



The Regulation and  
Quality Improvement  
Authority

Rivervale Country  
RQIA ID: 1447  
56a Dunamore Road  
Cookstown  
BT80 9NT

Inspector: Aveen Donnelly  
Inspection ID: IN023804

Tel: 02886751787  
Email: [rivervale.nursinghome@myrainbowmail.com](mailto:rivervale.nursinghome@myrainbowmail.com)

---

**Unannounced Care Inspection  
of  
Rivervale Country**

**20 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 20 October 2015 from 09.30 to 15.15.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Rivervale which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 19 October 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager and responsible persons as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Rivervale Country/ Helena Margaret O'Neill and Cecelia Theresa O'Neill - responsible persons	<b>Registered Manager:</b> Helena Margaret O'Neill
<b>Person in Charge of the Home at the Time of Inspection:</b> Helena Margaret O'Neill	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> 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)	<b>Number of Registered Places:</b> 20
<b>Number of Patients Accommodated on Day of Inspection:</b> 15	<b>Weekly Tariff at Time of Inspection:</b> £593

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with four patients, two care staff, the registered manager and two patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 02 February 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection on 19 October 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 4 (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall –</p> <p>(a) Have in place a current risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made that the home's fire safety risk assessment needs to be up dated. Once done an action plan needs to be submitted in writing to the home's aligned estates inspector detailing with timescale how any recommendations made from the assessment will be dealt with.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed that the fire safety risk assessment was updated on 16 December 2014.</p>	

## 5.3 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

The home's policies on death, dying and palliative and end of life care were reviewed. There was no specific policy regarding communicating effectively or breaking bad news. Advice was given regarding the detail for improvement in the policies. A recommendation was made in this regard. However, regional guidance was available and through discussion with the registered manager, it was evident that the staff were able to demonstrate knowledge of the procedures, if required.

A review of the staff induction programme evidenced that communicating effectively with patients and their families/representatives was included. Discussion with the registered manager also confirmed that plans were in place for training to be delivered on palliative and end of life care. The content of the proposed training was reviewed and included the procedure for breaking bad news as relevant to staff roles and responsibilities. Discussion with the registered manager and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication.

### Is Care Effective? (Quality of Management)

The registered manager demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example, an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be primarily, the responsibility of the registered nursing staff, but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

### Is Care Compassionate? (Quality of Care)

Discussion with four patients individually and with the majority of patients generally, evidenced that patients were content living in the home. Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly.

Staff recognised the need to develop a strong, supportive relationship with patients and relatives. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

One patient's representative also confirmed that they were kept informed of any changes to their relative's condition and of the outcome of visits and reviews by healthcare professionals. There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care. One expression of gratitude specifically praised the staff for the care and compassion afforded to the family of a patient who was recently deceased.

### Areas for Improvement

A policy on communicating effectively should be developed, in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News*.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b> <b>*1 recommendation is made under Standard 32 below</b>	<b>1</b>
--------------------------------	----------	---	----------

## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

As previously discussed, the policies on palliative and end of life care were reviewed. Advice was given regarding the detail for improvement in the policies. A recommendation was made in this regard. However, copies of best practice guidance such as the Gain Palliative Care Guidelines, November 2013 and the DHSSPSNI (2010) *Living Matters: Dying Matters* were available and held in a reference folder for staff to access. There was no formal protocol for timely access to any specialist equipment or drugs in place. However, discussion with one registered nurse confirmed their knowledge of local arrangements for accessing palliative care teams, district nursing teams, GP out-of-hours or pharmacists, if required.

Training had not been provided in the management of death, dying and bereavement. However, the registered manager confirmed that plans were in place for this training to be provided. A review of the proposed staff training content confirmed that palliative and end of life care would be included in this training.

Discussion with the registered manager and a review of four care records confirmed that:

- there were arrangements in place for staff to make referrals to specialist palliative care services
- staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

There was no specialist equipment in use in the home on the day of inspection. Discussion with the registered manager confirmed that update training in the use of syringe drivers would be accessed through the local healthcare trust nurse.

There was no palliative care link nurse appointed in the home. However, discussion with the registered manager confirmed that good professional relationships were developed with the local palliative care trust team and that staff would regularly liaise with the specialist nurses, if advice or support was required.

### **Is Care Effective? (Quality of Management)**

A review of four care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. However, in two patient care records there was no evidence that discussions between the patient, their representatives and staff in respect of death and dying arrangements had been recorded. This was discussed with the registered manager who agreed to address this. A recommendation was made in this regard.

Discussion with the manager, staff and a review of two care records of patients who were recently deceased evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Overnight stays were facilitated where possible. Through discussion there was evidence that staff had managed shared rooms sensitively.

A review of notifications of death to RQIA during the previous inspection year confirmed that all deaths were notified appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of four care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. One compliments record reviewed specifically commended the staff for the pastoral care of the whole family when a patient was receiving end of life care.

All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff described how they would provide catering/snack arrangements to family members, when they were spending long periods with their loved ones.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home. There was evidence within the compliments/records that relatives had commended the management and staff for their efforts towards the family and patient. One compliments record included an expression of gratitude for the way in which the patient's whole family was cared for in the last days before a patient died and described how the staff had gone 'beyond their duty of care in providing delicate care and attention'.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included more experienced staff supporting those who were new to the caring role and time spent reflecting on the patient's time living in the home.

There was limited information regarding support services available in the home. Advice was given regarding additional resources that were available.

## Areas for Improvement

As previously discussed, the policy on communicating effectively should be developed in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News*. The policy on palliative and end of life care should also be further developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines* and should include the referral procedure for specialist palliative care nurses; the procedure for managing shared rooms; the process for notifying RQIA in the event of a death; and the management of a sudden or unexpected death.

Registered nursing staff should also record efforts made to establish patients' preferences in respect of end of life care and that for patients who do not wish to discuss this, a record should be also be maintained in line with the policy on end of life care. Where a decision is made regarding end of life care, a care plan should be developed and should include identified religious, spiritual and cultural needs.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
--------------------------------	----------	-----------------------------------	----------

## 5.5 Additional Areas Examined

### Staff Duty Rotas

A review of the staff duty rotas over the three week period preceding the inspection, evidenced they had been transcribed in pencil and not black ink which is the recommended method. This was discussed with the registered manager who agreed with the findings and gave assurances that transcribing in pencil would cease.

### Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

<b>Questionnaire's Issued To:</b>	<b>Number Issued</b>	<b>Number Returned</b>
Staff	3	3
Patients	3	3
Patients Representatives	3	0

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

### Staff

'The staff and the management make sure that the patients receive a good standard of quality care. We make sure that (the patients) needs are met'

'There is a good standard of care maintained at all times'

'Each person is treated like an individual so the care is tailored to their needs rather than changing their (the patients) preferences, to suit the routine'

'It feels like a homely environment, compared to bigger homes I have worked in'



## Patients

'Staff always give me what I need. My visitors are always made welcome. I am very happy with the care'

'The staff are very good to me'

'I don't think there is anything else the staff here could do for me'

## Patients' representatives

'We have no concerns. I would not have placed (my relative) here, if we did'

'We have placed several relatives here and that tells you that we are more than happy'

'We are always welcomed and met with a cup of tea'

## Environment

A general tour of the home was undertaken which included a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. One bathroom on the ground floor was in need of refurbishment. This was discussed with the registered manager and responsible person during feedback. Assurances were provided that plans were in place to refurbish this identified bathroom.

A number of worn towels were observed in the linen store cupboard. These were removed immediately and placed out of commission. Assurances were provided that there was an adequate supply of towels in the home and that new towels had recently been purchased. There was evidence that plans were in place to conduct an audit of patients' needs in this regard. RQIA were satisfied on this occasion that the responsible persons were proactively managing this but RQIA will continue to monitor this matter during subsequent inspections.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager and the responsible person 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.

### 6.1 Statutory Requirements

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

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015 and the Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 32.1

**Stated:** First time

**To be Completed by:**  
17 December 2015

The following policies and guidance documents should be developed and made readily available to staff:

- A policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News*.
- A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines* which should include the referral procedure for specialist palliative care nurses; the procedure for managing shared rooms; the process for notifying RQIA in the event of a death; and management of a sudden or unexpected death.

**Ref: Section 5.3 and 5.4**

**Response by Registered Person(s) Detailing the Actions Taken:**

A Policy on Communicating effectively and in line with current best practice and recent training- Breaking Bad News has been developed and make available to staff.

A Policy on palliative and end of life care in line with current regional guidance based on Gain 2013 which will include referral procedure for specialist palliative care nurses; and the procedure for the management of shared rooms has been developed .

The process for notifying RQIA in the event of death, and the management of sudden or unexpected death.

#### Recommendation 2

**Ref:** Standard 32.1

**Stated:** First time

**To be Completed by:**  
17 December 2015

It is recommended that registered nursing staff record efforts made to establish patients' preferences in respect of end of life care and that for patients who do not wish to discuss this, a record should be also be maintained in line with the policy on end of life care.

Where a decision is made regarding end of life care, a care plan should be developed and should include identified religious, spiritual and cultural needs.

**Ref: Section 5.4**

**Response by Registered Person(s) Detailing the Actions Taken:**

Where a decision is made regarding End of Life, A Care Plan will be developed which will identify religious, spiritual and cultural needs.

<b>Registered Manager Completing QIP</b>	Helena O'Neill	<b>Date Completed</b>	14/12/2015
<b>Registered Person Approving QIP</b>	Cecelia T O'Neill	<b>Date Approved</b>	14/12/2015
<b>RQIA Inspector Assessing Response</b>	Aveen Donnelly	<b>Date Approved</b>	22/12/2015

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**