

Inspection Report

12 December 2022



Rivervale Country

Type of service: Nursing Home

Address: 56a Dunamore Road, Cookstown, BT80 9NT

Telephone number: 028 8675 1787

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Rivervale Country Private Care Home LLP</p> <p>Responsible Individual: Miss Cecelia Theresa O'Neill</p>	<p>Registered Manager: Ms Helena Margaret O'Neill</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Ms Helena Margaret O'Neill</p>	<p>Number of registered places: 20</p> <p>A maximum of 5 patients in category NH-DE</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 13</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a nursing home which is registered to provide care for up to 20 patients to include up to five patients living with dementia. The home is a two storey building with bedrooms located across both floors. There are two lounges and a dining room on the ground floor.</p>	

2.0 Inspection summary

An unannounced inspection took place on 12 December 2022, from 10.30 am to 4.00 pm by a care inspector.

The inspection was undertaken to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that the care in Rivervale Country was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and systems in place to provide oversight of the delivery of care.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Three new areas for improvement were identified during the inspection and are detailed throughout the report and in the Quality Improvement Plan (QIP) in Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with eight patients and four staff. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Rivervale Country. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Patients described the staff as “lovely” and “very good”. Patients also told us they were quite content and liked it here in the home. Patients also told us “this is the best home in the county”, “the staff go over and above” and “this is my home from home”.

Two questionnaires were returned; one from a patient and the other from a relative. Both questionnaires returned a very satisfied response to the care and other services provided by the home. The following additional comments were included in the questionnaires; “a good home, well-kept and good care for my brother” and “ I have settled in very well, the staff are lovely and so are all the other patients, I really feel this is like home”.

No feedback was received from the staff online survey within the allocated timeframe.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 July 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 29 Stated: First time	The registered person should ensure fully complete and accurate personal medication records are maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 29 Stated: First time	The registered person should ensure that the reason for and outcome of administration of medicines prescribed to be administered when required for distressed reactions are routinely recorded.	Carried forward to the next inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person should ensure that an accurate list of medicines is obtained from the GP for patients newly admitted to the home.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall develop and implement a robust auditing system for medicines management.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota. On the day of inspection the home was noted to be short staffed, discussion with the manager and other staff provided assurance this is not a frequent occurrence. The staff members on duty were seen to respond to patients needs in a timely

manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. The care records reviewed were up to date and evidenced consistent delivery of pressure area care to patients.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients.

The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean and personalised with items of importance to each patient. However, it was observed that several bedrooms required redecoration and flooring was observed uneven in a number of areas within the home. This was discussed with the manager who advised the home would devise a refurbishment plan; the inspector requested that this should be shared with RQIA once available and an area for improvement was identified.

A large container of a cleaning product was observed unattended in an upstairs corridor and a number of disinfectant products were observed in bathroom cabinets. An area for improvement was identified in regard to staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations.

A bathroom was being used to store multiple items such as walking aids, mattresses and weighing scales, the immersion bath was also not available for use as it was also used to store items. This was also discussed with the manager who advised the bathroom would be cleared of the items and the bath made available for patient use. This will be followed up on a future inspection.

Within other bathrooms shower chairs were observed rusty and a number of pull cords were not covered with a wipe able material to aid effective cleaning, an area for improvement was identified.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. A fire risk assessment was conducted on the 8 December 2022 with no identified actions.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Staff offered choice to the patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Each patient had their own routine and staff demonstrated a sound understanding of patients' behaviours and choices.

Patients were observed listening to music, chatting with staff, reading or watching TV. The home does not have a dedicated activity staff member however, the manager advised that staff routinely engage the patients in activities and records were available for review.

The opinion of patients was sought by the RI during their monthly visits and comments included in the report. The patients spoken with during the inspection spoke in positive terms regarding their care and other services provided by the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The manager and RI are in the home daily and were knowledgeable of all aspects of the day to day running of the home. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

It was noted the home does not have a restraint audit in place to ensure any equipment or medication that could be considered as a form of restraint is monitored and reviewed. This provides assurance that the least restrictive possible option available for patients is used and only used in the patient's best interest. This was discussed with the manager who agreed to liaise with other local homes and implement a restraint audit; this will be reviewed at the next care inspection.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A review of records in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

A monthly report is completed by the RI following a monitoring visit; the report consults with patients, their relatives and staff and examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	2*	5*

*the total number of areas for improvement includes four standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 February 2023</p>	<p>The registered person shall ensure the environmental deficits identified as part of this inspection are addressed and form part of a time bound refurbishment action plan; this action plan should be available for inspection at all times and evidence meaningful oversight by the manager.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: We had plans for a refurbishment and renovation of some areas of the building, which we had hoped to have completed at this stage. However as explained to the inspector on the day of the inspection that this has been curtailed by the current economic climate and the fact that we have not received any additional funding to compensate for the extensive price rises in food, staffing, heating, infection control products etc. In order to ensure the care needs of our patients are met and that they continue to receive good holistic direct nursing care we have to prioritise the most important aspects of their health and well being. Some areas which we have identified for painting, etc has already commenced and other refurbishment work identified will continue as funding becomes available.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been informed that as per their Coshh training that they must ensure that all chemicals are stored correctly and that domestic staff are in view of their trolley at all times. Staff have also been reminded to lock the sanitizers away at all times. However this product in question is a safe product, it is Hocl, food safe, eceological and is 100% organic and its base components are salt and water.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: From the date of inspection (15 July 2021)	The registered person should ensure fully complete and accurate personal medication records are maintained. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (15 July 2021)</p>	<p>The registered person should ensure that the reason for and outcome of administration of medicines prescribed to be administered when required for distressed reactions are routinely recorded.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (15 July 2021)</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>The registered person should ensure that an accurate list of medicines is obtained from the GP for patients newly admitted to the home.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (15 July 2021)</p>	<p>The registered person shall develop and implement a robust auditing system for medicines management.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 12 January 2023</p>	<p>The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed.</p> <ul style="list-style-type: none"> • Rusty shower chairs are replaced • Pull cords are covered with a wipe able material, so they can be effectively cleaned. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The shower chairs have been replaced and the new pull cords have been covered.</p>

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)