

# Inspection Report on

**Riverside House** 

**Swansea** 

## **Date Inspection Completed**

01/12/2022



#### **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	9 <sup>th</sup> July 2021
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. All feedback gathered as part of the inspection was positive about the culture in the service. Despite this there remains outstanding enforcement issues from the last inspection. These include a lack of regular and planned supervision and appraisals for all staff working in the service. Also, a lack of adequate planned core and specialist training to ensure care workers and managers can fulfil their work roles appropriately and safely. Not all staff are currently compliant in respect of staff retention and recruitment checks. Support plan reviews are not currently completed in line with regulation. Quality of care reviews are not being completed and documented as required.

The environment is safe, clean and in accordance with the objectives detailed in the statement of purpose (SoP). Safety checks and service schedules are completed in-line with current requirements. The environment has been improved since the last inspection by the addition of a ground floor bedroom with accessible shower room and a new fitted kitchen with appliances. The provider is currently in the process of requesting an increase in the registration numbers from two to three people. Also, an increase in the commissioned care and support hours for the service.

### Well-being

People are treated with dignity and respect. We saw positive interaction between care workers and people throughout the inspection. The provider has made adaptations to the building to ensure people's needs continue to be met appropriately and safely. A relative gave extremely positive feedback about the quality of care and support provided in the service. We saw people are relaxed, well presented and cared for 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. The provider has recently purchased an accessible vehicle to ensure people are supported to access the community appropriately and safely. The RI told us a request has been made to increase commissioned support hours in the service due to changing needs. A review of this has recently taken place and we were informed has now been approved. The provider is in the process of recruiting additional care workers to help meet the needs. The RI also told us they have recently requested an increase in their registration numbers by one. This is currently being assessed by Care Inspectorate Wales (CIW).

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. However, the provider needs to improve processes in relation to documented quality of care reviews. Care workers and a relative 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. However, personal plan reviews are not currently taking place on a regular and planned basis. We saw people are comfortable, relaxed and are benefitting from living in the service. Care workers the RI and manager are not currently accessing appropriate and planned training. This matter remains outstanding from the last inspection and needs to be addressed. Care workers are also not currently receiving planned and documented supervision and appraisals. This matter also remains outstanding from the last inspection. Staff compliance checks need to be in line with regulatory requirements.

The environment is safe and provided in accordance with the objectives defined in the SoP. The provider has accessed funding and a ground floor bedroom with a level access shower has been installed since the last inspection. The kitchen has also been renewed and a new accessible ramp installed to the rear of the property. 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 and there are clear and regularly reviewed procedures and risk plans to guide them.

#### **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 two people's support files. Personal support plans demonstrate what matters to the person and how best to support them to achieve their identified goals. People's ability to be involved in personal planning is considered. However, there are no current Depravation of Liberty Safeguards (DoLS) in place as required by legislation. The RI has contacted commissioners to request that the appropriate assessments take place. Recording of support given evidences peoples identified needs are met. However, there are no current personal plan documented reviews in place as required by regulation. While no immediate action is required, this is an area for improvement and we expect the provider to take action. There are detailed health records and associated actions documented. We saw people are cared for and supported well and as detailed in personal plans. We saw a person visiting the local community during the inspection visit. We spoke to a relative who told us; "very happy with the care provided. They keep in touch regularly and let us know what is going on".

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers. The RI informed us a person now has changing support needs and a review has recently taken place with commissioners to request additional staffing hours. We saw care workers receive core training mainly provided online. The manager told us taught subjects are being reintroduced following the pandemic in areas such as first aid and manual handling. Although care workers have worked in the service for a long time and know people extremely well, not all training is current and up to date. The SoP does not detail the specific training care workers receive and needs to be reviewed and updated. This remains an outstanding area for improvement from the last inspection and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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. Many care workers in the service have been in post for years and 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 and is registered for two people currently. The provider has recently submitted an application to CIW to increase registration occupancy from two to three people and is awaiting a decision. We viewed three of the bedrooms and found them to be well maintained, personalised and homely. Since the last inspection, the communal kitchen has been updated and refurbished. The area was seen to be clean and hygienic. A ground floor accessible bedroom with ensuite level access shower room has been created since the last inspection. There is a living/dining area where we saw people relaxing. There is also a new wheelchair accessible ramp which has been installed to the rear of 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. There is a dedicated locked cupboard with a locked cabinet where medications are stored safely and securely. We viewed two medication administration records (MAR) and found them to be correctly completed with no gaps.

The service is small and both the RI and manager work as part of the care team daily, providing direct care and support to people. This means they know people's needs extremely well and are in regular contact with care workers. At the time of inspection there were no documented quality of care review documents available. The RI acknowledged this remains outstanding from the last inspection. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We saw policies and procedures have been reviewed and where necessary updated. The current SoP needs to be reviewed and updated to ensure it provides an accurate reflection of the service provided. This was discussed with the RI at the time of inspection who stated this will be addressed. The RI told us they are actively recruiting currently. The RI further stated there are no current financial concerns but by increasing numbers to three people it will strengthen future business continuity.

People are supported by a small, dedicated team who have been recruited safely and are well supported in their roles. Many of the care workers have worked in the service for years and are very familiar with the needs of the people being supported. We looked at two staff personnel files and saw appropriate pre-employment and recruitment checks are in place. We saw a Disclosure and Barring Service (DBS) check for one care worker is out of date. We discussed this with the RI who told us they will be reviewing this promptly to ensure all DBS checks are current and detailed in staff files. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The manager 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. There are detailed and thorough safeguarding policies and procedures in place to guide care workers.

We saw care workers do not receive formal documented supervision and receive an annual appraisal. This remains an outstanding area for improvement from the last inspection and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. Despite this care workers spoken with are complimentary of the support they receive from the RI and manager. A care worker told us; "support is great – managers are always there for me and great to talk to them".

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	
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.	Not 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.	Not 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	
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.	New	
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.	New	
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.	New	
80	The responsible individual has failed to put in place a system for monitoring, reviewing and improving the quality of care and support provided by the service.	Achieved	

#### **Date Published 18/01/2023**