



Unannounced Care Inspection Report 7 July 2018



Rivervale Country

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

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

<p>Organisation/Registered Provider: Rivervale Country</p> <p>Responsible Individual(s): Helena Margaret O'Neill Cecelia Theresa O'Neill</p>	<p>Registered Manager: Helena Margaret O'Neill</p>
<p>Person in charge at the time of inspection: Bernie McCallan – Registered Nurse Helena O'Neill – Registered manager joined the inspection shortly after commencement</p>	<p>Date manager registered: 1 April 2005</p>
<p>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.</p>	<p>Number of registered places: 20</p>

4.0 Inspection summary

An unannounced inspection took place on 7 July 2018 from 11.50 to 17.05.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to monitoring the professional registration of staff, communication with patients, their representatives and members of the multiprofessional team, attention to patients' spiritual needs, induction and adult safeguarding. There was also evidence of good practice identified in relation to the management of staff training.

Areas requiring improvement were identified and included the communal use of clothing and the completion of patient care records.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

The findings of this report will provide the homewith the necessary information to assist them to fulfil their responsibilities, enhance practice and patients'experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*5

*The total number of areas for improvement included two which have been stated for a second time and one which was not assessed during this inspection, all have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Helena O'Neill, registered manager and Theresa O'Neill, responsible individual as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 5 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with 11 patients, two patient's representatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the responsible individual with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 18 June to 15 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints/concerns record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 October 2017

The most recent inspection of the Rivervale County was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered persons shall ensure that records of blood glucose monitoring are maintained in keeping with the patient's prescribed insulin regimen and care plan.	Met
	Action taken as confirmed during the inspection: A review of care records for a patient prescribed insulin reflected that blood glucose was monitored in accordance with their plan of care.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 13 Stated: First time	The registered persons shall ensure that the new regional operational safeguarding policy and procedure is put into practice. This includes training for the identified safeguarding champion, to ensure that they are aware of the responsibilities of this role.	Met
	Action taken as confirmed during the inspection: The registered manager is now the identified adult safeguarding champion and attended relevant training with another registered nurse from the home on the 12 April 2018.	
Area for improvement 2 Ref: Standard 22.6 Stated: First time	The registered persons shall ensure that the falls risk assessment is reviewed every time a patient falls in the home.	Not met
	Action taken as confirmed during the inspection: A review of care records for a patient who experienced a recent fall evidenced that the falls risk assessment had not been reviewed post-accident. This area for improvement has not been met and has been stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the bedrail risk assessment is further developed to ensure that it is reflective of the patients' abilities/risk level.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the existing bedrail risk assessment tool did not evidence patients' abilities/risk level.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the wound care plans include information on the prescribed dressing regiment. Wound care records should also be supported by the use of photography, in keeping with the National Institute of Clinical Excellence (NICE) guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that patients, who are prescribed regular analgesia, have validated risk assessments completed.</p> <hr/> <p>Action taken as confirmed during the inspection: The Abbey Pain Scale assessment tool was in use for those patients prescribed regular analgesia.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that a falls audit is completed on a monthly basis, to ensure that any patterns or trends can be identified and timely action taken.</p> <hr/> <p>Action taken as confirmed during the inspection: Governance records reviewed evidenced a monthly review of falls that had occurred within the home.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge at the commencement of the inspection confirmed the planned daily staffing levels for the home. Discussion with patients, relatives and staff confirmed that they had no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Staff rotas also confirmed that catering and housekeeping staff were rostered to help meet the needs of the patients and to support the nursing and care staff.

Discussion with the registered manager, staff and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal; this will be further examined at the next inspection.

Discussion with the manager indicated that training was planned to ensure that mandatory training requirements were met. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A review of training records provided assurance of compliance with mandatory training requirements; there were arrangements in place for the training of existing and new staff members. Observation of the delivery of care evidenced that training had been embedded into practice. Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of notification records evidenced that for the month of June 2018 one notifiable incident had not been reported to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. This was discussed with the registered manager who agreed to immediately address, we also discussed with the registered manager the type of accidents and incidents that require notifying to RQIA.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction. During a review of the environment the inspector observed an occupied bedroom and a bathroom that were being used as an area of storage. This was discussed with the registered manager and the inspector was assured that immediate action would be taken to address.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures guidance were consistently adhered to.

Review of two staff recruitment files evidenced that these had largely been maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005, although in the two files reviewed the reasons for leaving previous employment had not been recorded. This was discussed with the registered manager and responsible individual who agreed to be mindful of this with future staff employment. Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager had also been identified as the adult safeguarding champion and had attended training relevant to this role.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, adult safeguarding, infection prevention and control, risk management and completion of mandatory training.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

A review of three patients' care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. However, in the case of two patients who had a change made to their prescription medicine, the care plans had not been fully updated to reflect the change; there was no clear discontinuation of the previous care directions on the care plan. Care plans were noted to be person centred and evaluated monthly. A review of a sample of supplementary care charts, such as food/fluid intake records, evidenced that these had been maintained in accordance with best practice guidance, care standards and legislative requirements. However a review of the supplementary care records regarding the repositioning of one patient evidenced that these records had not been maintained in accordance with the patient's plan of care, an area for improvement under the standards was made regarding patient care records. Risk assessments reviewed for three patients evidenced that these were

consistently reviewed on a monthly basis in line with the policy and procedures for the home. The registered manager advised the inspector that the home was currently in the process of transferring to an electronic care recording system.

The inspector reviewed the management of pressure relieving mattresses. Observations identified that for one patient the pressure relieving equipment in use was not being used in keeping with the individual patient’s weight or assessed need. This was discussed with the nurse in charge and the registered manager and was immediately addressed. The registered manager provided evidence of governance arrangements in place to monitor the use and settings on pressure relieving equipment, the manager agreed to review this again with care and nursing staff. The inspector also noted for two patients the use of an overlay pressure relieving mattress in place, however the overlays did not have a further static mattress below to support the effectiveness of the equipment and patient comfort, this was discussed with the nurse in charge and the registered manager who agreed to immediately address.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient representatives confirmed their input into the care planning process. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who the registered manager was.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, their representatives, staff, other key stakeholders and with the multi-professional team.

Areas for improvement

The following area was identified for improvement in relation to patient care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 11.50 and were greeted by staff who were helpful and attentive. Patients were observed relaxing in one of the lounges or in their bedroom, as was their personal preference.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

All patients, who spoke with the inspector, were positive in their comments regarding their experience of living in Rivervale Country.

Observations in linen stores and a trolley evidenced that 'net pants' were being laundered and used communally in the home. An area for improvement under the standards was made.

In addition to speaking with patients, their relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

Feedback from six questionnaires received indicated satisfaction across the four domains of safe, effective, compassionate and well led care. Comments received included:

"....very satisfied"

"....the staff compassion is second to none, I know mum is safe and love"

"....mums care is second to none, the staff are excellent with her and we are so grateful"

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

A record of compliments and thanks were available in the home. Some of the comments recorded included:

"....very good, tidy and clean house....staff were helpful and friendly".

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 11 patients confirmed that they were happy and content living in Rivervale Country. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Consultation with two patients representatives, confirmed that they were very satisfied with the standard of care delivered in Rivervale Country, comments included:

"....staff go above and beyond the call of duty....an absolutely fantastic service"

"....i have no concerns, my mother is receiving great care".

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

We observed the serving of the lunchtime meal. Staff were observed assisting patients with their meal appropriately. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. The tables were appropriately set with cutlery and condiments. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, attention to patients' religious and spiritual needs, staff knowledge of patients' wishes, preferences and assessed needs, dignity, privacy and listening to and valuing patients and their representatives.

Areas for improvement

The following area was identified for improvement in relation to the communal sharing of particular clothing items.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The manager was knowledgeable in regards to the registered categories of care for the home.

Since the last inspection there has been no change in management arrangements.

A review of the duty rota evidenced that the registered manager's hours, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints and/or concerns were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records confirmed that a process for governance and monthly auditing of accidents/incidents, falls and infection prevent and control was in place; however there was inconsistent action plans and follow up of issues identified. This was discussed with the registered manager who agreed to address. Although the responsible individual advised that actions from audits were cross referenced to the monthly regulation 29 reports.

Discussion with the responsible individual and a review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation understanding of roles and responsibilities, communication amongst staff, maintaining good working relationships and completion of Regulation 29 monitoring visits.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Helena O'Neill, registered manager and Theresa O'Neill, responsible individual as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 22.6 Stated: Second time To be completed by: Immediate action required	<p>The registered persons shall ensure that the falls risk assessment is reviewed every time a patient falls in the home.</p> <p>Ref: section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been instructed to ensure that they review and reassess the patient after any fall.</p>
Area for improvement 2 Ref: Standard 4 Stated: Second time To be completed by: Immediate action required	<p>The registered persons shall ensure that the bedrail risk assessment is further developed to ensure that it is reflective of the patients' abilities/risk level.</p> <p>Ref: section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Bed Rail Risk Assessment has been developed to reflect the patients abilities and risk level. Staff have been reminded that any patient requiring bed rails for their safety, must have this Assessment included in their care records.</p>
Area for improvement 3 Ref: Standard 22 Stated: First time To be completed by: 2 December 2017	<p>The registered persons shall ensure that the wound care plans include information on the prescribed dressing regiment. Wound care records should also be supported by the use of photography, in keeping with the National Institute of Clinical Excellence (NICE) guidelines.</p> <p>Ref: section 6.2</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 4 Ref: Regulation 16 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the following matters in relation to patients care records are addressed:</p> <ul style="list-style-type: none"> • care plans should be updated immediately following any change to a patients plan of care, previous interventions should be properly recorded as discontinued • repositioning records should be contemporaneously completed in accordance with individual patient care plans. <p>Ref: section 6.5</p>

	<p>Response by registered person detailing the actions taken: Care plans have been updated to reflect any change to patients care. Any previous interventions which have been discontinued have been recorded as discontinued. As discussed on day of inspection, the blank signatures on the repositioning charts which were not completed have been brought to the attention of the agency staff concerned. All staff have been educated on the importance of completing records in an accurate and timely manner.</p>
<p>Area for improvement 5 Ref: Standard 6.11 Stated: First time To be completed by: Immediate action required</p>	<p>The registered person shall ensure that 'net pants', socks, stockings and tights are provided for each patient's individual use and not used communally.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: As discussed on the day of inspection, the individual zipped net bags which were in the home have been put into place to ensure the patients laundry is kept separate at all times, socks are also washed and stored separately and this has been discussed with laundry staff who have put this into practice.</p>

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



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