Unannounced Care Inspection Report
30 April 2019

Rivervale Country

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

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 registered nursing home which provides care for up to 20 patients.

3.0 Service details

Organisation/Registered Provider: Rivervale Country **Responsible Individual:** Helena O'Neill Theresa O'Neill	**Registered Manager and date registered:** Helena O'Neill 1 April 2005
Person in charge at the time of inspection: Helena 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:** 16

4.0 Inspection summary

An unannounced inspection took place on 30 April 2019 from 10.25 to 17.10 hours.

This inspection was undertaken by care inspectors and a pharmacy inspector.

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

Areas for improvement in respect of previous estates and medicines management inspections have also been reviewed and validated as required.

We observed good practice in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was clean, warm and homely.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals on offer.

We observed that patients were offered choice in their daily routine. Staff and management were welcoming and there was a patient centred ethos in the home. A range of activities were provided to the meet the patients social and spiritual needs.

The temporary use of the identified bathroom for the storage of equipment should be kept under review and the equipment moved to a more suitable location as soon as is practically possible this domain. This was identified as an area for improvement.

Patients were happy in the home. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with 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	1	*1

*The total number of areas for improvement include one which has been stated for a second time.

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

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

4.2 Action/enforcement taken following the most recent inspection dated 11 February 2019.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 February 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from date 22 April to 5 May 2019
- 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 files
- five patient care records
- management of medication changes
- management of pain, thickening agents, controlled drugs, antibiotics, warfarin
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits made by the responsible person
- RQIA registration certificate

Areas for improvement identified at the last 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.

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6.0 The inspection

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

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement six were met and one was partially met, is stated for a second time and has been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager outlined staffing arrangements in the home. Discussion with patients and their visitors confirmed that they felt there were enough staff to help them when needed. The patients said that staff were pleasant and attentive to them. It was good to observe that those patients' who, due to their frailty were unable to request staffs' attention, were regularly attended to by staff.

Staff stated there were enough staff to meet the needs of the patients at all times and confirmed that care in the home was safe,

Staff were provided to ensure that catering and housekeeping duties were undertaken. Catering staff spoke with passionate about the care of the patients and proud of the standard of homemade food they provided.

We spoke with the visitors of two patients. Both spoke highly of all of the staff and told us that the patients' needs were attended to promptly and that staff were pleasant and attentive.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 22 April to 5 May 2019 confirmed that the staffing numbers identified were provided.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not present during the inspection. Two responses were received from the patients and five from relatives. The following comments were received regarding staff:
"A great bunch of girls, great respect, where would you get staff like them."
"The staff are very caring people who provide a very high standard of care…"

We discussed the recruitment of staff with the responsible individual and reviewed the recruitment records. The records confirmed that the appropriately checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. Records of two completed induction programmes were reviewed.

The home has an annual training schedule in place; all training is delivered face to face. Review of training records confirmed that staff had undertaken a range of training relevant to their roles and responsibilities. Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Newly appointed staff attend a two day training programme as part of their induction programme; this is good practice.

We discussed the systems in place to ensure patients are protected from abuse. The registered persons confirmed that the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures. The safeguarding and protection of patients was included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The registered persons are responsible for ensuring all staff are registered appropriately. 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 either appropriately registered or in the process of completing registration.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. We observed that some patients had bedrails erected; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Records evidenced that relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. The registered manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' relatives, the registered manager and the appropriate health and social care trust were informed of accidents. RQIA were also appropriately notified.

The management of medicines was examined by the pharmacist inspector. The medicine records that we looked at had been completed fully and accurately. Controlled drugs were appropriately administered and recorded.

A sample of care records in relation to distressed reactions, antibiotics and pain were reviewed by the inspector and found to have been completed appropriately by the registered nurses. A sample of medicines was audited during the inspection to determine if medicines were being administered as prescribed. One discrepancy was noted and discussed with the registered manager. The internal audit arrangements were discussed and reviewed by the inspector. We found that the audits were not being consistently completed, which would have helped to identify the discrepancy noted during this inspection. The area for improvement that was stated previously with regards to auditing systems has been stated for a second time.

We observed practice to determine if there was good practice to minimise the risk of the spread of infection. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available at a variety of locations throughout the home as an additional resource to support good hand hygiene. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately. We discussed the current arrangements for the storage of the mop buckets and it was agreed that the location for storing them would be reviewed.

The environment in Rivervale Country was homely, warm and comfortable. The home was clean and fresh smelling throughout. There was a choice of two lounges on the ground floor. A selection of comfortable chairs were available in the lounges alongside space for patients who sat in their own specialised seating. Patients' were encouraged to individualise their own rooms; many had pictures, family photographs and ornaments brought in from home. The registered person explained that a refurbishment plan was ongoing to replace damaged and worn furniture, for example bedroom furniture and integrated bedrails.

The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices. One bathroom was being used for the temporary storage of equipment. Following the inspection the responsible individual discussed the storage with their fire risk assessor who confirmed that the current fire safety arrangements were adequate. The temporary use of this bathroom for the storage of equipment should be kept under review and the equipment moved to a more suitable location as soon as is practically possible. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was homely and safely managed.

Areas for improvement

The temporary use of the identified bathroom for the storage of equipment should be kept under review and the equipment moved to a more suitable location as soon as is practically possible.

Improvements are required with regards to auditing systems for medications; this has been stated for a second time.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

We spoke with five patients individually who were happy with the care they were receiving. Records confirmed that staff arranged visits from a range of healthcare professionals, for example GP, podiatry, opticians and dentists when they needed them. If they were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home; from these, care plans which prescribed the care and interventions required to support the patient in meeting their daily needs, were produced. The care plans reflected individual needs and preferences; the care plans for the patients' social and recreational needs in particular were patient centred.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, behavioural nurse specialists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes. We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for.

Records reviewed confirmed that wound care was delivered in keeping with the prescribed care. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example tissue viability nurses (TVN).

Arrangements were in place to identify patients who are unable to mobilise or move independently and therefore at greater risk of skin breakdown. Assessments were completed and reviewed monthly. Those patients identified as at risk had a care plan in place. Pressure relieving care was recorded on repositioning charts. The current template for recording repositioning was discussed at length with the registered manager. They are currently working towards introducing a new methodology for managing risk of pressure damage and this will include a new recording template. Progress with this improvement work will be reviewed at the next inspection.

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Patients with significant weight loss or weight loss from month to month were referred to appropriate healthcare professionals, for example GP or dietician.

We observed the serving of lunch. Homemade soup is served everyday; patients then had a choice of either chicken crumble or beef sausages, carrots, turnip and mash. Additional options of lighter meals, for example sandwiches, were available as requested. Patients told us the food was good and that there was always a good choice and plenty to eat. There was a relaxed atmosphere in the dining room and the tables were nicely set with cutlery and a choice of condiments.

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. We reviewed the accident book and the management of falls recorded. Falls risk assessments were regularly reviewed.

The registered persons explained that an electronic system for maintaining care records is now available in the home and that they are currently working on an implementation plan. This will help to standardise recording keeping and with the archiving of records. Progress with the implementation of this system will be reviewed at the next inspection.

Staff were well informed with regard to patients' needs. They supported patients to make daily decisions and we observed that with patients who required support to make a decision staff used their knowledge of individuals to prompt decisions. Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals provided.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

6.5 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 10:25 and were met by staff who were friendly and helpful. The ground floor was quiet; patients had finished breakfast and were being assisted to the lounge and some patients were still sleeping.

We spoke with five patients, individually throughout the day. One patient told us "it's a great place."

We spoke with the visitors of two patients who told us that they made to feel welcome when they visited and that the patients were well looked after. Both of the visitors knew the registered persons well.

As previously discussed we provided questionnaires for relatives, patients and staff who were not present during the inspection. Two responses were received from the patients and five from relatives. The following comments were provided:
"This is a very exceptional home, small, homely…"
"My … has been here nearly a year and we are very happy with the care."
"As a relative I can say I have no worries, my relative is very happy and contented, great care, great food, an all round great place, always with a lovely atmosphere."

No responses were received from staff prior to the issue of this report.

The home provides relatives with questionnaires on an annual basis. The information received from the returned questionnaires is included in the annual report. The most recent annual report, for the period 1 October 2017 – 30 September 2018 was available in the home and included the responses from the questionnaires issued in 2018.

Relatives are also invited to give comments during the monthly visit undertaken by the responsible individual. These are examples of some of the comments received:
"Best quality care."
"Excellent service in this home."
"Staff and management most accommodating, pleasant and thoughtful even to the point of warming mums nightclothes before going to bed."
"Excellent homemade food too."

We discussed what activities were provided for patients. The registered manager explained that activities are everyone's business, therefore all staff are expected to participate in their provision. The registered manager explained that activities are provided to meet the patients' social and spiritual needs. Music afternoons, provided by an outside entertainer, take place regularly. Religious services are held regularly within the home, relatives are invited to attend the services with their loved ones.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the daily routine and the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There are well established management arrangements in the home. The current manager has been registered with RQIA since 2005 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by the responsible person who has also been registered with RQIA since 2005; both registered persons were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Patients, visitors and staff reported that the registered persons were very approachable and available in the home at various times throughout the week, including evenings and weekends.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, hand hygiene, patients' weights and accidents and incidents.

The responsible person is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

There were examples of good practice found throughout the inspection in relation to the management arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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 the registered persons Therese O'Neill and Helena O'Neill as part of the inspection process.

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 provider 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 30 May 2019	The registered person shall develop and implement a robust auditing system for medicines management.
	Response by registered person detailing the actions taken: The system for auditing medicines has been further developed to enhance the management of medicines.
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 44.3 **Stated:** First time **To be completed by:** 28 May 2019.	The registered person shall ensure that the temporary use of the identified bathroom for the storage of equipment should be kept under review and the equipment moved to a more suitable location as soon as is practically possible. Ref: 6.4
	Response by registered person detailing the actions taken: A firm alarm has been installed temporarily in this bathroom and new storage facilities are being sourced.

The Regulation and Quality Improvement Authority

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