

# Inspection Report

5 December 2023



## Rivervale Country

**Type of service: Nursing Home**

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Rivervale Country Private Care Home LLP</p> <p><b>Responsible Individual:</b> Miss Cecelia Theresa O'Neill</p>	<p><b>Registered Manager:</b> Ms Helena Margaret O'Neill</p> <p><b>Date registered:</b> 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Ms Helena Margaret O'Neill</p>	<p><b>Number of registered places:</b> 20</p> <p>A maximum of 5 patients in category NH-DE. The home is approved to provide care on a day basis for 1 person.</p>
<p><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 13</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This is a nursing home which is registered to provide care for up to 20 patients. 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 5 December 2023 from 10:20am to 4:10pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedrooms or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **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.

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 patients, relatives, staff or the commissioning trust.

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 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.

### **4.0 What people told us about the service**

Patients told us they were happy with the service provided. Comments included; "it's first class here, I wouldn't change a thing" and "staff treat me well". The meal provision was described as "the food is great, there is a good choice". Patients spoke warmly about the provision of care, their relationship with staff and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients and staff were shared with the management team for information and action if required.

Six responses were received from the patient/relatives questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home. No responses were received from staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team. This is good practice.

## 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 12 December 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27(2) (b) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person should ensure fully complete and accurate personal medication records are maintained.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall develop and implement a robust auditing system for medicines management.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed. <ul style="list-style-type: none"> <li>• Rusty shower chairs are replaced</li> <li>• Pull cords are covered with a wipe able material, so they can be effectively cleaned.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited properly to protect patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty, however it did not reflect the first and surnames of staff working. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

It was observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a “handover” at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Patients' needs were assessed 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 health professionals. Patients care records were held confidentially.

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

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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 recorded.

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

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. A small number of walls required painting, this was discussed with the management team and assurances were given that this was being addressed. This will be reviewed at the next inspection. Patients said that they were satisfied that the home was kept clean and tidy.

Some deficits were noted in relation to Infection Prevention and Control (IPC), some of the posters displayed throughout the home were not laminated, a pressure cushion was torn and a hoist was rusted which could not be effectively cleaned. This was discussed with the management team and an area for improvement was identified.

The home's most recent fire safety risk assessment was dated 5 December 2023 with no recommendations.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last care inspection. Ms Helena Margaret O'Neill has been the manager since 01 April 2005.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was very supportive and they would have no hesitation in reporting any concerns and felt that these would be dealt with appropriately. Records confirmed that staff meetings were held regularly.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

There was a system in place to manage complaints.

The home was visited each month by the responsible person to consult with patients, their relatives and staff and to 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.



## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	6*

\* 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> 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  <b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (15 July 2021)	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.  Ref: 5.1  <b>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.</b>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (15 July 2021)</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><b>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.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>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.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 December 2023</p>	<p>The registered person shall ensure that the duty rota includes the first name and surname of all staff members.</p> <p>Ref: 5.2.1</p> <p><b>Action taken as confirmed during the inspection:</b> Duty Rotas have been amended to include the first name along with the Surname of the staff member</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 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"> <li>• Posters are laminated</li> <li>• Rusty hoist and torn pressure cushion are repaired/replaced.</li> </ul> <p>Ref 5.2.3</p> <p><b>Action taken as confirmed during the inspection:</b> Posters have been laminated Hoist has been repaired and pressure cushion has been taken out of Use.</p>

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



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