



# Inspection Report on

**Riverside House**

**Swansea**

## **Date Inspection Completed**

26/03/2024

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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	3
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">24 March 2023</a>
Does this service promote Welsh language and culture?	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. There are detailed care planning processes and records in place. Personal plan reviews need to be completed within regulatory timeframes. Although some progress has been made in relation to ensuring staff have core and specialist training, this still needs further development. We saw detailed and thorough quality of care reviews and the statement of purpose (SoP) is representative of the service provided. The provider is in the process of completing environmental updates and refurbishments in some areas. 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. 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. We spoke to a relative who gave us very positive feedback about the standard of care and support provided.

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. Care worker's 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. We noted however one support plan has not been reviewed for some time. The manager and RI told us this will be addressed. Staff recordings detail health information and regular contact with relatives. People's ability to be involved in support planning is considered and the necessary referral made as appropriate. 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 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.

## Care and Support

Individuals are provided with care and support through a service that considers their specialist needs and risks. We completed an audit of support files and found generally detailed information regarding care and health needs. We noted however a personal plan had not been reviewed for some time and as required by regulation. The RI and manager assured us the person's needs are fully met. We saw evidence of this and appropriate referrals to external professionals where necessary also, detailed daily staff recordings. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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. We spoke to a relative who told us; *"They are really good there and they always keep in touch. No concerns or complaints and very happy with care provided"*.

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 been recruited since the last inspection. Care workers receive online core training in subjects such as safeguarding, infection control and medication administration.

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 cupboard. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MARs) are completed appropriately with signatures of care workers. 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.

## 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. We viewed all communal areas and bedrooms in the service and found them to be well maintained, clean and homely. The provider is in the process of updating an upstairs bathroom and there are some works left to complete. The RI and manager told us this will be completed over the next month. 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 benefits from a large rear garden and this could be further enhanced by making it wheelchair accessible in the future. There is also a wheelchair accessible vehicle available for people to access the community.

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 told us he is purchasing sealed boxes to ensure any soiled items are managed safely and according to infection control measures. There is hand gel and personal protective equipment (PPE) 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 is present and active in the service and is motivated to ensure a good standard of care and support is maintained. We saw detailed and thorough quality of care reports completed by the RI. These include feedback from staff and an overview of the service provided. The SoP for the service has been updated and is reflective of the service provided.

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 manager told us nearly all care workers are now registered with Social Care Wales (SCW).

We saw not all staff 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. The RI and manager assured us this will be addressed over coming months. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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; *"Very good support, no issues and can always get hold of managers when needed."* Another care worker stated; *"I can go to the manager about anything. Receive regular supervision. Good on call response"*.

### 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. 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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16	Not all personal plans are reviewed as a minimum on a three monthly basis as required by regulation.	New
36	A full inspection took place on 13th March 2024. 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.	Not Achieved
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.	Achieved

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