

# Inspection Report

**Name of Service:** Rivervale Country Private Care Home

**Provider:** Rivervale Country Private Care Home LLP

**Date of Inspection:** 23 October 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Rivervale Country Private Care Home LLP
<b>Responsible Person:</b>	Cecelia Theresa O'Neill
<b>Registered Manager:</b>	Helena Margaret O'Neill
<b>Service Profile:</b> This home is a registered nursing home which provides general nursing care and care for patients with dementia for up to 20 patients.  There are a range of communal areas throughout the home, bedrooms are located over two floors and there is a dining room on the ground floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 October 2024, from 10:15 am to 5:30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 5 December 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection, all of the previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "the staff treat are very good" and "they are very nice people".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to 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.

Questionnaires returned from patients told us they were happy with the care and services provided. Comments made included "this is a very nice place, I feel safe" and "the care is excellent".

Staff spoke in positive terms about the provision of care, their roles and duties and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "staff are very approachable" and "everything is 100%".

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

A range of mandatory and additional training was completed by staff. Staff confirmed that they understood their role in the home and the roles of others. However; it was not possible to identify what training had been completed as the staff training matrix was not available on the day of the inspection. This was provided after the inspection. Review of the matrix evidenced that staff were up to date with their mandatory training.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Staff told us that staff meetings were held by management, however, there was no record of these meetings or minutes available to evidence this. An area for improvement was identified.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

#### 3.3.2 Quality of Life and Care Delivery

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.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients who were less able to mobilise were assisted by staff to change their position. Records evidenced that the patients were repositioned however, the frequency of repositioning carried out was not consistent with the recommended regime recorded in the patient records. An area for improvement was identified.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed.

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 may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. The weekly programme of social events was displayed on the noticeboard advising of future events. Patients were well informed of the activities planned for the week and of their opportunity to be involved.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

### **3.3.3 Management of Care Records**

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

### **3.3.4 Quality and Management of Patients' Environment**

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Observation of the environment identified concerns that had the potential to impact on patient safety; a container of a food and fluid thickening agent was observed in the dining room and communal lounge. This was identified as an area for improvement.

There was evidence that systems and processes were in place to manage infection prevention and control which included regular monitoring of staff practice to ensure compliance.

A small number of bumper covers were found to be cracked or torn, assurances were given by the manager that this would be addressed, this will be reviewed at the next care inspection.

Further discussion with the manager confirmed that environmental audits were not carried out routinely. An area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Helena O'Neill has been the manager in this home since April 2005.

Patients, relatives and staff commented positively about the management team and described them as supportive and approachable.

There was evidence of auditing across various aspects of care and services provided by the home. However, care file audits were not being regularly conducted to review who had responsibility to make improvements where deficits were noted and if the recommended actions had been addressed. This was identified as an area for improvement.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Helena O'Neill, Manager 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 October 2024	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in specific reference to the storage of food and fluid thickening agents.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> A new system had been implemented, and staff have been educated to ensure that food and fluid thickening agents will be managed under strict control, and locked away when not in use and under the direct supervision of trained staff.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2024	The registered person shall ensure that staff meetings take place on a regular basis and minutes are recorded.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> Staff meeting has taken place since this inspection and minutes recorded. In addition to this our home is owner managed and management are on site daily, staff have the opportunity to meet and express any concerns at any time. There is also an opportunity during the Monthly Registered Providers monitoring visit and the views of staff are sought and recorded as part of our monthly monitoring visit.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2024	The registered person shall ensure that where a patient has been assessed as requiring repositioning, the frequency of repositioning carried out is reflective of the recommended frequency within the patient records.  Ref: 3.3.2
	<b>Response by registered person detailing the actions taken:</b> Staff have been informed to update the recommended frequency of patients repositioning needs, and to reflect this in their care plans and care records.



<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2024	<p>The registered person shall ensure that environmental audits are completed regularly; the audit should include where required a clear action plan, the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>  The Environmental Audit which had been used prior to Covid 19, and which was replaced by a different assessment has now been reinstated. This aspect of management is also covered during monthly registered providers monitoring visits and all necessary improvements are recorded on that report. However we endeavour to deal with environmental issues as an when they arise and as we are owner managed and on site daily this is more achievable and helps maintain a safe environment at all times.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2024	<p>The registered person shall ensure that there is a system in place to monitor the quality of patients' care records.</p> <p>Ref:5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  A care plan Audit template has been put back in place to monitor the quality of care records.</p>

***\*Please ensure this document is completed in full and returned via the Web Portal\****





The Regulation and  
Quality Improvement  
Authority

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