



Inspection Report on

Riversdale

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

Date Inspection Completed

03/05/2023

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About Riversdale

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Integra Community Living Options Limited
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	04 November 2019
Does this service provide the Welsh Language active offer?	The service is working towards an 'Active offer' of the Welsh language and demonstrated an effort to promoting the use of the Welsh language and culture.

Summary

People are very happy with the care and support they receive. Interactions between people using the service and staff are positive and relaxed. The manager of the service is trusted, and people have confidence in the manager and staff feel valued and supported. Experienced staff are knowledgeable and guided by professional advice. The environment of the home supports people's well-being and helps them to achieve their outcomes.

There are governance arrangements in place and clear policies and procedures for keeping people safe and well. There is an ineffectual review system to capture people's changing care and support requirements. In addition to this, oversight of planned support and activities for people, including progress towards achieving their goals, requires improvement. While no immediate action is required, this is an area for improvement.

Well-being

Overall, people receive person centered support and are involved in decisions that affect the care they receive. The manager works collaboratively with health and social care professionals to ensure people remain as healthy as possible. Detailed personal plans focus on things that matter to people. An individual told us *“They are fantastic here, there is plenty of support, you can’t fault them”*. Interactions are positive and relaxed. Recruitment and training ensure people get the right care and support, from skilled and knowledgeable workers. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns.

People have a voice because the provider consults with them and their representatives. Good consultation arrangements ensure people can express their views. Individuals at the service have access to regular communal meetings and find the staff approachable. A complaints policy is in place, people using and working at the service know how to raise a complaint and feel confident that the provider will deal with issues promptly. Information about how to make a complaint and how to access advocacy support is made available and presented clearly on display within the service.

There are governance arrangements in place and analysis of quality assurance checks at the service. The provider demonstrates a commitment to improving and developing the service for the benefit of those who use it. We found an ineffectual review and oversight system in place to ensure significant events and incidents for people are analysed, updated and accessible for staff to read on their care and support records. This means all staff might not have a full understanding of people’s current needs. We also found a lack of recording of planned support sessions, goal planning and engagement in activities for people. This is required to provide a rehabilitation service with care, competence, and skill, to enhance people’s well-being, therefore we have issued the provider with an area for improvement.

People are protected from harm. Safeguarding and whistleblowing policies are in place. There is good evidence that staff promptly report any issues or concerns to the right professionals. The service maintains a record of safeguarding matters; monitors outcomes and staff receive safeguarding training. There were no open safeguarding referrals or concerns at the time of inspection. The management team oversee safe staff recruitment checks, training, and supervision needs.

People can be confident they live in a safe environment which meets their outcomes. The home is large, accessible and is in a scenic neighbourhood with a large garden. Arrangements are in place to minimise risk to people’s health and safety.

Care and Support

People are very happy with the care and support they receive. They describe positive relationships with all staff. People communicate with each other and there are opportunities for people to develop relationships with their peers through group activities during mealtimes. People can access planned and ad hoc support from staff to engage in community activities and appointments. The service promotes people's physical and mental health by ensuring appointments with health professionals when needed.

People are fully included in the care planning process. The manager considers a range of information from the person, their representatives, workers, and external professionals. Assessments and plans are person centred and contain information regarding people's needs, risks, preferences and what is important to people. Risk assessments and personal plans help to maintain people's safety but are not always regularly updated. Key working sessions are not always regular for people. We also saw incomplete care documentation around people's goals and activity plans. From daily notes, we saw good evidence of staff communicating with people's health and social care professionals when issues arise. People can be confident the provider ensures close collaborative working with professionals. Observational notes do not capture people's moods and emotional presentations, which is a missed opportunity to identify signs of relapse at the earliest opportunity.

Sufficient staffing levels are in place to meet the care needs of people living at the service. Staff confirmed they have enough time to support people appropriately and are actively involved in arranging and facilitating support to people to access the community.

The provider has policies and procedures to manage the risk of infection. There are good supplies of the correct PPE and Public Health Wales guidance. There are clear medication arrangements at the service, with regular audits of medication and analysis of patterns and trends.

Environment

The service is situated in a quiet, scenic neighbourhood with good access to transport and local amenities. The layout of the property is spacious and supports people to achieve their personal outcomes and independence. People have access to a large living space, with many communal rooms and outside garden areas. The service has several quiet areas for people to relax. People are happy with the home they live in and enjoy using the garden and outdoor roofed seating area. People have personalised bedrooms and have choice and control to decorate to their own preferences and tastes. The environment requires cleaning and more effective maintenance in some areas. The service provider has identified this issue internally and is already taking action to address this, which we will follow up at the next inspection.

People can be confident they live in a safe environment. Arrangements are in place to minimise risk to people's health and safety. Audits show checks are carried out to identify and address problems. Regular Health and Safety audits of the property are completed. The home is compliant with Fire Regulations and testing of fire safety equipment is up to date. Personal Evacuation Plans are individualised and available in emergencies.

Leadership and Management

There is a culture of openness in the home. Care staff and people living in the home are confident in expressing their views and we saw evidence they are listened to. The manager informed us their door is always open and we saw individuals who live at the service confidently approaching the manager's office when they needed to. Care staff are positive about the home and the support they receive. All care staff consulted with, told us they feel valued and supported by the manager. Care staff described the manager as *"very good and supportive"* and *"it's a good place to work, the team is very strong and integrated, there is a positive culture here"*. Discussions with staff, demonstrate a good understanding around safeguarding and whistleblowing. All were confident the manager would act on concerns.

People can be confident they are supported by a service provider that carries out due diligence checks. Pre-employment checks take place before new employees start work. These include reference checks, right to work and Disclosure and Barring (DBS) checks. Care staff receive mandatory and person specific training to meet people's needs. Staff receive regular supervision meetings with the manager. All staff have achieved or working towards their social care qualifications (QCF) and are registered with Social Care Wales. Policies and procedures are in place to support good practice and staff have a sufficient understanding of what is expected of them.

There is a lack of system and recording in place to capture review information, rehabilitation support provided to people, and progress towards achieving their goals. Information learnt from incidents, including changes to people's needs and risks, is missing in people's care documentation. This means care staff do not always have the most up to date information that is clear and accessible, which is important to enhance people's well-being and to minimise risks of relapse.

People are supported by a governance team that shows a commitment to monitor, review and improve the quality of the service. Quality of care checks, important to assess if people are receiving a good service, are regularly completed. The management team including the Responsible Individual (RI) have good oversight of patterns and trends at the service. The RI demonstrates good insight of the needs of the service and has already identified areas for improvement within the quarterly of care review. The service provider informed us they have now implemented a new rehabilitation audit tool to address this. We will test this at the next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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6	The service provider must ensure an effectual review system is in place which supports evidence-based practice and enables individuals to achieve their personal outcomes. This would ensure a rehabilitation service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	New
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