

**CARE AND SOCIAL SERVICES INSPECTORATE WALES**

**Care Standards Act 2000**

**INSPECTION REPORT  
CARE HOMES FOR YOUNGER ADULTS**

**Riverdale**

29, Pantbach Avenue,  
Cardiff  
CF14 1UR

**DATE OF PUBLICATION – 17 July 2008**

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**CARE AND SOCIAL SERVICES INSPECTORATE WALES**

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<b>Home:</b>	Riverdale
<b>Contact telephone number:</b>	01386 870 029
<b>Registered provider:</b>	Ocean Community Services Limited Responsible Individual (RI) Stephen Bartley
<b>Registered manager:</b>	Mr. Dorian Williams
<b>Number of places:</b>	4
<b>Category:</b>	Care Home - Learning Disability and/or Mental Health (and having regard to compatibility with existing service users) under the age of 65 years
<b>Dates of this inspection from:</b>	21 <sup>st</sup> December, <b>to:</b> 27 <sup>th</sup> June, 2008
<b>Dates of other relevant contact since last report:</b>	Friday 27 <sup>th</sup> June, 2008 – announced inspection 0955 – 1745 hours
<b>Date of previous report publication:</b>	
<b>Inspected by:</b>	April Phillips

## INTRODUCTION

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift

and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: [www.cssiw.org.uk](http://www.cssiw.org.uk)

## **SUMMARY**

Riverdale Care Home is registered with CSSIW to provide accommodation and personal care to four younger adults in the categories of Learning Disability and/or Mental Health (and having regard to compatibility with existing service users) under the age of 65 years. The Registered Provider is Ocean Community Services Ltd. and their Responsible Individual (RI) is Stephen Bartley. The Registered Manager (subsequently referred to as the Manager) is Dorian Williams.

The home is a purpose built detached house situated in a residential area near to Cardiff city centre, on a main bus route. There were high standards of décor and cleanliness throughout the home.

CSSIW proportionate approach to inspection was used for this inspection cycle, which aims to give emphasis to the service users' experience of the quality of service they receive. It also gives Registered Persons the opportunity to look at the service they provide and make their own observations on how they think their care home is meeting the regulations via a signed self-assessment form (SAF). This document also provides CSSIW with the Registered Persons' views of the strengths of their service, areas that require further improvement/development, and the future plans for the service. As part of this inspection process Riverdale supplied a signed self-assessment statement and associated documentation, and co-operated fully with the regulatory process.

From analysis of the self-assessment form and documents provided with it, the methodologies decided on for this inspection episode were:

- \* discussions with service users
- \* discussions with staff
- \* examination of service user, staff and other required records
- \* inspection visit including consideration of the premises and facilities
- \* discussion and correspondence with the Registered Persons.

As staff and service user questionnaires had been used during the previous inspection

episode, and, according to the SAF, there had been no new service users and only one new member of staff, they were not sent again, but information from them is used where appropriate throughout this report. They had been sent to three service users and twelve staff and all the service users and 10 (83%) staff had completed and returned them.

The Manager was involved throughout the inspection visit and the inspector would like to thank him, the service users, staff, and the Registered Persons for their assistance with the completion of the inspection for this period.

## **CHOICE OF HOME**

### **Inspector's findings:**

#### **Information**

Prospective service users have the information they need to make an informed choice about where to live. All three respondents to the service user questionnaire had stated that they had received written information and visited the home before deciding to move in.

There is an up-to-date Statement of Purpose and a Service User's Guide both of which, following a previous requirement, now include all the information required by Regulations 4 and 5.

All respondents to the service user questionnaire had stated that they had been aware that they were able to bring personal belongings into the home.

#### **Needs Assessment**

Prospective service users' individual aspirations and needs are assessed as had been demonstrated in the service user records examined, and new service users are admitted only on the basis of a full assessment undertaken by OCS clinical assessment team. Their assessment report is then sent to the Manager to agree that the home can meet the assessed needs.

Rehabilitation and therapeutic needs are assessed by registered health professionals and any potential restrictions on choice, freedom, services or facilities are discussed with the prospective service user and form part of the Service User's Plan. Family and carers' interests and needs are taken into account, subject to the service user's agreement.

There was no clear needs assessment form signed by the service user to evidence their involvement and agreement, just the clinical report. The only other evidence on the file examined of the assessed needs of the service user was a local authority care plan which contained no detail of the service user's needs just "24 hour supported living – staffed situation". Although it stated it had been prepared in August 2007, the names of those involved had not been added until December 2007 and it had not been distributed until February 2008. Where there was space for the signature of the service user/advocate/carer, 'service user/advocate' had been crossed out and the Registered Manager's name entered as the 'carer'. This care plan was of little help to Riverdale in determining if and how they were going to meet the service user's needs.

#### **Meeting Needs**

Information provided in the SAF indicated three service users with an average age of 39 in a range of 34 to 47, and an average length of stay of 18 months in a range of 1 year 3 months to 1 year 9 months. One service user had left in the year prior to completion of the SAF and had transferred to another OCS setting with nursing provision.

Following a previous requirement under Regulation 14.-(1)(d), the Manager does now write to prospective service users to confirm that, having regard to the assessment, the

care home is suitable for meeting their needs in respect of health and welfare, and he had provided a copy of a sample letter for this.

Subsequent to moving in there are formal, multi-disciplinary reviews at three months and six months. The Manager said that if it were felt that the home were not able to meet the service user's needs, alternative arrangements would be made. Service users are invited to these review meetings, but do not always choose to attend, but the Manager feeds back to them after the meeting. When service users do attend, they do now sign to this effect and to agree the plans, and if they do not attend, they sign their agreement to the plan following the feedback from the Manager.

Some specialised services such as occupational therapy and psychiatry are provided by professionals employed by the company. Other services are accessed via community based professionals.

OCS stated in the SAF that they help service users to continue practising the religion of their choice by providing adequate support and implementing a support package to enable them to be active within their chosen religion. If this includes visiting a religious organisation support such as appropriate staffing and transport would be provided to enable and encourage the service user to access this as and when needed.

Relevant training is provided to ensure that staff individually and collectively have the skills to meet the assessed needs of the service users.

OCS stated in the SAF that all service users use English as their first language but that if there were a need for communication or documentation in another language then it would be facilitated.

OCS stated in the SAF that an external advocacy service visits the home on a weekly/ fortnightly basis and service users are able to access this service, or they would be supported to contact another advocacy service of their choice.

### **Trial Visits**

All respondents to the service user questionnaire had said that they had visited the home before moving in. The Manager said that visits include meeting the other service users and staff and having meals with them, and being shown around the local community.

### **Contract**

Following a previous requirement the Manager had produced a contract/statement of terms and conditions for signature by the service user, Manager and area manager.

**Requirements made since the last inspection report which have been met: Not applicable**

Action required	When completed	Regulation number

**Requirements which remain outstanding: Not applicable**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>

**New requirements from this inspection: Not applicable**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good Practice Recommendations:**

There were no recommendations arising from this inspection episode.

## INDIVIDUAL NEEDS AND CHOICES

### **Inspector's findings:**

#### **Service User Plan**

All respondents to the service user questionnaire had known what their plan of care was and had said that it was regularly discussed with them.

All respondents to the staff questionnaire had said that they had access to the individual Service User's Plans and that they had felt confident that the care provided was in line with the Plans. Nine of the respondents had felt that service users were always involved with decisions about the care they receive, one had felt that they mostly were. All had described the standard of care given by staff as very good and there had been no suggestions for improvements. None of the respondents had had any concerns about the care provided but all had said that, if they did, they would be able to discuss them with managers. This was confirmed by the service users all of whom were spoken with in private on the inspection visit.

The service user file examined was very well organised, clear and comprehensive. The file was examined for the service user who had most recently moved into the home.

In addition to basic details and a likes and dislikes form, the Service User's Plans consisted of eight separate, detailed, numbered care plans in respect of each assessed need, detailing action to be taken and by whom. Each page of the original plan was signed by the service user and the staff member. Due to the lack of information in the local authority's care plan, it was difficult for the Manager to ensure that their Service User's Plan was consistent with the local authority's. The Service User's Plans had monthly reviews which were dated and signed by the service user and the staff member.

Risk assessment and management is an integral part of the plans but there were also detailed Person Handling Risk Assessments. There were also risk assessments on a form with the headings of: verbal aggression; physical aggression; self-harm; damage to property; inappropriate sexual behaviour; theft; allegations; weight; substance misuse; unauthorised leave; and personal vulnerability. Each aspect, where relevant, was assessed as low, medium or high risk with the risk management action and the person responsible detailed. These assessments were signed by the RMO, consultant psychologist, the Manager and now also the service user. Where there was an Occupational Therapy Agreement this was signed by the occupational therapist and the service user.

It was suggested that it might be helpful if the Service User's Plans were cross-referenced to the relevant parts of the risk assessments and initial needs assessments, in order to demonstrate how the Plan related to each assessed need, particularly as the various documents did not have consistent headings.

The Service user file examined contained weekly activity tables, daily records and contact sheets for GP, hospital, optician, dentist, occupational therapists, physiotherapists, psychologists, and psychiatrists, which were completed as appropriate.

There were also signed consents to photographs of the service user being taken, which was considered good practice.

Each service user has a keyworker who is named in their plan.

### **Decision Making**

Service users make decisions about their lives and this had been reflected in the responses to the questionnaires and confirmed in discussions with the current service users.

The Manager ensures that staff respect service users' rights to make decisions, and that rights are limited only through the assessment process, involving the service user, and are recorded in the individual Service User Plan.

Staff provide service users with the information, assistance and communication support they need to make decisions about their own lives.

All current service users control their own finances and none of them has an appointee. At a service user's request some money is held for safekeeping after he has collected it from the bank. His spending is monitored by staff but he retains control of his money. Appropriate records are kept and were seen and were signed by the service user and a member of staff.

### **Participation**

Service users are consulted on and participate in all aspects of life in the home and this had been reflected in the responses to the questionnaires.

OCS stated in the SAF that they hold regular service user meetings and that these enabled service users to contribute to the quality of service that they receive, and highlight any concerns or areas where the service could improve. They also stated that they promote positive communication between the service users and the staff and gave the opportunity for staff to demonstrate that they take service users' views seriously. They further stated that the meetings ensure that service users are involved with any household changes.

### **Risk Taking**

Service users are supported to take risks as part of an independent lifestyle and there were clear risk assessment and risk management plans on the service user file examined, as described above. These are now signed by service users to evidence their involvement and agreement.

The company has a missing persons' policy and there was also a service specific procedure and an individual service user specific procedure, to ensure that staff respond promptly and appropriately to unexplained absences of service users.

### **Confidentiality**

A 'Confidentiality and Disclosure of Information Policy' had previously been provided but

had not included arrangements for confidentiality of information about staff, nor arrangements for service users/staff to access their information. OCS stated in the SAF that this policy had been reviewed since the last inspection.

Responses to the staff questionnaires had indicated that there were good arrangements for keeping information about people in the home confidential.

**Requirements made since the last inspection report which have been met: Not applicable**

Action required	When completed	Regulation number

**Requirements which remain outstanding: Not applicable**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection: Not applicable**

Action required	Timescale for completion	Regulation number

**Good Practice Recommendations:**

There were no recommendations arising from this inspection episode.

## **LIFESTYLE**

### **Inspector's findings:**

#### **Personal Development**

Service users have opportunities for personal development and this had been evidenced in the files examined and in discussions with the service users and the staff.

Service users in treatment and recovery programmes receive professionally validated interventions, counselling and therapy.

#### **Education and Occupation**

The Statement of Purpose states that there is a holistic approach to meeting service user needs including educational needs.

#### **Community Links and Social Inclusion**

The Statement of Purpose states that one of their aims is to enable service users to be given the same opportunities as their peers in the local community in everyday life.

Examples of service user weekly activities programmes were provided and were seen on the service user file examined, and included activities within the home and in the community, but also many open sessions for service users to choose their activity.

The Manager said that the home has its own transport for service users, which they hope to change from a five-seat to a seven-seat vehicle so that all service users and their staff can go out on trips together, but that service users are also encouraged to use public transport with support as necessary and all have been assessed for this.

#### **Leisure**

The Statement of Purpose states that activities are based on structured assessment and programmes developed for each service user, and that service users are given opportunities to develop their social and life skills. It further states that the home has access to an occupational therapy team that is active in developing opportunities for service users. The new occupational therapist spends two days a week in the home and was there on the day of the inspection visit. OCS stated in the SAF that service users have an active role in choosing activities in which they would like to participate, when they first arrive and subsequently through discussion with their keyworkers, and that each service user has an individual activity plan.

All respondents to the service user questionnaire had said that they had the assistance they needed to go out when they chose to, and that they had enough activities/entertainment in the home and could choose whether or not to take part.

#### **Relationships**

Service users are helped to maintain their existing personal and family relationships, and

are encouraged to develop these as appropriate.

All respondents to the service user questionnaire had said that they could receive visitors in private at any time.

### **Daily Routines**

All respondents to the service user questionnaire had said that they had had their rights explained to them and had felt that they were allowed to exercise their rights. They had also all said that staff knock their doors and wait for a reply before entering.

Only one of the three respondents to the service user questionnaire had said that they had a key to their bedroom, but the other two had stated that they did not wish to have one. Only staff have fobs for the magnetic lock on the front door. Service users are unable to independently unlock the front door but the Manager said that there is no problem with staff doing this at the service user's request. There was no evidence in service user files of this having been risk assessed. The Manager said that service users can get out of the back door and side gate but that they would not be able to get back in without a key to the back door and someone unbolting the gate for them. It was suggested that the Manager should issue service users with fobs for the front door unless this had been contra-indicated in an individual risk assessment.

Staff do not open service users' mail, the Manager said that it is handed directly to them but that they usually ask for support with explaining the contents.

Staff use service users' preferred form of address which is recorded in the individual Plan, and this was observed during the inspection visit.

Staff talk to and interact with service users, not exclusively with each other, and this was observed during the inspection visit.

Service users choose when to be alone or in company, and when not to join an activity, and this had been confirmed in the responses to the service user questionnaires.

Service users' responsibility for housekeeping tasks is specified in the individual Plans.

The home has an aviary with budgerigars which were left by a previous service user but which two of the current service users help to care for. The aviary had been divided and part of it was now used as a potting shed for a service user who does gardening, and also for storing bikes which another service user buys at car boot sales and repairs.

### **Meals and Mealtimes**

OCS stated in the SAF, and the Manager said, that all staff have been trained in diet and nutrition and that if a service user has a special dietary need this would be met. The Manager also said that all service users have enrolled on the local authority's 'Health for Life' programme.

Service users are supported, through encouragement and education, to help plan, prepare and serve meals. Meals are planned together on a weekly basis and service users do the weekly shop in turn with support from staff. The Manager said that service

users are encouraged to prepare their own breakfast and lunch and to help with preparation for the evening meal which they have as a group. Records of food are kept on a daily basis with individual details of each meal eaten.

All respondents to the service user questionnaire had said that they always had a varied choice of meals, that there were always options to choose from at each meal and that any special food needs were always met. Two respondents had thought that the food in the home was 'Good', one thought it was 'Satisfactory'. (None had thought it 'Excellent', 'Poor' or 'Very poor'.) Two had stated that they had facilities to make hot and cold drinks. The third had not wanted these facilities.

Nine of the respondents to the staff questionnaire had thought that the food for service users was 'Very Good', and one had thought it was 'Good'.

One service user had been supported to bake cakes on the day of the inspection visit.

**Requirements made since the last inspection report which have been met: Not applicable**

Action required	When completed	Regulation number

**Requirements which remain outstanding: Not applicable**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number
In order to respect the dignity and rights of service users as required in Regulations 12.-(4)(a) and 13.-(7), and NMS 16.3, the Registered Persons must, unless contra-indicated in an individual risk assessment, issue service users with fobs for the front door lock.	31/07/08	12 (4) (a) 13 (7)

**Good Practice Recommendations:**

There were no recommendations arising from this inspection episode.

## **PERSONAL AND HEALTHCARE SUPPORT**

### **Inspector's findings:**

#### **Personal Support**

Service users receive personal support in the way they prefer and require.

OCS stated in the SAF that service users' choice about male or female staff providing support with their personal care is met by recording their preferences in their Service User's Plan and ensuring both male and female staff are on duty on each shift, and this was confirmed by the sample rotas provided.

All respondents to the service user questionnaire had said that they could choose how often to have a bath or shower, and that they were satisfied with the arrangements for hairdressing. Two had said that they could always choose when to get up and go to bed, one had responded 'Sometimes' to this question.

All respondents to the questionnaire had said that they chose which clothes to buy and which clothes to wear each day.

#### **Healthcare**

Service users are registered with local general practitioners and receive additional, specialist support and advice as needed and identified in their Plans from professionals such as physiotherapists, occupational therapists, psychologists, and psychiatrists, some from the community, some employed by the company.

#### **Medication**

Medication is administered by staff and stored in a locked metal cupboard fitted to the wall in the office. Controlled drugs are kept in a locked compartment inside this cupboard. Individual medication records are kept and include a photograph of each service user. The system was not checked in detail on this occasion but a member of staff was observed administering one dose and talked through the system she was using. The Manager said that they had changed the pharmacy they use to a local one which also provided free, accredited staff training in three units via a programme jointly produced by the pharmacy group and Keele University.

The medication policy in use still requires some amendment. It does now include the procedures for administering and recording controlled drugs but states that if a member of staff is working a lone shift, a second member of staff should verify the administration at the beginning and end of the shift. This is not acceptable. If controlled drugs are in use there must be two staff present at the time of the administration to witness the administration and to check the balance of the medication at the time.

Also, the medication policy does now include information regarding invasive procedures, but states that vaginal administration can be undertaken by trained support staff. This should not happen. The only invasive route for medicines administration by support staff for which there is an accepted procedure is the emergency administration of rectal

diazepam. Support staff should not undertake any other invasive procedure including for blood tests for service users with diabetes and any other injections for these service users, or any medicine requiring administration via the vaginal route. The emergency administration of rectal diazepam (when an ambulance has been called but is delayed in arriving) should only be undertaken if the following safeguards are in place: staff must be trained to do this; the health professional providing the training must assess the competence of the staff member and sign in respect of this and that they (the health professional) retain accountability; the staff must be named in the individual Service User's Plans and samples of their signatures and initials kept on the file; and the appropriate insurance must be in place. The procedure only includes that staff should be trained. Without the other safeguards staff are vulnerable to prosecution. The Manager confirmed that the current service users at Riverdale do not need emergency administration of diazepam by support staff as the paramedics arrive in time to undertake this when necessary, and also had written service specific procedures covering this.

**Requirements made since the last inspection report which have been met: Not applicable**

Action required	When completed	Regulation number

**Requirements which remain outstanding:**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number
In order to comply with Regulations 12.-(1), 13.-(1)(b) & 13.-(2), the Registered Persons must, from now on, ensure that only health professionals undertake invasive medical procedures with the exception of the emergency administration of rectal diazepam under the conditions described above.	13/06/07	12 (1) (a) 12 (1) (b) 13 (1) (b) 13 (2)

**New requirements from this inspection: Not applicable**

Action required	Timescale for completion	Regulation number

**Good Practice Recommendations:**

There were no recommendations arising from this inspection episode.

## STAFFING

### **Inspector's findings:**

#### **Staff**

Staff are encouraged to know and support the main aims and values of the home which are stated in the Statement of Purpose and reflected in the home's policies and procedures, copies of which are available in the office.

All respondents to the service user questionnaire had said that all staff were always caring, and always treated the service users with courtesy and respect and protected their privacy.

Nine of the ten respondents to the staff questionnaire had said that they were aware of the Care Council for Wales' Code of Conduct. One did not reply.

Volunteers are not used and this had been confirmed by all respondents to the staff questionnaire.

#### **Qualities and Qualifications**

The home does now exceed the National Minimum Standard of 50% of care staff holding NVQ level 2 in care or a similar qualification approved by the Care Council for Wales, with eight of the eleven staff (73%) having NVQ, five at Level 2, and three at Level 3. One member of staff was working towards Level 4. The Manager said that it is company policy for staff to be referred to do NVQ Level 2 following successful completion of their probationary period and if their sickness levels are not too high. However, the company would give priority to settings that had not yet met the 50% target.

#### **Staff Team**

All respondents to the staff questionnaire had felt that the staff worked 'Very Well' or 'Well' as a team.

From information provided on the day of the inspection visit, the staff team consisted of two senior support workers, one trainee senior support worker, seven support workers and one trainee support worker with an average age of 36 in a range of 20 to 57, and an average length of service in the home of 1 year nine months in a range of 5 months to 2 years 7 months. All staff were full-time and, at the time of completing the questionnaires, the respondents had worked in the care profession for an average of 6 years 8 months in a range of 6 months to 15 years. In the year prior to completion of the SAF, one member of staff had left.

OCS stated in the SAF that there is an induction package in place for agency staff but that agency staff had not been used in the previous year.

The Manager said that staff meetings take place on a 2-monthly basis following the senior staff meetings and prior to the service users' meetings..

**Recruitment**

The home has a recruitment policy which was not examined on this occasion but which OCS stated in the SAF had been reviewed since the last inspection. OCS stated in the SAF that all staff have an enhanced CRB check prior to commencing employment and that repeat checks are obtained every three years.

The staff file examined contained all the required records. CRB records are now kept on the premises in a metal safe with a digital lock inside a locked cupboard. The Manager said that only he and the HR Department had access to these.

Appointments are subject to a six month probationary period.

**Training and Development**

All ten respondents to the staff questionnaire had said that they had an individual plan of agreed training.

OCS stated in the SAF that core training is provided as part of the organisation's induction package and includes courses on Health and Safety; First Aid; Physical Intervention; Food Hygiene; Fire Safety; Protection of Vulnerable Adults (PoVA); Mental Health Act; and Manual Handling. All staff are required to undertake this training and also Fire Marshall Training; Infection Control Training; COSHH Training; and Equal Opportunities Training. They further state that all training is updated on a yearly basis or when there is a change in legislation. Staff who continually fail to attend required training are taken through the organisation's disciplinary process.

Information provided in the SAF confirms that all staff have had training in Manual Handling; First Aid; Food Hygiene; Infection Control; Health and Safety; PoVA; and Physical Intervention.

The Manager said that all care staff commence their induction programme on the first day of their employment with a two week induction at the head office covering all basic topics and including a visit to the home to meet the service users and staff. This is followed by a two week period in the home on a supernumerary basis shadowing staff. There were still no records of induction on the staff files, but the Manager said that the company was still preparing a formal induction pack which would take account of the Care Council for Wales National Induction Framework. He said that this was now near completion and was due to be piloted at the next recruitment.

There are separate training records for each member of staff and these were seen on the inspection visit and were detailed and well organised and included evidence of training undertaken.

**Supervision and Support**

The Manager supervises the Senior Support Workers and the seniors supervise the support workers. The Manager said that he and all of the seniors had had supervision training.

OCS stated in the SAF that all staff receive individual supervision on a 6-8 weekly basis,

but that if a need arose for supervision at other times this would be facilitated. It also stated that all supervisions are recorded and kept securely in individual staff files, one of which was examined. The file was well organised and contained evidence of regular supervision sessions, the records for which were signed by the employee and the staff member carrying out the supervision.

Respondents to the staff questionnaire had received individual supervision from their managers at intervals of between one and three months.

Eight respondents to the staff questionnaire had said that they have annual appraisals, one had said that they did not and the other had said that they 'will do'.

The SAF stated that there is a nominated manager on call on a 24 hour basis. All respondents to the staff questionnaire had stated that they knew what the on-call arrangements were should they have needed them.

There is a comprehensive 'Disciplinary and Appeals' procedure and which, following a previous requirement, does now include that failure on the part of an employee to report an incident of abuse or suspected abuse of a service user is a ground on which disciplinary proceedings may be instituted, as required under Regulation 22(1)(b). There is also a comprehensive grievance procedure.

**Requirements made since the last inspection report which have been met: Not applicable**

Action required	When completed	Regulation number

**Requirements which remain outstanding: Not applicable**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection: Not applicable**

Action required	Timescale for completion	Regulation number

**Good Practice Recommendations:**

There were no recommendations arising from this inspection episode.

## **CONDUCT AND MANAGEMENT OF THE HOME**

### **Inspector's findings:**

#### **Day-to-Day Operations**

It was stated in the SAF that there had been a new Manager since September 2007, and this Manager has now been registered by CSSIW. It is further stated in the SAF that the Area Manager would cover in the absence of the Manager.

The home, the service users and staff appear to be benefiting from the Manager's full-time input. The Manager is competent and experienced to run the home and meet its stated purpose, aims and objectives, and, he does now have NVQ Level 4 as required by the National Minimum Standards.

#### **Ethos**

Service users benefit from the ethos, leadership and management approach of the home which creates an open, positive and inclusive atmosphere and this was observed on the inspection visit.

The responses in the staff questionnaire (which had been undertaken at the time of the previous manager) to the question 'Do you feel valued by the management of the home?' had been: 'Always' – 7; 'Mostly' – 1; 'Often' – 2; 'Sometimes' – 0; and 'Never' – 0. In response to the question regarding having enough support to competently do the job, all had answered 'Always' or 'Mostly'.

Respondents to the staff questionnaire had said that they are 'Always' (9) or 'Mostly' (1) given opportunity to contribute their ideas and make suggestions.

#### **Quality Assurance**

Although comprehensive elements form the basis of the system for reviewing quality of care, there had still not been an overall review of the results of these various elements and a report of the quality assurance review which had been required by 31<sup>st</sup> December, 2007. The legislation, which came into force on 1<sup>st</sup> January, 2007, requires the quality of care to be reviewed at least annually and for a report to be made available within 28 days of the review. This was discussed with the Manager who thought that the company was producing this report. It was explained that a company report would be acceptable as long as it clearly discussed findings in relation to the individual settings. If not, the Manager would need to ensure compliance with the legislation with regard to Riverdale.

OCS stated in the SAF that they review the quality of the service on a three-monthly basis. They stated that they use various methods/systems to review the quality of their service including: service users' six-monthly reviews; monthly MDT (multi-disciplinary team) meetings; 6-8 weekly care plan reviews/evaluations; quarterly audits by the Area Manager; annual audit carried out by the RI; 6-8 weekly staff supervisions; staff annual appraisals; staff meetings; service user meetings; and service user questionnaires. They stated that consultations with local authorities are usually via service users' six monthly care reviews.

A copy of a provider visit report stated that the visits are designed to provide a monitoring tool to aid service development and ensure consistent quality provision, and are carried out on a three-monthly basis on behalf of the Registered Provider under Regulation 27. OCS stated in the SAF that since the last inspection these visits had resulted in redecoration of the kitchen/lounge.

OCS stated in the SAF that what they felt the service had done well since the last inspection was continued to adapt the service to meet individual needs of service users, and continued the development of a consistent approach to service users' care. They stated that this had been achieved by ensuring that recommendations from the previous inspection had been met, continuing to provide a high standard of care, promoting effective communication between the staff team and the service users and adopting a positive work ethic. They also stated that there had been no constraints on the development of the service.

In response to the requirement for a report of the annual quality assurance review by 31<sup>st</sup> December, 2007, OCS stated that a service user questionnaire had been developed and implemented, and that a survey questionnaire for purchasers was being developed to have been sent out at the end of February 2008. They further stated that a full annual staff survey was being developed by the company for all employees. As there is a requirement for the Registered Person to obtain the views of the staff employed at the care home, the results of the staff survey would need to be presented in a service specific way in order to meet this requirement.

### **Policies and Procedures**

The home has written policies and procedures which were previously provided and commented on and to which staff have access as they are kept in a file in the office.

The Manager said that OCS now has a policy working group that is currently reviewing all the company's policies and procedures and sending revised ones to settings at the rate of about three per month. Old policies and procedures remain in place until they have been revised.

### **Record Keeping**

OCS stated in the SAF that all current records are stored securely within the home's office and all archived records within a double-locked archive cupboard also in the home's office.

Service user records are kept on shelves and staff records in locked filing cabinets in the office which is lockable via a digital lock. The Manager said that computer records are password protected. Service users and staff can access their records via the Manager.

Required information was kept on the service user's file examined.

All other records required under Schedule 4 were also kept. There was an accident policy but it was suggested that the Manager produce a more service specific procedure for use by staff in the event of an accident.

### **Safe Working Practices**

Staff induction training includes sessions on safe working practices as detailed above under Training and Development.

All respondents to the staff questionnaire had said that they had the right equipment to competently do their job.

OCS stated in the SAF that they hold certificates dated 31<sup>st</sup> May, 2007 for gas safety inspections by CORGI registered gas engineers for their gas appliances and the heating boiler, an Electrical Wiring Periodic Inspection Certificate dated 30<sup>th</sup> November, 2006 and valid for five years, and a certificate for their portable electrical appliances dated 5.1.07. Evidence was seen on the inspection visit of a satisfactory gas safety inspection of the boiler on 22<sup>nd</sup> May, 2008 (the Manager said that they do not have any gas appliances) and the portable electrical appliances dated 11<sup>th</sup> January, 2008.

They further stated in the SAF that there are thermostatic blending valves on all hot water outlets and that the water temperatures are tested and recorded on a weekly basis, and that refrigerator and freezer temperatures are checked and recorded on a daily basis.

They also stated in the SAF that there are risk assessment sheets for cleaning chemicals as required under COSHH.

### **Conduct of the Service**

OCS stated in the SAF that the service continues to be financially viable and that the accounts are audited at the main office on a monthly basis and there had been no recommendations as a result of the last audit.

They also stated in the SAF that they have an employers' liability insurance certificate and this was seen on the inspection visit displayed in the hall with an expiry date of April 2009. The registration certificate was also displayed in the hall.

OCS stated in the SAF that plans for the service over the next twelve months included continuing to meet the needs of service users in a way that promotes equality and individual life choices; ensuring continuing provision of a high standard of care; creating and implementing therapeutic activities for service users; and providing further training opportunities and development for staff to enable them to meet the needs of the service users.

### **Requirements made since the last inspection report which have been met: Not applicable**

<b>Action required</b>	<b>When completed</b>	<b>Regulation number</b>

### **Requirements which remain outstanding:**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>
In order to comply with Regulation 25 as amended by The Care Standards Act 2000 and the Children Act 1989		

(Regulatory Reform and Complaints) (Wales) Regulations 2006, the Registered Persons must review the quality of care at least annually, obtain the views of staff and any local authority which has arranged for the accommodation of a service user (in addition to those of service users and their representatives), and within 28 days prepare a report of the review and make it available on request as specified.	31/12/07	25 (1)
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**New requirements from this inspection: Not applicable**

Action required	Timescale for completion	Regulation number

**Good Practice Recommendations:**

There were no recommendations arising from this inspection episode.

## CONCERNS, COMPLAINTS AND PROTECTION

### **Inspector's findings:**

#### **Complaints and Concerns**

Respondents to the service user questionnaire had stated that staff and the person in charge always listen to their comments and concerns.

All respondents to the service users' questionnaire had said that they knew how to make a complaint and that if they needed to would feel able to do so.

All respondents to the staff questionnaire had felt that service users' concerns/complaints were taken seriously and responded to properly.

Following a previous requirement the complaints procedure had been amended to comply with 'The Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006', and a copy of the latest version produced by the Policy Working Group and issued in March 2008 was provided on the inspection visit. It was mostly in compliance with the legislation except that it didn't include arrangements for consideration of complaints made about the Registered Person and stated the time limit for resolution as 14 working days – the legislation only allows 14 days.

A record is kept of all issues raised or complaints made by service users in a book which is kept in the office.

OCS stated in the SAF that there had been no complaints in the previous twelve months.

#### **Protection**

Following a previous requirement the 'Abuse of Vulnerable Adults' policy had been amended but was still not fully in accordance with the statutory guidance ('In Safe Hands') and local PoVA procedures, and the 'Employee Disclosure of Misconduct (Whistleblowing) Policy' still did not include that failure to report an incident of abuse or suspected abuse is a ground on which disciplinary proceedings may be instituted.

All respondents to the staff questionnaire had been aware of the whistleblowing procedure.

OCS stated in the SAF that there had been no adult protection referrals since the previous inspection.

**Requirements made since the last inspection report which have been met: Not applicable**

Action required	When completed	Regulation number

**Requirements which remain outstanding:**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number
The Registered Persons must, within two months, produce a new complaints procedure in accordance with the new legislation as detailed above and send a copy to CSSIW.	20/08/07	23 (1)
In order to comply with Regulation 13.- (6), the Registered Persons must, within two months, amend the Adult Protection and Prevention of Abuse Policy and the Employee Disclosure of Misconduct (Whistleblowing) policy, as detailed to the RI, to ensure that they are in accordance with the locally agreed PoVA procedures, and send a copy to CSSIW.	20/08/07	13 (6)

**New requirements from this inspection: Not applicable**

Action required	Timescale for completion	Regulation number

**Good Practice Recommendations:**

There were no recommendations arising from this inspection episode.

## **ENVIRONMENT**

### **Inspector's findings:**

#### **Premises**

The home is a purpose built detached house situated in a residential area near to Cardiff city centre, on a main bus route. There were high standards of décor and cleanliness throughout the home.

OCS stated in the SAF that there had been no changes to the premises since the last inspection.

All respondents to the service user questionnaire had thought that the decoration, ventilation, lighting, and warmth in the home were 'Good'. Two had thought the security in the home was 'Excellent' and the other thought it 'Good'.

#### **Individual Rooms**

The Statement of Purpose states that the size of the four bedrooms meets the National Minimum Standard (NMS) of 12 square metres.

None of the respondents to the service user questionnaire shared a bedroom and each had a lockable facility in their room. None of them had chosen the décor for their room but all had been happy with it.

One service user's bedroom was seen on the inspection visit and had good standards of décor and cleanliness and evidence of personalisation.

#### **Shared Space**

There is a communal lounge and kitchen/dining area, all of which had high standards of décor and cleanliness.

The home has three toilets for four service users, two of which are en-suite, which is above the NMS of their being shared by no more than two people. There are three bath/shower rooms, two of which are en-suite, which is above the NMS of their being shared by no more than three people.

In response to the question in the staff questionnaire regarding the safety and security of service user and staff personal items, nine had thought that this was sufficient but one had stated: "Staff don't have facilities apart from locking the office."

There is a well maintained garden at the rear of the property with a patio area with table and seating. There were also a wooden bench and plant containers which had been made by one of the service users. There is an aviary with budgerigars which two of the service users help to care for, and pots with flowering plants which are maintained by another service user.

### **Adaptations and Equipment**

OCS stated in the SAF that there is an epilepsy seizure detector on one bed and grab rails fitted to both downstairs en-suites.

All respondents to the staff questionnaire had said that they had the right equipment to competently do their job.

### **Hygiene and Control of Infection**

All respondents to the service user questionnaire had thought that the standards of cleanliness in the home were good. Respondents to the staff questionnaire had thought that the standard of cleanliness in the home was 'Very good' (6); 'Good' (3); or 'Average' (1). A high standard of cleanliness was observed in the parts of the home seen during the inspection visit.

All respondents to the staff questionnaire had thought that the way in which the service users' laundry was managed was 'Very good' (5) or 'Good' (5).

**Requirements made since the last inspection report which have been met: Not applicable**

<b>Action required</b>	<b>When completed</b>	<b>Regulation number</b>

**Requirements which remain outstanding: Not applicable**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>

**New requirements from this inspection: Not applicable**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

### **Good Practice Recommendations:**

There were no recommendations arising from this inspection episode.