

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for younger adults**

Riverdale

29, Pantbach Avenue,
Cardiff
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Date of publication 10 November 2010

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Home:	Riverdale
Contact telephone number:	01386 870 029
Registered provider:	Ocean Community Services Limited (OCS) Responsible Individual (RI) Stephen Bartley
Registered manager:	Naima Esmahan Dodd
Number of places:	4
Category:	Care Home - Younger Adults - Learning Disability and/or Mental Health (and having regard to compatibility with existing service users) between the ages of 18 and 65 years
Dates of this inspection from:	30 June 2010 to: 15 th July, 2010
Dates of other relevant contact since last report:	Thursday 15 th July, 2010 1000-1615 hours Announced Inspection
Date of previous report publication:	
Inspected by:	April Phillips

Introduction

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) between the ages of 18 and 65 years.

The Registered Provider is Ocean Community Services Ltd. (OCS) and their Responsible Individual (RI) is Stephen Bartley. The Registered Manager (subsequently referred to as the Manager) is Naima Dodd.

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 in the parts of the home seen.

The RI and Manager were involved throughout the inspection visit and the inspector would

like to thank them, the service users, and staff for their assistance with the completion of the inspection for this period.

Summary of inspection findings

This is a well run home supported by a well organised company with comprehensive policies and procedures and well developed systems in place.

What does the service do well?

Some specialised services such as occupational therapy and psychiatry are provided by professionals employed by the company. ('Meeting Needs')

The most recent service user to move in had visited the home regularly over three months prior to his move and had purchased items to personalise his room before he moved in. ('Trial Visits')

They operate a separate register/system (similar to that for controlled drugs) for 'Drugs Liable to Misuse'. ('Medication')

The home exceeds the National Minimum Standard (NMS) 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 twelve staff (67%) having at least NVQ 2. ('Qualities and Qualifications')

The RI and Manager said that they are hoping to involve service user representatives in the assessment centre part of the staff recruitment procedure. ('Quality Assurance')

The numbers of baths/showers and toilets is above the NMS. ('Shared Space')

What has improved since the last inspection?

Included in the above section regarding what the service does well.

What needs to be done to improve the service?

a.) priorities

See requirements regarding providing copies of the quality assurance review reports and amending the complaints policy.

b.) other areas for improvement

Finding a door lock to enable service users to hold a key and have independent access in and out of their home, and for this liberty not to be restricted by risk assessed limits placed on other service users. ('Daily Routines')

Producing a service specific medication procedure that addresses the points previously detailed in an earlier inspection report. ('Medication')

Ensuring consistency in the due review dates of policies. ('Complaints and Concerns')

Inspection methods

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
- * service user questionnaires
- * discussions with staff
- * staff questionnaires
- * visiting professionals questionnaires
- * 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.

Questionnaires were sent to three service users, twelve staff and two professionals involved with the home. Completed questionnaires were received from one (33%) service user, nine (75%) staff and both (100%) professionals. All respondents to the staff questionnaire: were aware of the Care Council for Wales Code of Conduct, the organisation's whistleblowing policy and their on-call system; said that they had access to service users' care plans, that the care provided was in line with these plans, that they had the right equipment to do the job, that service users' concerns/complaints were taken seriously and properly responded to, and that they felt able to discuss serious concerns with their managers. None of the respondents thought that any improvements could be made to the laundry service and they also confirmed that volunteers were not used. Three of the respondents to the staff questionnaire were Senior Support Workers and six were Support Workers; eight were full-time and one was part-time; they had worked in Riverdale for an average of three years in a range of 4 months to 4 years 5 months; and had worked in the care profession for an average of 9 years in a range of 18 months to 28 years. The

respondents to the professionals' questionnaire were from different disciplines with different levels of contact with the home.

For reasons of anonymity, as there was only one respondent, the responses to the service user questionnaire are not given in detail but there were no issues arising from the responses.

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

Choice of home

Inspector`s findings:

Information

Prospective service users have the information they need to make an informed choice about where to live. They receive written information and are able to visit the home before deciding to move in, and are able to bring personal belongings into the home.

Needs Assessment

Prospective service users' individual aspirations and needs are assessed, as had been previously demonstrated in 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 were no issues arising from the inspection of records on the inspection visit in March 2010.

Meeting Needs

Information provided in the SAF indicated three service users with an average age of 38 years 11 months in a range of 27 years 3 months to 50 years, and an average length of stay of 1 year 9 months in a range of 1 month to 3 years 8 months. Two service users had left since the previous SAF had been completed, one had transferred to a community house in his placing authority's area and the other had moved to an independent hospital within the organisation.

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.

The Registered Persons stated in the SAF that they aim to provide a 50:50 ratio of male/female staff in order to meet service users' preferences regarding male or female staff providing their personal care, and this was reflected in the staffing information provided with the SAF.

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

The Registered Persons stated in the SAF that staff are able to communicate with service users who all use English as their first language.

The Registered Persons stated in the SAF that service users are informed of the availability of an advocate from an external advocacy service and supported in any requests for this.

Trial Visits

Prospective service users are able to visit the home before moving in. The most recent service user to move in had visited the home regularly over three months prior to his move. The visits had included two overnight stays, full day visits including meals and being part of the rota for household chores, and activities with each of the existing service users and also group activities involving all service users. He had chosen which days to visit and he had also purchased items to personalise his room before he moved in. These arrangements had contributed to a smooth transition for this service user.

Contract

There had been a contract/statement of terms and conditions for signature by the service user, Manager and area manager, and there had been no issues arising from the inspection of records on the inspection visit in March 2010.

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.

Individual needs and choices

Inspector`s findings:

Service User Plan

All respondents to the staff questionnaire said that they had access to the individual Service User's Plans and that they felt confident that the care provided was in line with the Plans. Five of the respondents felt that service users were 'Always' involved with decisions about the care they receive, two felt that they 'Mostly' were, one 'Often' and one 'Sometimes'. Seven had described the standard of care given by staff as 'Very Good', one 'Good' and one 'Average', and one had commented: "Staff always try their best to follow care and support clients who can at times present challenges". None of the respondents had any concerns about the care provided but all had said that, if they did, they would be able to discuss them with managers.

Service user files were not examined on this inspection visit but no issues had arisen when they had been inspected on the March 2010 visit.

Decision Making

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.

Service users are encouraged to make decisions about their lives, and staff provide service users with the information, assistance and communication support they need to do this. One of the respondents to the visiting professionals' questionnaire thought that the way the home consults with service users on their wishes and choices was 'Good', the other responded 'Not Known'.

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. Records are kept but were not examined on this inspection visit but no issues had arisen when records had been inspected on the March 2010 visit.

Participation

Service users are consulted on and participate in all aspects of life in the home.

One respondent to the visiting professionals' questionnaire said that service users are 'Always' encouraged to be independent in line with their capabilities, the other answered 'Not known' to this question.

The Registered Persons stated in the SAF that they hold monthly service user meetings and that service users have the opportunity to attend these to have input into the quality of care and service provided.

Risk Taking

Risk assessment and management is an integral part of the Plans and service users are supported to take risks as part of an independent lifestyle.

Confidentiality

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

The organisation has a 'Confidentiality Agreement' which gives information on the principles of handling confidential service users' and staff information, a copy of which must be signed by each employee.

An 'Access to Records' policy was provided and covered formal, written procedures for accessing records under the Data Protection Act, but not for service users or staff to access their records on a daily basis.

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

One of the home's objectives as stated in the Statement of Purpose is to enable each service user to maximise their abilities through an inclusive and holistic approach which is broad, balanced and diverse.

Service users in treatment and recovery programmes receive professionally validated interventions, counselling and therapy. The Manager said that all current service users have a recovery plan and regular input from a professional multi-disciplinary team including CPN, dietician and speech therapist, as and when needed.

Education and Occupation

The Service User's Guide states that the home offers a variety of support and care including with educational activities. Information was seen indicating educational activities such as art, pottery, literacy, photography and maths accessed at the Friary Centre and Llanover Hall. One service user makes his own arrangements for sessions in reiki and meditation.

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.

The Registered Persons stated in the SAF that support is provided as required to help service users access religious services of their choice, and the Statement of Purpose states that, whilst not promoting any particular faith, service users are encouraged to develop appreciation of their faith and culture by celebrating major religious festivals of their choosing. One service user attends spiritualist church meetings which staff sometimes attend on invitation by the service user. The other service users do not currently wish to attend religious services.

Examples of service user weekly activities programmes were seen and included activities within the home and in the community, but also many open sessions for service users to choose their activity at the time. Activities included: badminton; gym; football; walks; trampolining; swimming; fishing; shopping; cooking; arts and crafts; litter picking-up; and visits to places such as Cardiff Castle and St. Fagans Museum of Welsh Life.

The home now has its own seven-seat vehicle for service users so that all service users and their staff can go out on trips together. Service users are also encouraged to use public transport with support as necessary and all have been assessed for this.

Leisure

The Registered Persons stated in the SAF that service users are consulted about their social interests and activities both individually and as a group via activity plans and

interest checklists.

The Statement of Purpose states that the home has access to an occupational therapy team that develops opportunities for service users to participate in activities appropriate to their skills, needs and likes including hobbies, special trips, educational and other local community opportunities, and that the activities are based on structured assessment and programmes developed for each service user.

One respondent to the visiting professionals' questionnaire said that the home 'Always' offers appropriate leisure and recreational activities for the service users, the other answered 'Not known'.

Relationships

Service users are helped to maintain their existing personal and family relationships, and are encouraged to develop these as appropriate as stated in their individual Plans, and as stated in the Statement of Purpose. Service users are able to receive visitors in private at any time.

Daily Routines

Service users have their rights explained to them and are allowed to exercise their rights, and had previously said that staff knock their doors and wait for a reply before entering.

Only staff had fobs for the magnetic lock on the front door, and a previous requirement had been for these to be issued to service users unless contra-indicated in an individual risk assessment. The Manager said that they had addressed this by having the magnetic lock altered so that it could be switched on and off during the day according to risk assessments every morning and if there were any changes during the day. It was felt that this still restricted the rights of service users who were assessed as able to freely access their home. It also had implications for security during times when the lock was switched off. The RI and Manager agreed to reconsider this and find a door lock to enable service users to hold a key and have independent access in and out of their home, unless risk-assessed as not safe when there should be means of only restricting the liberty of the service user concerned.

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. Sometimes a service user collects the mail and hands it out.

Staff use service users' preferred form of address which is recorded in the individual Plan.

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

Meals and Mealtimes

The Registered Persons stated in the SAF that all dietary needs are met and that a qualified dietician is also available.

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 completed 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. Each Friday each service user has a budget of £5 to shop locally for a lunch and evening meal of their choice which the Manager said also allows them to have something different.

Records of food are kept on a daily basis with individual details of each meal eaten.

Eight of the respondents to the staff questionnaire thought that the food for service users was ‘Very Good’ (1) or ‘Good’ (7) and one thought it ‘Average’. One of the respondents to the visiting professionals’ questionnaire said that the food at the home was ‘Good’ and commented: “Not seen meals but lots of fresh fruit & veg in the kitchen.” The other responded ‘Not known’.

One of the service users enjoys baking and is supported by staff to do this.

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.

Personal and healthcare support

Inspector`s findings:

Personal Support

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

The Registered Persons stated in the SAF that service users' choice about male or female staff providing support with their personal care is met by aiming to provide a 50:50 ratio of male:female staff to ensure both male and female staff are available for each shift. This was confirmed by the sample rotas provided and further information given on the inspection visit. There are currently only male service users.

The Manager said that service users could choose how often to have a bath or shower, and that they were satisfied with the arrangements for hairdressing. She also said that they could choose when to get up and go to bed, although they did encourage service users to be in their rooms by 11pm as they mostly had early starts in the mornings, but that they all had TVs and other forms of entertainment in their rooms.

The Manager said that service users choose 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.

One of the respondents to the visiting professionals' questionnaire rated the home's understanding of each service user's medical history as 'Very Good' the other as 'Good'. One responded 'Very Good' to how they felt each of eight of service users' medical and nursing needs were met by the staff. (The other did not respond – the question stated 'For health care professionals only'.)

Medication

Both respondents to the visiting professionals' questionnaire thought that the management of service users' medication by the home was 'Very Good'.

The Registered Persons stated in the SAF that they have information leaflets for all medicines in use. None of the current service users administers their own medicines.

Medicines are appropriately stored in locked cupboards in the office which is kept locked when not in use. There is also a lockable medicine fridge, also in the office, with a maximum/minimum thermometer on the outside (connected to the inside) so that the fridge does not have to be opened to check the temperatures. None of the medicines currently in use requires this storage.

There were no controlled drugs in use at the time of the inspection visit. The Manager said that they did operate a separate register/system, similar to that for controlled drugs, for 'Drugs Liable to Misuse'.

Unused medicines are recorded, signed for, witnessed, and returned to the pharmacist who signs on receipt. Comprehensive forms for this purpose are provided by the pharmacist and were seen during the inspection visit.

Medicines are supplied in cassettes and administered by appropriately trained staff. The Registered Persons stated in the SAF that medication training is given by the pharmacist and is accredited via a programme jointly produced by the pharmacy group and Keele University. The Manager plus all current staff are trained and designated to administer medicines and all have had their competency assessed.

The Registered Persons stated in the SAF that they undertake internal reviews of all aspects of medicines practice and that there is a weekly medication audit.

The medication policy provided as the one in current use by the home – 'Medicines Management Policy' July 2008 – was an overall policy for the organisation, including health settings where nurses are employed, and did not include a service specific procedure for the home. The Registered Persons should ensure that there is a service specific procedure, that it is in use at the home and that the points raised in the previous inspection report have been addressed including that when controlled drugs are in use there must be two staff present at the time of the administration; and the only invasive route for medicines administration by support staff for which there is an accepted procedure is the emergency administration of rectal diazepam under the conditions previously detailed.

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.

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 of the respondents to the question in the staff questionnaire about the Care Council for Wales' Code of Conduct had said that they were aware of it.

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

Qualities and Qualifications

The home exceeds 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 twelve staff (67%) having NVQ, five at Level 2, two at Level 3 and one at Level 4. In addition, one member of staff had a BTEC National Diploma in Health and Social Care, another was undertaking NVQ Level 2 and a third had worked as a mental health nurse.

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 were 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 as a team 'Very Good' (4) or 'Good' (5). Both respondents to the visiting professionals questionnaire said that the staff 'Always' respond to their visits in a timely and professional manner. Both thought that the quality of care provided by the staff was 'Very Good' and neither had ever expressed a concern/complaint about the care provided. One thought that the attitude of care staff to service users was 'Very Good', the other thought it 'Good'. Both said that there were 'Always' sufficient staff on duty to meet the apparent needs of the service users and that service users were 'Always' treated with respect and dignity. One commented that they thought the "Friendly capable staff" were what was particularly good about the home.

From information provided in the SAF, the staff team consisted of three senior support workers, one trainee Senior Support Worker, and eight support workers, with an average age of 36 in a range of 21 to 59 (age not given for one), and an average length of service of 3 years 2 months in a range of 7 months to 4 years 8 months. Eleven of the staff were full-time, one worked 24 hours per week, and, at the time of completing the questionnaires, the respondents had worked in Riverdale for an average of three years in a range of 4 months to 4 years 5 months, and in the care profession for an average of 9 years in a range of 18 months to 28 Years.

The Registered Persons stated in the SAF that all agency staff complete all mandatory training and have an induction to the unit prior to commencing their shift, but that no agency staff had 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, according to the SAF, had remained unchanged. The Registered Persons stated in the SAF that all staff have enhanced CRB checks prior to commencing employment and that repeat checks are obtained every three years. Appointments are subject to a six month probationary period.

CRB records are kept, as required, on the premises in a metal safe with a digital lock inside a locked cupboard. The Manager said that only she had access to these. It was suggested that she make arrangements for when she was not there and she agreed to ensure that the HR Department had access at such times.

There were no issues arising from the inspection of records on the inspection visit in March 2010.

Training and Development

Seven of the respondents to the staff questionnaire said that they had an individual plan of agreed training, one said that they did not and another did not reply.

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. Following this there is a six month period for staff to work through an e-learning induction package. The package takes account of the Care Council for Wales National Induction Framework and produces certificates for the staff as they successfully complete each module. These were seen on a staff file.

The Registered Persons stated in the SAF that core training is provided as part of the organisation's induction programme which all staff have to undertake and which includes courses on Health and Safety; First Aid; Physical Intervention and Breakaway Techniques; Food Hygiene; Fire Safety; Protection of Vulnerable Adults (PoVA); Mental Health Act; and Manual Handling. All staff are also required to undertake Fire Marshall Training; Infection Control Training; COSHH Training; and Equal Opportunities Training. They further stated that all training is updated on a yearly basis or when there is a change in legislation.

Further information provided in the SAF indicated:

Training	No. Staff (Total 12)	%
Manual Handling	12	100
First Aid	12	100
Food Hygiene	12	100
Infection Control	12	100
Health & Safety	12	100
Fire Safety	12	100
Adult Protection	12	100
Deprivation of Liberty Safeguards	10	83
Complaints	0	0

Although the Manager was listed in the SAF as having had Complaints training, none of the staff were. It is now a legal requirement that all staff have training in the home's complaints procedure. On discussion with the Manager she said that although the staff had not undertaken the organisation's complaints training, they had all received training in the home's complaints procedure as part of their initial induction and also their induction to the unit, which is considered sufficient to comply with Regulation 23.-(5).

Staff who continually fail to attend required training without good reason are referred to HR, future attendance closely monitored, and if considered a capability issue would be taken through the organisation's disciplinary process.

Supervision and Support

The Registered Persons stated in the SAF that staff receive individual supervision on a four to six weekly basis and that records are maintained. They also stated that the Manager supervises the Deputy Manager and Senior Support Workers, and the Senior Support Workers supervise the support and trainee support staff.

Eight of the respondents to the staff questionnaire had received individual supervision from their managers at intervals of at least two months in accordance with the NMS, one said it was every three months.

Three respondents to the staff questionnaire said that they have annual appraisals, four said that they did not and two did not reply.

The Registered Persons stated in the SAF that there is a three-tier on call system – bronze operated by OCS Registered Managers from 5pm to 9am, Silver operated by area and senior managers from 5pm to 9 am and gold operated by directors within the same times when there is also a psychiatrist on call. All respondents to the staff questionnaire stated that they knew what the on-call arrangements were should they have needed them.

There is a comprehensive 'Disciplinary and Appeals' procedure which, following a previous requirement, includes 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). The Registered Persons stated in the SAF that there had been no further amendments since July 2008.

There was 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

The Registered Persons stated in the SAF that the Area Manager would cover in the absence of the Manager.

Eight of the respondents to the staff questionnaire did not think that the standard of facilities at the home could be improved in any way. One responded 'Yes' but gave no further information.

The home, the service users and staff appear to be benefiting from the Manager's full-time input. The Registered Persons stated in the SAF that the Manager does now have NVQ 4 as recommended in the NMS (gained in May 2009), in addition to NVQ Level 2 in Care, NVQ Level 3 in Health and Social Care, and ILM in Leadership and Management, and is competent and experienced to run the home and meet its stated purpose, aims and objectives.

The RI said that all of his statutory training was up to date and that in the previous twelve months he had undertaken training in: Health and Safety, Health and Safety three day congress; Professionalism; Quality Management; RCN Congress; Information Governance; PoVA Level 3; and the company's monthly academic programme. The Manager said that during this time she had attended training in: Legionella; Professionalism; Health of the Nation Outcome Score (HoNoS); and PoVA Level 3.

The Registered Persons stated in the SAF that awareness training on the Deprivation of Liberty Safeguards had been undertaken by the Manager and ten staff.

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 to the question 'Do you feel valued by the management of the home?' had been: 'Always' – 7, and 'Mostly' – 2. In response to the question regarding having enough support to competently do the job, all answered 'Always' (6) or 'Mostly' (3)..

Respondents to the staff questionnaire said that they are 'Always' (6), 'Mostly' (2) or 'Often' (1) given opportunity to contribute their ideas and make suggestions.

Quality Assurance

The Registered Persons stated in the SAF that the quality of the service is reviewed on an annual basis and monitored through three-monthly internal audits and by the RI as part of his quarterly visits under Regulation 27. Other methods used are various auditing tools completed by the company's professionals and discussion and review with other OCS managers. They also said that consultation with service users, their representatives

and the authorities who place service users, is by questionnaires and feedback and that they are looking at doing this electronically in 2010/11 to increase feedback. Consultation with staff is by a company-wide questionnaire from which unit specific results can be extracted.

No quality assurance review report had been received since October 2008. The Registered Persons had stated in the SAFs for 2009/10 and 2010/11: "(RI) will be forwarding the quality assurance report at a later date" but this had not happened. The RI and Manager were reminded that under Regulation 25 the quality of care must be reviewed at least annually and that within 28 days of the review they must prepare a report of that review and make a copy available to CSSIW on request. The SAF is a formal request for this under s31 of the Care Standards Act 2000 and as such the latest available quality assurance review report should be provided in response to this (even if a later report is in progress).

The Registered Persons stated in the SAF that what they felt the service had done well since the last inspection was to have had a consistent staff team who are motivated to work towards a more independent life for each individual service user. They felt that Riverdale was a homely and relaxed setting that enabled each service user to share their home with each other and become part of the community. They also stated that there had been no constraints on the development of the service.

They further stated that plans for the service over the following twelve months included continuing to develop independent living for the service users and involving service users in the interview process, although they said that there had been significant improvement in this area over the previous few months. Currently, potential staff are interviewed at the assessment centre where it is determined in which home they would be best placed. They then visit the home to meet with service users who give their feedback. The RI and Manager said that they are hoping to involve service user representatives in the assessment centre part of the procedure.

Policies and Procedures

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

The RI said that OCS has a policy working group that is continually reviewing all the company's policies and procedures, both existing and new ones. Existing policies are reviewed at least every three years or when changes are required, and new ones are produced as and when required. Policies provided were clearly marked on the front cover page with Effective Date; Issue Number; Review Date (due); Author; and Scope. All policies and procedures are signed off by the Clinical Governance Committee and the signature of the Chairperson of this committee and the date of ratification appears on the second page of the policies. If a new police is urgently required, a copy will be placed on the file in the home marked "awaiting ratification", so that it can become effective as soon as possible. Old policies and procedures remain in place until they have been revised.

Record Keeping

The Registered Persons stated in the SAF that all current records are stored securely within a locked office. One of the respondents to the visiting professionals' questionnaire thought that the standard of record keeping was 'Very Good', the other responded 'Not

Known'.

There were no issues arising from the inspection of records on the inspection visit in March 2010.

Safe Working Practices

All respondents to the staff questionnaire said that they had the right equipment to competently do their job. The Registered Persons said that staff induction training includes sessions on safe working practices.

The Registered Persons stated in the SAF that their latest fire safety report from the fire service was dated 15th March 2007 and that they had completed a fire risk assessment on 21st May, 2010. They further stated that their fire risk assessment was prepared and reviewed by a competent person annually or when there are changes to the building or service users. They also stated that they have a fire safety policy (reviewed since the last inspection), emergency plan and a fire log book, and that all fire safety appliances/equipment are tested at the intervals prescribed by the fire service. They stated that, at least twice a year, they provide fire safety training to staff and carry out fire drills with staff and service users.

Regarding electrical systems, the Registered Persons stated in the SAF that they have an Electrical Wiring Periodic Inspection certificate valid for five years (previously stated dated 30th November, 2006), and a schedule of portable electrical appliances which undergo annual testing by a competent person.

The Registered Persons stated in the SAF that they have evidence of the last servicing and inspection of the central heating boiler, and inspection of gas appliances by a gas safe registered engineer.

They further stated that there are thermostatic blending valves on all hot water outlets where hot water is stored at 60°C, pre-set to safe temperatures and that the water temperatures are tested and recorded by a competent person on a weekly basis. If the temperatures are outside the safe range they would contact the engineer with whom they have a contract.

They also stated that refrigerator and freezer temperatures are checked and recorded, and that there are data sheets for cleaning chemicals and risk assessment sheets for bodily fluids, as required under COSHH. They also said that there are contracts for safe disposal of clinical waste and a 'Duty of Care' notice from an approved contractor.

Conduct of the Service

The Registered Persons 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.

Respondents to the visiting professionals questionnaire said that the Manager 'Always' responds to their visits in a timely and professional manner. One described the communication between the home and themselves as 'Very Good' and the other as 'Satisfactory' due to occasionally getting no reply when they telephone. Both felt that the home followed their instructions 'Very Well'.

The Registered Persons 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 29th April, 2011. The registration certificate was also displayed, as required, in the hall.

They also stated in the SAF that there are appropriate insurance arrangements, as required by the DVLA, for drivers of vehicles to transport service users.

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 comply with s31 of the Care Standards Act, 2000 the Registered Persons must, from now on, provide a copy of their latest available quality assurance review report in response to future requests for this in the SAFs.	15/07/10	CSA 31(1)
In order to comply with Regulation 25.- (3)(e), the Registered Persons must, within one week, provide to CSSIW a copy of their latest available quality assurance review report.	07/08/10	25 (3) (e)

Good practice recommendations:

There were no recommendations arising from this inspection episode.

Concerns, complaints and protection

Inspector`s findings:

Complaints and Concerns

All respondents to the staff questionnaire felt that service users' concerns/complaints were taken seriously and properly responded to. They all also said that if they had serious concerns they felt able to discuss them with their managers.

A copy of the current complaints procedure was provided but had not been amended since March 2008 so still does not include arrangements for consideration of complaints made about the Registered Person and still stated the time limit for resolution as 14 working days – the legislation only allows 14 days. These points were raised in a previous report. There is also a requirement to inform complainants that they can at any time complain to the authority which arranged for the accommodation, and it would be useful to complainants if this were in the procedure. The second page of this procedure states that it should be reviewed annually and that the next review was due in March 2009, but the front page states the review date as March 2011. The Registered Persons should ensure consistency in the due review dates.

A record is kept of all issues raised or complaints made by service users in a book which is kept in the office. The Registered Persons said that there had been no complaints since the previous inspection visit in March 2010.

Protection

All respondents to the question in the staff questionnaire regarding the whistleblowing procedure had been aware of it.

The Registered Persons stated in the SAF that there had been one adult protection referral since the previous inspection and that this had been concluded and had not required enforcement by any other statutory body or referral to the POVA list..

The organisation has policies on the 'Protection of Vulnerable Adults', 'Confidential Reporting', and 'Whistleblowing'. The 'Protection of Vulnerable Adults Policy' makes it clear that the company would regard not reporting concerns as gross misconduct leading to disciplinary action. The 'Whistleblowing Policy' includes details of Public Concern at Work, an independent charity offering advice and support to employees who have concerns.

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 comply with Regulation 23.-(3), 23B.-(1) and to evidence compliance with 23A.-(2), the Registered Persons must amend the Complaints Policy as detailed above and, within one month, send a copy to CSSIW.	27/08/10	23 (3) 23B (1) 23A (2)

Good practice recommendations:

There were no recommendations arising from this inspection episode.

The 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 in the parts of the home seen.

The Registered Persons stated in the SAF that there had been no changes to the premises since the last inspection episode, but that the garden patio had been extended.

Both respondents to the visiting professionals' questionnaire rated the physical environment as 'Very Well'. One thought that the safety of the environment for service users was 'Very Good' the other thought it 'Good'.

Individual Rooms

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

None of the service users shares a bedroom and each has a lockable facility in their room. The most recent service user had personalised their room before moving in.

Shared Space

There is a communal lounge and kitchen/dining room, 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, six thought that this was sufficient but three did not. Comments included: 'lockers for staff use'; "Ongoing need to store coats + bags for staff"; "Lockers for staff would be nice"; and "All safe".

There is a well maintained garden at the rear of the property with a patio area with table and seating and pots with flowering plants.

Adaptations and Equipment

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

The Registered Persons said that there are epilepsy seizure detectors on two of the beds and grab rails fitted to both downstairs en-suites.

Hygiene and Control of Infection

All respondents to the staff questionnaire thought that the standard of cleanliness in the home was 'Very good' (8); or 'Good' (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' (4) and none of them suggested any improvements.

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.

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by 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. It 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. Those Regulations which CSSIW believes to be key in bringing about change in the particular service 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 CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

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

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

There had been no outbreaks of infection in the home since the previous inspection.

What does the service do well?

The organisation has well developed Infection Control structures/systems in place and comprehensive policies and procedures and sources of information to inform them.

What needs to be done to improve the service?

a.) priorities

There were no requirements resulting from this inspection episode.

b.) other areas for improvement

Ensuring that paper towels are provided in the bedrooms of service users who may require personal care, in a way that is acceptable to the service users. ('Personal and Healthcare Support')

Inspection methods

As part of this inspection process Riverdale supplied a signed self-assessment statement and associated documentation, including the section on Infection Control.

From analysis of the Infection Control section of the self-assessment form and documents provided with it, the methodologies decided on for this inspection episode were: using the information provided in and with the SAF; inspection visit including consideration of the premises and facilities; and discussion and correspondence with the Registered Persons.

Personal and healthcare support

Inspector`s findings:

The Registered Persons stated in the SAF that there is a wash basin with hot and cold water in each service user’s room, and liquid soap, disposable gloves and aprons, and a foot operated bin for disposal available where personal care is provided. They further stated that paper towels are available in the kitchen area on the floor where personal care may take place, but they are not available in the service users’ bedrooms. This was discussed on the inspection visit and the Registered Persons agreed to look at this and ensure that paper towels are provided in the service users’ bedrooms in a way that is acceptable to the service users, and to inform CSSIW when this had been resolved.

The Registered Persons stated in the SAF that none of the current service users needs incontinence products.

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:

The staff induction course includes a session on Infection Control, a whole day on COSHH and Food Hygiene, and a six hour session on Health and Safety. The organisation’s Infection Control Strategy states: “All staff have a responsibility to attend Infection Control training, to ensure that Infection Control policies are effectively implemented in their area of work and to report infection control incidents and risks to their line manager and/or the Infection Control Team.”

The Registered Persons stated in the SAF that all 12 staff have received Infection Control training in January 2010 and May 2010, and that the training consisted of DVD resource training including a test on Infection Control and e-learning on Infection Control and Transmission, and that the training included management of hazardous waste. They further stated that they check the continuing competency of staff in Infection Control procedures by monitoring, audit and feedback.

There are no designated domestic or laundry staff but the Registered Persons stated in the SAF that cleaning schedules and a laundry rota are in place. Service users are supported by staff to complete the daily house chores and their laundry in accordance with the organisation’s values of promoting independence.

Staff have easy access to the organisation’s comprehensive Infection Control Manual within the policy file in the home.

The Registered Persons stated in the SAF that staff are made aware of the infection control policy and procedures via a message in the communications book, verbal communication, and e-mail reminder. They further stated that there is regular infection control training and the information in the SAF confirmed that all staff had undertaken this training.

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:

The Registered Persons stated in the SAF that there have been no outbreaks of infection in the home since the previous inspection but there are comprehensive arrangements in place for outbreaks of infection should they occur.

The organisation has a Director of Infection Prevention and Control (DIPC) supported by the Infection Control Adviser (ICA) who manages the Infection Control Team (ICT) which also consists of the Health & Safety Manager, Infection Control Nurses, Infection Control Representatives (OCS) and an Administrator. Infection Control medical advice is provided by the Occupational Health provider and includes 24 hour support to the senior managers who are on-call for staff support.

The home has a comprehensive range of policies and procedures in its Infection Control Manual including: Infection Control Strategy; Universal Infection Control Precautions (Standard Precautions); Procedure for Contacting the Infection Control Team – Including Notifiable Diseases; A Simple Guide to MRSA; Methicillin Resistant Staphylococcus Aureus (MRSA) Procedure; Tuberculosis (TB) Procedure; Sharps Procedure; Latex Allergy; Hand Hygiene Procedure; Small Outbreak Procedure; Major Outbreak Procedure; Linen Procedure; Infestations procedure; Management of Scabies Procedure; Clostridium Difficile Diarrhoea Procedure; A Simple Guide to C. difficile; and a Chickenpox and Shingles Procedure.

Sources used for the production of the manual include publications by agencies/organisations such as the World Health Organisation (WHO), Department of Health (DoH), National Institute for Health and Clinical Excellence (NICE), Public Health Laboratory Service, Medical Devices Agency, UK Health Departments, Royal College of Nursing, Infection Control Nurses Association, and the Health Protection Agency; numerous articles from journals such as the: Journal of Hospital Infection, Journal of Clinical Immunoassay, Journal of Allergy and Clinical Immunology, Nursing Times, Annals of Allergy, and Journal of Urology; and websites including: clean-safe-care.nhs.uk, and rcn.org.uk.

The above procedures have been effective since February 2008 and are due for review in February 2011. The Registered Persons stated in the SAF that all policies are reviewed at least every three years and also where it is found that a particular issue is not sufficiently detailed. They further stated that they ensure that the procedures are followed by staff through monitoring, audit and feedback.

The Registered Persons stated in the SAF that the Manager has received Infection Control training within the last year in January 2010 and May 2010.

The National Colour Coding Scheme is in operation and the Registered Persons stated in the SAF that posters are displayed in the home to ensure that staff understand the system.

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:**

There were no concerns, complaints or protection issues.

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.

The environment

Inspector`s findings:

The Registered Persons stated in the SAF that there is a dedicated laundry area but that it is also used for access to the office. They also stated that a disinfectant is a feature on the washing machine within the washing area.

As the home is designed and run on a normal living basis, there are no separate doors to bring dirty laundry in and take clean laundry out, but the Registered Persons stated in the SAF that a washing rota is in place for each service user to do their laundry and each service user has their own laundry basket.

The Registered Persons further stated that there is a wash basin with liquid soap, disposable paper towels and dispenser, disposable gloves (non-powdered or vinyl) and aprons, and a foot operated bin for disposal of these.

They also stated that the risk of cross contamination is eliminated by keeping all areas in the home clean, adhering to the policies and guidelines and educating all service users and staff. There had been no outbreaks of infection since the previous inspection.

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.