance files. We noted records of visits from private companies who had completed necessary checks relating to fire safety, Legionella, electricity and gas. We conclude that, overall, the home takes effective measures to identify and mitigate the risk to people's safety and well-being.

## 4. Leadership and Management

### Summary

The service provider has arrangements in place for monitoring the quality of care and support. A manager was employed, who at the time of our visit had moved to work at another service. An interim manager was in place who was registered with SCW. Regular audits were in place in relation to key areas of service delivery. The interim manager told us the RI had a visible presence within services and was “*totally supportive.*” People had access to a complaints policy. We saw no complaints had been received since re-registration under RISCA 2016. We requested information relating to the last two quarterly monitoring visits undertaken by the RI. The information demonstrated the RI had formally visited the home at least quarterly and had undertaken detailed audits, speaking with people receiving the service and staff, in order to gain opinion of service delivery. Additionally we viewed the six monthly quality of care review, which demonstrated the RI sought to determine the extent to which people, who were in receipt of services, had their needs and rights met. We conclude, the registered provider possesses good oversight of the service and seeks to drive improvement.

Management ensure staff are supported, developed and safely recruited for the roles they undertake. We viewed a sample of staff personnel records, which included proof of identity, Disclosure and Barring Service (DBS) checks, employment history and references. A system was in place to alert management (if staff were not on the live update service) when DBS checks were due. Discussions with people, staff and examination of records evidenced there was an established staff team in place. The manager confirmed agency staff were not used. Sufficient numbers of staff were on duty on the day of our visit. We saw more than 60 percent of staff held a relevant vocational qualification in care. Whilst others were working towards, or waiting to enrol. Staff told us they received support from the manager and their colleagues. Records examined, showed they received regular supervision. We considered the training matrix and saw staff had access to a range of training. They told us they attended ‘quarterly team learning forums’ which focused on specific areas of knowledge. All new staff completed an induction, which followed the framework published by SCW. Staff had the opportunity to attend team meetings, both formal and informal ‘ad hoc’ meetings with management. Regular team meetings ensure staff have access to the most up to date information and have input into matters concerning the home. We conclude staff are equipped in order for them to make positive contributions to the well-being of people using the service.

The aims and objectives of the service are clear. We looked at the statement of purpose, which should include specific information to help individuals have a clear understanding of the culture of the service and what is provided. The statement of purpose contained expected information, although needed to be updated, in order to reflect the most up to date information about the service provided. We requested a copy of the written guide to the service, which included necessary information. A safeguarding policy was in place; people

using the service and staff knew who to approach if they had concerns. Additionally people had access to independent advocates as needed. We conclude, mechanisms are in place to protect people and the documents in place set out and provide people with an understanding of the service they can expect to receive.



## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This was the first inspection carried out under RISCA 2016.

### **5.2 Areas of non-compliance identified at this inspection**

We did not identify any areas of non-compliance at this inspection.

### **5.3 Recommendations for improvement**

We made the following recommendations to promote quality outcomes for people receiving the service:

- The statement of purpose should be updated to include accurate information about the service being delivered
- More detailed information to be included in people's plans of care, relating to what is important to them and what they can do well
- More direct work to be undertaken with individuals to establish what is important to them, with a view to motivating them to engage in activities which interest them.

## 6. How we undertook this inspection

We carried out a full inspection. An unannounced visit to the registered care home took place on 4 November 2019 between the hours of 9:50am and 6:20pm.

The following regulations were considered as part of this inspection:

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used.

- Consideration of information we already held about the service, such as re-registration information and notifications of significant events
- Discussions with the RI and the interim manager
- Observations and interactions with people receiving a service via a mixture of a visit to the care home and questionnaires. We also received feedback from staff within the organisation who are involved with providing care and support to people living at the home
- Examination of care records for a sample of individuals. This included care planning documentation, risk assessments, daily care intervention records and medication administration records
- Personnel records for a sample of staff. This included information relating to recruitment, induction, training and supervision
- The public liability insurance certificate
- We sent questionnaires to people receiving the service, relatives, staff and professionals involved in people's care. At the time of writing this report we had received completed questionnaires from four people receiving the service and one member of staff.
- Statement of purpose and written guide to the service.
- A range of auditing information, which the service provider was utilising to measure the quality of the service.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Care Home Service
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<b>Service Provider</b>	<b>Integra Community Living Options Limited</b>
<b>Responsible Individual</b>	<b>Peter Max</b>
<b>Registered maximum number of places</b>	<b>10</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>First inspection under RISCA 2016</b>
<b>Dates of this Inspection visit</b>	<b>4 November 2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>This is a service that is working towards the Active Offer</b>
<b>Additional Information:</b>	

**Date Published 07/01/2020**

No noncompliance records found in Open status.