

Announced Premises Inspection Report 28 April 2016



RIVERVALE COUNTRY

56a Dunamore Road, Cookstown, BT80 9NT

Tel No: 028 8675 1787

Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of Rivervale Country took place on 28 April 2016 from 10.00 to 12.30hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. An issue was however identified for consideration by the registered person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. An issue was however identified for attention by the registered persons, refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Ms Helena O'Neill and Ms Teresa O'Neill, Registered Manager/ Registered Responsible Person and Registered Responsible Person respectively as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

Registered organisation/registered person: Rivervale Country	Registered manager: Helena O'Neill
Person in charge of the home at the time of inspection: Helena O'Neill	Date manager registered: 1 April 2005
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

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with: two patients, kitchen, laundry and a building maintenance operative.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 04/12/2015

The most recent inspection of the home was an unannounced medicines management inspection completed on 04 December 2015. The completed QIP was returned and approved by the pharmacy inspector on 06 January 2016.

4.2 Review of requirements and recommendations from the last estates inspection dated 14/05/2013.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(b) Stated: First time	Replace defective wall tiling in ground floor sluice room.	Met
	Action taken as confirmed during the inspection: Repairs completed.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.1 Stated: First time	Remove debris from and clean roof eaves gutters.	Met
	Action taken as confirmed during the inspection: Gutters cleaned.	
Recommendation 2 Ref: Standard 32.1 Stated: First time	Inspect all shower chairs, patient support rails and hoists, remove surface corrosion and apply new surface finish.	Met
	Action taken as confirmed during the inspection: Repairs completed.	
Recommendation 3 Ref: Standard 35.1 Stated: First time	Maintain a schedule of electrical appliances and cross reference to Portable Appliance Testing and maintenance records.	Met
	Action taken as confirmed during the inspection: Schedule completed.	
Recommendation 4 Ref: Standard 35.1 Stated: First time	Examine 14 November 2012 LOLER thorough examination report, assess recommendations and implement a prioritized remedial/improvement works action plan.	Met
	Action taken as confirmed during the inspection: Remedial works implemented.	

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection.

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

The legionella risk assessment was completed on 19 October 2015; new cold water storage tanks were installed in October 2012, annual sterilisation regime of the hot and cold water distribution system is implemented.

An issue was however identified for attention during this estates inspection, and is detailed in the 'areas for improvement' section below.

Areas for improvement

1. The smokers' room fire door did not have a vision panel and therefore the monitoring of patients smoking will require staff to open the door periodically; this will potentially permit cigarette smoke to enter the corridor adjacent the smokers' room.

Refer to Quality Improvement Plan recommendation 1.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the upkeep of the premises.

Interior refurbishment has been ongoing in the home; floor coverings have been renewed and wall /ceiling surfaces redecorated.

This supports the delivery of effective care.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well decorated, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions regarding bedroom decoration and replacement surface finishes where appropriate.

This supports the delivery of compassionate care.

An issue was however identified for attention during this premises inspection, and is detailed in the 'areas for improvement' section below.

Areas for improvement

1. A number of bedroom and corridor doors have sustained damage as a result of impact with wheelchairs and hoists; it is noted that some doors that have had surface protective plastic sheeting fixed to lower level door surfaces remain undamaged.

Refer to Quality Improvement Plan recommendation 2.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the responsible registered persons as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be Completed by: 25 August 2016</p>	<p>The registered persons should consider installing a fire door containing a vision panel at the patient smokers' room doorway.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: This has been actioned and we are currently awaiting installation of a new door.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be Completed by: 27 October 2016</p>	<p>The registered persons should consider installing surface protection on doors considered as liable to receive impact damage from hoists and wheelchairs.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: This has also been actioned and awaiting installation.</p>

Please ensure this document is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address



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