

Unannounced Care Inspection Report

4 March 2021



Rivervale Country

Type of Service: Nursing Home (NH)
Address: 56a Dunamore Road, Cookstown, BT80 9NT
Tel No: 028 8675 1787
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 20 persons.

3.0 Service details

Organisation/Registered Provider: Rivervale Country Responsible Individual: Cecilia Theresa O'Neill	Registered Manager and date registered: Helena Margaret O'Neill – 01 April 2005
Person in charge at the time of inspection: Theresa O'Neill	Number of registered places: 20
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 13

4.0 Inspection summary

An unannounced inspection took place on 4 March 2021 from 10:30 to 15:30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to review the delivery of care within the home.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and governance.

Patients told us they were happy living in the home. Examples of comments received are included in the main body of the report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Theresa O'Neill, responsible individual (RI), as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with five patients and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. "Tell Us" cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

The following records were examined during the inspection:

- duty rotas for weeks commencing 22 February and 1 March 2021
- staff's registration with either Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- a selection of quality assurance audits
- monthly monitoring reports
- complaints and compliments records
- incident and accident records
- two patients' care records including repositioning charts.

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 14 January 2020 with no areas for improvement identified.

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the weeks commencing 22 February and 1 March 2021 confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty. One patient told us, "I'm well looked after every day."

We spoke with three members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management.

Records evidenced that a range of training was provided to staff on a regular basis. Additional topics, for example verification of life extinct, management of patients with COVID 19 at end of life and palliative care and spiritual needs had been undertaken by staff to provide them with the required knowledge in response to the global pandemic. The arrangements for the induction and training of newly appointed staff had been reviewed to ensure staff had access to the required training.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of registering.

We provided questionnaires in an attempt to gain the views on staffing from relatives, patients and staff who were not available during the inspection. One completed questionnaire was returned by a relative who indicated that they were satisfied with staffing.

6.2.2 Care delivery

We walked around the home at lunchtime. The atmosphere in the home was calm and relaxed. The majority of patients were being cared for in the lounge areas of the home; chairs were spaced in a manner to support social distancing. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us the following:

“I’m very comfortable here.”

“It’s quiet here.”

We discussed how patients spent their day. The RI explained that, whilst trying to keep things as normal as possible, people visiting the home to provide entertainment and attend to the patients’ spiritual needs had ceased. The patients had enjoyed some entertainment and church services via online audio platforms. The RI explained that craft activities were also completed with patients. In the completed questionnaire the relative had commented that they would like to see more activities between staff and patients.

We discussed the arrangements for patients to receive visitors. Visiting for all patients was facilitated in a designated area located inside the entrance of the home. A perspex screen was positioned to support social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Patients could also receive window visits from their loved ones; a gazebo has been provided outside one bedroom for a family who visited daily but did not wish to visit in the home. The RI was knowledgeable of the care partner initiative but confirmed that, to date, they had not received any requests for care partner arrangements.

Systems such as video calls and regular telephone calls between the home, patient and their relatives were also in place. A closed group for relatives has been created on a social media platform to allow the manager to disseminate the most up to date information and allow families and patients additional opportunities to keep in touch.

Separate arrangements were in place to ensure patients, who were receiving end of life care, could be visited by their loved ones.

Arrangements were also place to ensure that patients continued to receive personal items from relatives and friends, for examples sweets, drinks and toiletries. Bags were available to deposit the items into, the bags were then quarantined for 72 hours before being delivered to the patients.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“...she was so well looked after and I am most thankful for being able to get in and be with her over the last number of months.”

“I am more than happy with my (relative) care, she looks amazing. You have worked so hard to keep her safe...”

“... sincere gratitude for the sterling quality of care, support and compassion given to (relative) during the final weeks of his life.”

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Pressure relieving care was recorded on repositioning charts. These charts consistently evidenced that the patients were assisted by staff to change their position regularly.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed for patients with a poor appetite or those who required thickened fluids. We spoke with the chef who was knowledgeable of patients' likes and dislikes.

Staff were well informed with regard to patients' needs, what areas patients required support with and the level of assistance they required in daily life.

6.2.4 IPC measures and the use of PPE

On arrival to the home staff checked and recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about COVID-19. Holders for alcohol wipes have also been installed at each entrance to the home to ensure that prior to entering and leaving the home the door handles could be wiped.

The RI confirmed that staff and patient temperatures were being checked twice daily and recorded. The home were part of the national COVID-19 screening programme for care homes with staff being tested every week and patients being tested monthly.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE correctly. Staff washed and sanitised their hands as required. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

An area of the home has been identified as an isolation area if patients require to self isolate on return from hospital or for new admissions.

A range of IPC audits were completed regularly, for example hand hygiene, PPE and cleanliness of the environment. Records evidenced good compliance with IPC practices.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout.

Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. The manager explained that the amount of domestic hours had been increased to facilitate enhanced cleaning.

6.2.6 Leadership and governance

There was a clear management structure within the home and the RI was available throughout the inspection process. Staff commented positively about the management team and described them as supportive and available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

As previously discussed we reviewed records which confirmed that there was a system of audits which covered areas such as complaints, IPC, accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas.

We examined the reports of the visits by the registered provider for the period October 2020 to January 2021. Where any issues were identified, an action plan and was reviewed and commented on at each subsequent visit.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients individual needs.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Rivervale Country was safe, effective, compassionate and well led.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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