

Inspection Report

29 August 2024



Rivervale Country Private Care Home

Type of service: Nursing Home

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

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

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| Organisation/Registered Provider: Rivervale Country Private Care Home LLP Responsible Individual: Miss Cecelia Theresa O'Neill | Registered Manager: Ms Helena Margaret O'Neill Date registered: 1 April 2005 |
| Person in charge at the time of inspection: Ms Helena Margaret O'Neill | Number of registered places: 20 This number includes a maximum of five patients in category NH-DE. The home is approved to provide care on a day basis for one person. |
| Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years 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: 16 |
| Brief description of the accommodation/how the service operates: Rivervale Country Private Care Home 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. | |

2.0 Inspection summary

An unannounced follow up inspection took place on 29 August 2024, from 10.30am to 2.30pm. This was completed by a pharmacist inspector and focused on the management of medicines.

At the last medicines management inspection on 23 April 2024 robust arrangements were not in place for all aspects of the management of medicines. Two areas for improvement were stated for the second time in relation to maintaining accurate personal medication records and

implementing a robust medicines management audit system. One new area for improvement was identified in relation to the management of warfarin.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the manager and staff would be given a period of time to implement the necessary improvements and that this follow up inspection would be completed to ensure that improvements had been implemented and sustained.

The outcome of this inspection evidenced that management and staff had taken appropriate action to ensure the necessary improvements with regards to medicines management. The management of warfarin had been reviewed and a new policy for the management and administration of warfarin had been implemented and staff had been trained. Accurate personal medication records were maintained and a robust audit system had been implemented covering all aspects of medicines management. Staff were commended for their efforts and were reminded that the improvements must be maintained. No new areas for improvement were identified.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

RQIA would like to thank the staff for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions took place with management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with the manager and the responsible person.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

| Areas for improvement from the last inspection on 23 April 2024 | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time | The registered person shall ensure that the management of warfarin is reviewed to ensure that safe systems are in place. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was assessed as met. See section 5.2.1 | |
| Action required to ensure compliance with Care Standards for Nursing Homes, December 2022 | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 29 Stated: Second time | The registered person shall ensure fully complete and accurate personal medication records are maintained. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was assessed as met. See section 5.2.2 | |
| Area for improvement 2 Ref: Standard 28 Stated: Second time | The registered person shall develop and implement a robust auditing system for medicines management. | Met |
| | This area for improvement was assessed as met. See section 5.2.3 | |

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| Area for improvement 3 Ref: Standard 41 Stated: First time | The registered person shall ensure that the duty rota includes the first name and surname of all staff members. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 4 Ref: Standard 46 Stated: 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"> • Posters are laminated • Rusty hoist and torn pressure cushion are repaired/replaced. | Carried forward to the next inspection |
| | 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. | |

5.2 Inspection findings

5.2.1 The management of warfarin

Warfarin is a high risk medicine. Safe systems must be in place to ensure regular blood monitoring, receipt of dosage directions, record keeping and audit to ensure that warfarin is administered as prescribed. A new policy and procedure had been implemented for the management and administration of warfarin. Training was provided for nurses. Warfarin was not currently prescribed for any patients. Assurances were provided that the updated policy will be followed.

5.2.2 Personal medication records

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

5.2.3 Audit

A robust auditing system which covers all aspects of the management and administration of medicines is required to ensure safe systems are in place and patients are administered their medicines as prescribed. Action plans to address any shortfalls should be developed and implemented.

A robust medicines management auditing system had been implemented including daily running balances, weekly and monthly audits. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. The audits completed at the inspection indicated that medicines were being administered as prescribed.

The manager was reminded that omitted doses, including those due to stock supply issues, must be investigated to identify learning, reported to the prescriber for advice and reported to the appropriate authorities including RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 2* |

* The total number of areas for improvement includes two which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Helena Margaret O'Neill, Registered Manager, as part of the inspection process and can be found in the main body of the report.

| Quality Improvement Plan | |
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| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | |
| Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 5 December 2023 | The registered person shall ensure that the duty rota includes the first name and surname of all staff members. |
| | 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. Ref: 5.1 |
| Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 31 December 2023 | The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed: <ul style="list-style-type: none"> • Posters are laminated • Rusty hoist and torn pressure cushion are repaired/replaced. |
| | 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. Ref: 5.1 |



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