



# Inspection Report on

**Riversdale**

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

## **Date Inspection Completed**

21/08/2024

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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	<a href="#">03 May 2023</a>
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

### Summary

People are supported to be as independent as possible and are happy with the care and support provided. Care documentation is in place that considers people's needs and wishes and effective consideration of risk.

The service is well led by a knowledgeable manager who is training to be registered as a Manager with Social Care Wales (SCW) the workforce register. Feedback regarding the manager is highly positive. There are effective management systems in place to support the day-to-day operation of the service. People are supported by a care staff team who are committed, trained, appropriately supervised, and safely recruited.

People are safe and Integra have robust policies, procedures and quality assurance systems in place. The Responsible Individual (RI) has a regular presence at the service, engages with people and reviews support delivery. The statement of purpose (SOP) sets out the vision for the service and delivers what is promised. Improvements to the environment identified at the last inspection are still ongoing, to ensure all areas within the service is clean, well-presented, and compliant with management of infection control risks. The provider was actively addressing this at the time of inspection, which we will test at the next inspection.

## Well-being

People are treated with dignity and respect. Staff are familiar to people and know them well. We saw positive interactions between staff and people who live at the service. People speak positively about care staff and told us they have access to direct support whenever they need and request it. A care worker told us, *“Everyone is treated with respect and dignity and all needs are met to a good standard.”*

People get the right care without delay. Personal plans of care focus on people’s individual goals and outline what support is required to achieve these goals. Information within the plans is thorough, robust and reviewed regularly to ensure it is correct and any changes are captured. People have access to health services without delay and attend medical appointments when required. Medication processes are safe and robust and delivered in a person-centred way. Care staff levels at the service are consistent which ensures good continuity of care is delivered.

People are encouraged and supported to make everyday choices. People’s care documents reflect their likes and preferences, and staff are aware of the value individuals place on things that matter to them. The service engages with people regularly to gather their views to help inform improvements. People have their own personal daily routines and choose when to get up in the morning, when to go to bed at night and how they spend their time in between. People can spend their day in communal areas with others or in the privacy of their rooms. Most people using the service felt they had to be home during the evening at a set time, which they find too restrictive. We have asked the provider to implement an individually tailored agreement plan in partnership with people, their representatives and clinicians to address this. This is important to ensure there is a better understanding of what the nighttime arrangements are for staying safe and how this does not pose restrictions on people’s freedom of movement. Positive risk-taking plans with agreed times need to be individually tailored, kept on review and made clear before admission to the home. We have asked the provider to update their Statement of Purpose (SOP) and Service User guide to explain how this will be achieved.

People are safe and protected from harm and abuse. Risks to people are assessed so they are supported to stay safe. Staff are trained to safeguard people and report complaints. Safeguarding referrals are made to the Local Authority when required and monitored by senior management. Safety including fire checks are completed correctly. Staff recruitment and vetting ensure care workers are safe and fit to work. There is a system in place to renew Disclosure and Barring Service (DBS) certificates when necessary and most care workers are registered with the workforce regulator, Social Care Wales (SCW). Care workers receive regular formal supervision and training to support them in their role. The service has policies and procedures in place for the running of the service.

## Care and Support

People are supported to be healthy and stay safe. People can access healthcare services as and when necessary. The service works collaboratively with other health and social care professionals to support people to remain well. A strength at the service is the manager's regular communication and close partnership working with community professionals to ensure a multi-agency approach to care delivery. Visiting professionals told us, *"Management are very proactive, and we have excellent communication channels between us."*, *"People are the priority for them."*, *"Support staff are brilliant"* and *"They de-escalate things really quickly"*.

People get the right care at the right time. Staffing levels are sufficient to meet individual needs. The correct staffing levels enable individuals to gain one to one support to meet their goals and outcomes. We spoke with staff who are motivated to support people they care for. One care worker told us, *"We are always able to do activities for the clients."* and *"The well-being of the individuals we support is always put first and staff encourage people to be as independent as possible"*. Throughout our visit, we saw plenty of staff available with respectful and enabling interactions between people and staff. Personal plans of care outline people's needs and how they are best met. They are supported with risk assessments where required and are kept under review. These documents are important as they guide care staff on how to care for people correctly. Medication processes are safe, medication is stored securely and administered safely in line with people's prescriptions. Medication administration Record (MAR) charts are signed correctly when medication is administered.

People are supported to fulfil their potential and do things that matter to them. We saw weekly activity plans and care records that show people have access to daily support if they wish to engage with this. People are supported by friendly and available staff who they feel confident to approach if they need to. People are supported by a small, consistent team of familiar staff who understand what is important to the individuals they support and how to engage with individuals to promote their independence and autonomy. The atmosphere at the service is positive and the management team promote an open, transparent way of working.

## Environment

People live in a home that is suitable to meet their needs. The home 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. Individual bedrooms reflect people's ownership and individuality.

People can be assured they live in a safe environment. On arrival to the home, our identification was checked before we were permitted entry. We were asked to sign the visitors book which indicates that visitors to the service are monitored closely. The building is well maintained and safety checks including gas and electricity testing take place within legal timeframes. There is a fire risk assessment in place and all residents have a Personal Emergency Evacuation Plan (PEEP) which guides care staff on how to evacuate people in the event of an emergency. Fire alarms are tested, and fire drills take place regularly.

We found the home is clean and tidy in some but not all areas. The provider has identified some areas of improvement regarding the environment, with stained flooring and walls which needs renewing. A budget has been secured for this and work is expected to commence in September this year. We saw broken items in communal bathrooms and unkempt hygiene facilities in some areas. Though there is a cleaning schedule, these tasks are not being completed fully by staff. The provider has taken action to implement a plan to improve the cleanliness of the home to protect people's health and safety. Due to immediate action being taken by the provider to resolve this, we have not issued an area for improvement, however failure to fully address this will result in us issuing non-compliance at the next inspection.

## Leadership and Management

People benefit from a service with a knowledgeable, proactive and well-respected manager. A visiting professional told us, "*The manager is absolutely fantastic*". Most care staff feel valued and well supported and talked very highly about the manager. Most care staff also enjoy working for the organisation and they told us, "*All staff are well trained and are happy within their roles which creates a positive environment.*", "*Any additional training is promoted and encouraged within the organisation.*", "*They are willing to invest in you.*" and "*I have worked at Riversdale for a number of years and thoroughly enjoy it.*"

Care staff are recruited safely and supported to learn and develop. Robust pre-employment checks are carried out and staff are regularly supervised and monitored. Care staff are registered with Social Care Wales, the workforce regulator, and encouraged to obtain further social care qualifications. Care staff are supported to be suitably trained. Further development is required within the service to evidence service specific and specialised training, particularly for individuals with overlapping dual needs and conditions.

There are arrangements in place for the oversight of the service to ensure the best possible outcomes for people. Quality assurance processes are in place; this includes the auditing of day-to-day records and the oversight of service delivery by the provider. The RI has a regular presence at the service, they engage well with people, their representatives, staff, and professionals involved. The quality of care is reviewed on a six-monthly basis and a report is produced. There are policies and procedures in place for the running of the service and are accessible to staff. 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.

The service provider demonstrates an ongoing commitment to reflection and improvement. New systems and records have been implemented since the last inspection to capture rehabilitation support, including evidence of direct work and more detail within daily observations of people's presentation and engagement. This means care staff now 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.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.

### Area(s) for Improvement

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



	inspection	
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.	Achieved

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