

Inspection Report

Name of Service: Rivervale Country Private Care Home

Provider: Rivervale Country Private Care Home LLP

Date of Inspection: 9 September 2025

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

1.0 Service information

Organisation/Registered Provider:	Rivervale Country Private Care Home LLP
Responsible Person:	Cecelia Theresa O'Neill
Registered Manager:	Helena Margaret O'Neill
<p>Service Profile – This home is a registered nursing home, which provides general nursing care and care for patients with dementia for up to 20 patients.</p> <p>There are a range of communal areas throughout the home, bedrooms are located over two floors and there is a dining room on the ground floor.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2025 from 10:00 am to 4:40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 October 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection, four of the previous areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "the staff treat are very good" and "the staff are very nice, it's a great place".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day, which included preferences for getting up, and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties and managerial support. With comments such as "I really like working here, it is very homely."

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "this place is first class, you wouldn't get better" and "staff are always around if you need them".

No responses were received from patient/relative or staff questionnaires following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. Records reviewed evidenced that there was no system in place to review the use of restrictive practice within the home. An area for improvement was identified.

Patients who were less able to mobilise were assisted by staff to change their position. Records evidenced that the patients were repositioned however; the recommended regime was not recorded in the patient records. This area for improvement was stated for a second time.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. However, examination of care records for patients, who had experienced a fall, did not consistently have an updated falls care plan in place. An area for improvement was identified.

Review of a sample of care records specific to wound care evidenced inconsistencies regarding the recommended frequency of dressing renewal, the recording of the ongoing assessment and care plans lacked detail. Additionally, it was established that there was no wound care audit in place to monitor wound care. This was discussed the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

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

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. The weekly programme of social events was displayed on the noticeboard advising of future events. Patients were well informed of the activities planned for the week and of their opportunity to be involved.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

A small number of bedroom walls required painting, assurances were given by the responsible person that this was being addressed. This will be reviewed at the next inspection.

Staff had been provided training in relation to infection prevention and control (IPC) including the use of personal protective equipment (PPE) and hand hygiene. The PPE stations were stocked with aprons and vinyl gloves; however, there was no nitrile gloves available within

these stations. This type of glove is not suitable for use in personal care as indicated by the Regional IPC Guidance. An area for improvement was identified.

On review of the home's environment, it was noted that a bathroom on the first floor within the home was being used inappropriately as a storage room. An area for improvement was identified.

In another bathroom, patient equipment was being stored, this was discussed with the responsible individual who arranged to declutter the room. This will be reviewed at the next inspection.

A hot water tank was accessible in a room on the first floor. Confirmation was received after the inspection that this had been addressed.

3.3.5 Quality of Management Systems

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

Patients, relatives and staff commented positively about the management team and described them as supportive and approachable.

There was evidence of auditing across various aspects of care and services provided by the home.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	3*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2025</p>	<p>The registered person should evidence that there is robust monitoring and oversight of wound care being delivered to identified patients and that patient care records are reflective of the prescribed care.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: A new template has been put in place to monitor wound Care. which is being administered to patients.and the specific care prescribed is recorded in their care plan.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2025</p>	<p>The registered person shall ensure that the premises is only used for the purpose for which it is registered for.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: As discussed during the inspection we currently have plans ongoing regarding storage. However the area which was being used was equipped with Fire alarms etc and signed as storage area as per advise given during previous inspection. The unused equipment has been removed and discarded.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2025</p>	<p>The registered person shall ensure that staff have access to and adhere to regional infection prevention control guidelines regarding glove use.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Staff have been instructed to use Nitrile Gloves for patient care and to ensure they are in the PPE Stations. A supply of nitrile gloves were in stock at the time of inspection.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: 31 October 2025	The registered person shall ensure that where a patient has been assessed as requiring repositioning, the frequency of repositioning carried out is reflective of the recommended frequency within the patient records. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: The repositioning chart has been reviewed to include the recommended frequency in respect to the repositioning of the patient.
Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by 31 October 2025	The registered person shall ensure that there is a system in place to monitor the use of restrictive practice and it is kept under review. Ref: 3.3.2
	Response by registered person detailing the actions taken: Any patient requiring restrictive aids for their safety, now have a record in place to monitor and review their use.
Area for improvement 3 Ref: Standard 22.5 Stated: First time To be completed by 30 September 2025	The registered person shall ensure that patients who are deemed to be at risk of falls have a detailed falls care plan in place and this is reviewed after each fall. Ref: 3.3.2
	Response by registered person detailing the actions taken Care plans have been reviewed and updated for any patient identified as at risk of falls. This will be reviewed after each fall.

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



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