



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Rivervale Country
Establishment ID No:	1447
Date of Inspection:	19 October 2014
Inspector's Name:	John McAuley
Inspection ID:	17235

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of Home:	Rivervale Country
Address:	56a Dunamore Road Cookstown BT80 9NT
Telephone Number:	028 86751787
E mail Address:	rivervale.nursinghome@myrainbowmail.com
Registered Organisation/ Registered Provider:	Rivervale Country Helena Margaret O'Neill & Cecelia Theresa O'Neill
Registered Manager:	Ms Helena O'Neill
Person in Charge of the Home at the Time of Inspection:	Ms Helena O'Neill
Categories of Care:	RC-DE, RC-I, RC-MP(E), RC-PH(E), RC-MP, RC- PH, NH-DE, NH-I, NH-PH, NH-PH(E), NH-MP, NH-MP(E)
Number of Registered Places:	20
Number of Patients Accommodated on Day of Inspection:	13
Scale of Charges (per week):	£567.00 –Nursing £450.00 –Residential
Date and Type of Previous Inspection:	2 December 2013, secondary unannounced inspection
Date and Time of Inspection:	19 October 2014 10:15am – 1:50pm
Name of Inspector:	John McAuley

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with Registered Provider
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients and three visiting relatives
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 12 - MEALS AND MEALTIMES

Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Riverdale Country Nursing home is situated Dunamore Road approximately seven miles outside the town of Cookstown just off the main Cookstown to Omagh road.

The nursing home is owned and operated by Ms Helena O'Neill and Ms Cecelia O'Neill. The registered manager is Ms Helena O'Neil who has been in this position for approximately twenty years.

Accommodation for patients/ residents is provided single and double room accommodation over two floors.

Access to the first floor is via a passenger lift and stairs.

Communal lounges and a dining area are provided in the ground floor level. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of twenty persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
DE	dementia care
MP (E)	mental disorder excluding learning disability or dementia over 65 years
TI	terminally ill

Residential care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
DE	dementia care

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Rivervale Country Nursing Home. The inspection was undertaken by John McAuley on Sunday 19 October 2014 from 10:15am to 1:50pm.

The inspector was welcomed into the home by Ms Helena O'Neill the registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to registered manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/residents, staff and three visiting relatives. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 2 December 2014 one recommendation was issued. The inspector evidenced that this recommendation had been satisfactorily attended to within the specified timescale. Details can be viewed in the section immediately following this summary.

A review of the DHSSPS Nursing Homes Minimum Standard on Meals and Mealtimes was undertaken. Evidence was found at the time of this inspection that patients / residents were supervised and assisted in an appropriate manner with sensitive care provided to individual needs. The quality and presentation of the Sunday dinner time meal was found to be of an appetising, well presented standard. This was served in nicely appointed dining room facilities throughout the home with a conducive atmosphere for patients /residents to enjoy the meal. The three week rotational menu was found to be of nutritional and varied content. Discussions with patients / residents were all positive and complimentary in respect of the provision of meals. Several criterion of this standard were not reviewed on this occasion as the overall evidence found that there were adequate supervision and support and that meal provided for, was done so in keeping with this overall standard.

Patients / residents were found to be comfortable, content and at ease in their environment and interactions with staff.

Discussions with patients / residents, in accordance with their capabilities, all confirmed / indicated that they were happy with their life in the home, their relationship with staff and the provision of meals.

Discussions with three visiting relatives was all very complimentary terms about the provision of care, the kindness and support received from staff and their overall confidence in the home.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Patients / residents' bedrooms were nicely appointed and personalised.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients / residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the standard inspected.

The home's general environment was well maintained and patients / residents were observed to be treated with dignity and respect. One issue of improvement was identified with updating of a fire safety risk assessment.

Therefore one requirement was made on this occasion in relation to fire safety. This requirement is detailed in 6.6 of this report and in the quality improvement plan (QIP).

The inspector would like to thank the patients / residents, staff and registered manager for their support and assistance received throughout this inspection process.

4.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20.4	It recommended that the identified first aider is highlighted on the staff duty roster. Ref 20.4	The identified first aider was clearly highlighted in the home's duty rota.	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection. A review of the record of complaints together with discussions with the registered manager confirmed that there were no complaints received since the previous inspection to the home.

There have been no notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

STANDARD 12 - MEALS AND MEALTIMES	
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed:	COMPLIANCE LEVEL
12.1 Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines.	
Inspection Findings:	
<p>The Sunday dinner time meal at the time of this inspection consisted of; Homemade Soup, a choice of either Roast Turkey or Roast Beef, vegetables and gravy, followed by a dessert of Custard and swiss roll. This dinner was presented in an appetising manner, with choice of condiments.</p> <p>A review of the three weekly menus found there to be good provision of nutritious and varied foods.</p> <p>Individual diets were also found to be suitably catered for, as observed in the presentation of pureed and soft diets.</p> <p>Discussions with patients / residents on the provisions of meals found that they enjoyed their meals and no issues of concern relating to same were expressed.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
12.2 Patients are involved in planning the menus.	
Inspection Findings:	
Discussions with the registered manager confirmed that the menus are planned around the likes and dislikes of patients / residents, with the provision of choice.	Compliant

STANDARD 12 - MEALS AND MEALTIMES

Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

<p>Criterion Assessed: 12.3 The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: General observations confirmed the provision of choice available by the allocation of a member of staff seeking individual patients / residents' choice of evening meal. Discussions with patients / residents also confirmed that there was suitable provision of same and that such alternative request would be met.</p>	<p>Compliant</p>
<p>Criterion Assessed: 12.4 The daily menu is displayed in a suitable format and in an appropriate location, so that patients, and their representatives, know what is available at each mealtime.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: There is a menu displayed in the dining room of the home. Discussions with one patient / resident during this inspection evidenced that he / she had knowledge of what was planned for on the menu later that evening.</p>	<p>Complaint</p>

STANDARD 12 - MEALS AND MEALTIMES

Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

<p>Criterion Assessed: 12.5 Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: There is good provision of meals, hot and cold drinks and snacks at conventional times throughout the day. Staff also confirmed availability of tea and snacks at night if a patient / resident wished. Observations found there were good provisions of fresh drinking water available and accessible throughout the home.</p>	<p>Compliant</p>
<p>Criterion Assessed: 12.6 Patients can have a snack or drink on request, or have access to a domestic style kitchen.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussions with patients / residents and visiting relatives, confirmed that they could have a snack and a drink on request and that this would be duly facilitated by staff.</p>	<p>Compliant</p>

STANDARD 12 - MEALS AND MEALTIMES

Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

Criterion Assessed: 12.7 Menus provide for special occasions.	COMPLIANCE LEVEL
Inspection Findings: This criterion was not reviewed on this occasion.	Not reviewed
Criterion Assessed: 12.8 Patients are consulted and their views taken into account regarding the home's policy on "take away" foods.	COMPLIANCE LEVEL
Inspection Findings: This criterion was not reviewed on this occasion.	Not reviewed

STANDARD 12 - MEALS AND MEALTIMES

Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

<p>Criterion Assessed: 12.9 Meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each patient's needs</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discreet observations of the Sunday dinner time meal at the time of this inspection found that it was provided for in appropriate portion sizes and presented in an appetising manner. The dining rooms throughout the home were nicely appointed, and there was a calm atmosphere provided for patients / residents to enjoy their meal.</p>	<p>Compliant</p>
<p>Criterion Assessed: 12.10 Staff are aware of any matters concerning patients' eating and drinking as detailed in each patient's individual care plan, and there are adequate numbers of staff present when meals are served to ensure: - • Risks when patients are eating and drinking are managed • Required assistance is provided • Necessary aids and equipment are available for use.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discreet observations of supervision and assistance with patients / residents during their dinner time meal, found staff attended to their needs in an organised, unhurried manner. There was a calm atmosphere provided for and this created a nice environment for patients / residents to enjoy their meal. Staff were observed to attend to individual patients / residents' needs in an appropriate manner which reflected sensitivity to their respective needs. A review of a sample of patients / residents' care records found that the details of patients / residents' individual eating and drinking requirements were assessed and care planned for, in an informative, detailed manner.</p>	<p>Compliant</p>

STANDARD 12 - MEALS AND MEALTIMES

Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

Criterion Assessed: 12.11 A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.	COMPLIANCE LEVEL
Inspection Findings: This was confirmed to be the case.	Compliant
Criterion Assessed: 12.12 Where a patient's care plan requires, or when a patient is unable, or chooses not, to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.	COMPLIANCE LEVEL
Inspection Findings: A review of two patients / residents' care records who had an identified need pertaining to eating and drinking found there was the necessary referral and liaison with aligned healthcare professionals in respect of same.	Compliant

STANDARD 12 - MEALS AND MEALTIMES

Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

<p>Criterion Assessed: 12.13 Menus are rotated over a three-week cycle and revised at least six-monthly, taking into account seasonal availability of foods and patients' views.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: A review of the menu confirmed that it is rotated over a three week cycle and revised at least six monthly taking account of the seasonal availability of foods and patients views.</p>	<p>Compliant</p>
<p>Criterion Assessed: 12.14 Variations to the menu are recorded.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: This was confirmed to be the case.</p>	<p>Compliant</p>

6.0 Additional Areas Examined

6.1 Patients / residents' views

The inspector met with all the patients / residents in the home at the time of this inspection. Four were unable to articulate their views due to fragility, but did appear well cared for. In accordance with their capabilities the rest of the patients / residents expressed / indicated that they were happy with their life in the home, their relationship with staff and the provision of meals.

Some of the comments made included statements such as;

“Everything is grand here”

“I am very happy here; they are all good to me”

“There are no complaints, I feel safe here”

“Nothing is too much problem for staff”

No concerns were expressed or indicated.

6.2 Staff views

Other than the registered manager, the inspector met with three members of staff on duty. All spoke positively about their roles and duties, the teamwork and staff morale. Staff informed the inspector that they felt a good standard of care was provided for and that they were provided with adequate resources to fulfil same.

No concerns were expressed.

6.3 Visiting relatives' views

The inspector met with three visiting relatives in the home at the time of this inspection. All spoke in very complimentary terms about the provision of care, the kindness and support received from staff and their overall confidence in the home.

No concerns were expressed.

6.4 Accident / incident reports

A review of the accident / incident reports was undertaken. This found that there have been very infrequent occurrences, with same managed appropriately.

6.5 General environment

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Patients / residents' bedrooms were nicely appointed and personalised.

6.6 Fire safety

A review of the home's most recent fire safety risk assessment found this to be dated 26 April 2014, and was overdue for an annual review. Further to this discussion with the registered provider Ms Theresa O' Neill via telephone on 21 October 2014 confirmed that plans would have been put in place to update this assessment, following the planned fire safety work on the fire panel and doors, and agreement was made that this requirement would be met within a three month timescale.

Fire safety training was found to be maintained on an up to date basis and a programme of fire safety checks in the environment were being maintained.

6.7 Care practises

Discreet observations throughout this inspection evidenced patients / residents being treated with dignity and respect. Staff interactions with patients / residents were found to be polite, friendly, warm and supportive. Care duties and tasks were found to be organised at a nice unhurried pace. Patients / residents were found to be comfortable, content and at ease in their environment and interactions with staff.

A Sunday service was transmitted live to a group of patients / residents in a communal lounge.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Helena O'Neill, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Care Inspection

Rivervale Country

19 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with registered manager Ms Helena O'Neill either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27(4)(a)	<p>The registered person shall –</p> <p>(a) Have in place a current risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made that the home's fire safety risk assessment needs to be up dated. Once done an action plan needs to be submitted in writing to the home's aligned estates inspector detailing with timescale how any recommendations made from the assessment will be dealt with.</p>	One	<p>As discussed by telephone, we were in the process of updating our fire system, and this work was not fully completed. The work has now been completed and the preliminary inspection has taken place to update our Fire Risk Assessment report. The final inspection will take place week commencing 15th December and the final report will then be completed and submitted.</p>	19 January 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	HELENA O'NEILL
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	CECELIATO'NEILL

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	10 December 2014
Further information requested from provider			