



Inspection Report on

Riverside House

Swansea

Date Inspection Completed

24/03/2023

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About Riverside House

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Horizon Support Services Ltd |
| Registered places | 2 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 1st December 2022 |
| Does this service provide the Welsh Language active offer? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are well supported and cared for by a committed and dedicated care team, responsible individual (RI) and manager who are present and active in the service. Feedback gathered as part of the inspection was positive about the culture in the service. Since the last inspection the provider has gained registration to increase occupancy by one person. The provider has made compliance improvements since the last inspection. These include ensuring personal plans are regularly reviewed and care workers receive regular and planned formal supervision. Also, ensuring all staff providing care and support have a current Disclosure and Barring Service (DBS) check in place. Although some progress has been made in relation to ensuring staff have core and specialist training, this still needs further development. The provider needs to ensure a quality of care review report is completed for the service. The environment is safe, secure, well maintained and homely.

Well-being

People are treated with dignity and respect. We saw positive interaction between care workers and people throughout the inspection. We saw people are well presented and cared for in the service. The service is small, person centred, friendly and homely. We saw people are comfortable, relaxed and are benefitting from living in the service. People are supported to maintain and develop skills where appropriate. People access their local community in line with risk and support plans. There is accessible transport available to facilitate this. The provider has recently recruited new care workers.

The RI and manager work in the service daily and also provide direct care and support to people. This means there is good communication with care workers and understanding of people's needs. A care worker told us communication with the manager is good and issues reported are acted on promptly and appropriately. Personal support plans are clear, informative and detailed, they are outcome focused and relate well to care staff recordings and risk planning. Staff recordings detail health information and contact with relatives. Personal plan reviews are taking place on a regular and planned basis. People's ability to be involved in support planning is considered and the necessary referral made as appropriate. The RI has recently arranged taught manual handling training for staff. However, we saw not all staff are current with their training requirements and this includes the RI.

The environment is safe and provided in accordance with the objectives defined in the statement of purpose (SoP). There is a ground floor bedroom with ensuite level access shower room suitable for a person with mobility issues. The property also has ramped wheelchair access. People are safe and routines such as fire checks, gas and electric safety certificates were viewed on inspection. Administration and storage procedures for medication are safe, appropriate and in line with guidance. People are protected from neglect and abuse as care workers know what to look out for and how to raise concerns. Care workers are trained in safeguarding, although the RI needs to ensure all staff are current with refresher updates. There are clear and regularly reviewed procedures and risk plans to guide them. Policies and procedures are regularly reviewed and available to staff for guidance about their work role. A request to increase registered numbers in the service has been agreed by Care Inspectorate Wales (CIW). This will enhance future financial viability and business continuity in the service.

Care and Support

There are current and up to date personal plans for how care is provided in order to meet people's needs. We completed an audit of support files. The RI has ensured personal plans have been reviewed and updated as necessary since the last inspection. Personal support plans are detailed and include information regarding support and health needs. There are associated risk plans in place which are reviewed regularly and updated as necessary. We saw staff recordings that include reference to health appointments and relative contact. People's ability to be involved in personal planning is considered and the relevant referrals have been made in relation to Deprivation of Liberty Safeguards (Mental Capacity Act 2005) as appropriate. Most staff have worked in the service for many years and know people extremely well. The service is small and there is a friendly, warm and relaxed environment. We saw very positive, friendly and supportive interaction between staff and people throughout the inspection visit. We saw people are cared for and supported well and as detailed in personal plans.

People live in a home that provides appropriate numbers of care workers. There is a small core team of care workers and the RI informed us two new care workers have recently been recruited. Care workers receive online core training in subjects such as safeguarding, infection control and medication administration. Although the provider has arranged recent taught training in manual handling, we saw not all training is current and up to date. This includes training the RI needs to complete due to providing direct care and support to people. The provider also needs to ensure all staff are aware of their responsibility to ensure training compliance is met in relation to refresher and update training. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored securely in a locked room. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Care workers and managers in the service know people extremely well. This enables them to identify any health deterioration quickly and to seek support when needed. We saw detailed recordings documenting health issues, appointments and associated actions.

Environment

The provider ensures people's care and support is provided in a location and environment with facilities that promote people's well-being and safety. The service consists of a semi-detached building within an urban community setting with car parking to the side and front. The provider has previously requested an increase to the registered occupancy by one person. A registration inspector has completed an inspection and all recommendations and actions regarding this have now been met by the provider. We viewed all communal areas and bedrooms in the service. We found them to be well maintained, clean and homely. We saw a person relaxing and enjoying time with staff in a lounge area. The service is suitable for a person with mobility issues as there is a ground floor bedroom with adapted ensuite shower room. There is also ramped rear access to the property. The property also benefits from a large rear garden and this could be further enhanced by making it wheelchair accessible in the future.

We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Personal emergency evacuation plans (PEEP's) are in place for people. We saw fridge temperatures are taken regularly and documented appropriately and all areas viewed appeared clean and well maintained. Also, there are facilities such as coloured chopping boards and mops/buckets to promote good food hygiene procedures. We saw a conservatory area with a domestic clothes washer and dryer. The room is clutter free with external access and there are washable red bags for separation of soiled bedding and clothing. The RI also told us he is purchasing sealed boxes to ensure any soiled items are managed safely and according to infection control measures. There is a dedicated locked cupboard with a locked cabinet where medications are stored safely and securely. There is hand gel available to staff and safe storage of control of substances harmful to health products (CoSHH).

Leadership and Management

Both the RI and manager work in the service on a regular basis. They provide direct care and support to people and work as part of the staff team. This ensures good communication and knowledge regarding people's care and support requirements is maintained. We spoke to a care worker during our inspection who told us there are regular team meetings and daily handover arrangements in the service. The RI acknowledged this and showed us reports completed on a three monthly basis. The RI is present and active in the service and is motivated to ensure a good standard of care and support is maintained. The statement of purpose (SoP) for the service has recently been updated and now includes staff training information. The RI further stated there are no current financial concerns but by increasing numbers to three people it will strengthen future business continuity. At the time of inspection there were no documented quality of care review documents available. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are supported by a small, dedicated team who have been recruited safely and are well supported in their roles. We looked at two staff personnel files and saw appropriate pre-employment and recruitment checks are in place. We saw Disclosure and Barring Service (DBS) checks are current for all staff. The RI told us all care workers are now registered with Social Care Wales (SCW). Care workers spoken with confirm they have attended safeguarding training and understand their responsibility in relation to this. However; the RI needs to ensure staff complete regular refresher training as required. There are detailed and thorough safeguarding policies and procedures in place to guide care workers. We saw detailed and thorough supervision records for staff that are taking place on a regular basis. We spoke to a care worker who told us; *"managers are really supportive, it's like a family here and when you need support you get it"*.

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 |
| 36 | Not all care staff are current and up to date with training and there is no detail regarding core and specialist training in the current Statement of Purpose for the service. This matter remains outstanding from the last inspection. | Achieved |
| 36 | Not all care staff are receiving regular, planned and documented formal supervision and appraisals. This remains an outstanding compliance issue from the last inspection. | Achieved |

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 |
| 36 | A full inspection took place on 24th March 2023. As part of this a staff file audit was completed. This shows not all staff (including the RI) are current and up to date with their core training. | New |
| 80 | A full inspection took place on 24th March 2023. There was no quality of care review document available and provided as part of the inspection. | New |
| 16 | A full inspection took place on 1st December 2022. As part of this an audit of individuals support files was completed. This showed that three monthly support plan reviews are not taking place as required by regulation. | Achieved |
| 80 | The provider remains non-compliant as there is no quality of care review documentation in place. This remains an area for improvement because both the RI and manager work in the service on a daily basis and the impact on people is minor. | Achieved |
| 35 | A full inspection took place on 1st December 2022. As part of this an audit of staff files was completed. This showed that not all care staff have a current DBS certificate in place. | Achieved |

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