

Inspection Report

Name of Service: Rivervale Country Private Care Home

Provider: Rivervale Country Private Care Home LLP

Date of Inspection: 14 May 2026

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:	Miss Cecelia Theresa O'Neill
Registered Manager:	Ms Helena Margaret O'Neill
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. 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.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2026 from 10:15 am to 2:20 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 9 September 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients. 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.

The inspection identified concerns in regards to repeated areas for improvement. Details were shared with the registered manager during the inspection; this was also discussed again at a more detailed feedback meeting with the registered manager and registered person on 1 June 2026. The management team discussed the actions that had been taken since the inspection and lessons learned. RQIA were assured with the evidence provided following the inspection; that the appropriate action had been taken with regards to the concerns expressed.

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 and one area for improvement has been stated for a third 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 "they look after me so well here, it is the best home in the world" 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 love working here, it is like a family."

Following the inspection, no response was received regarding patient/relative questionnaires and no staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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.

Review of the duty rota evidenced that the manager's hours were not recorded clearly to identify the capacity in which they were worked. An area for improvement was identified.

The manager advised us that not all staff had received an annual appraisal. An area for improvement was identified.

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 patient's 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. It was established that systems were in place to manage this aspect of care. Review of the restrictive practice audits evidenced that they required further detail. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

Patients who were less able to mobilise were assisted by staff to change their position. Review of two patient care records relating to pressure area care evidenced that the recommended frequency of repositioning recorded in the charts and care plans were inconsistent. This area for improvement was stated for a third time.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place.

Review of patient care records identified concerns in relation to wound management. For example, in one patient's care record, it was unclear if the wounds had healed or not. Additionally, it was established that the wound care audit in place was not robust to ensure that the prescribed care was being carried out. This area for improvement was stated for a second time.

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, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients care records were held confidentially.

Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

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.

On review of the home's environment, it was noted that two bathrooms on the first floor within the home was being used inappropriately as storage rooms. Confirmation was received after the inspection that these rooms had been decluttered. An area for improvement was identified.

Cleaning products were observed to be unsupervised on a domestic trolley on the first floor not in keeping with Control of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

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

Discussion with the manager evidenced that a number of audits were completed to assure the quality of care and services. However, a care plan audit and infection control audit were not completed. An area for improvement was identified.

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.

Some governance records were not available on the day of inspection. This was discussed at the meeting on 1 June 2026 and assurances were given that the availability of identified records would be reviewed. This will be reviewed at the next inspection.

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	2*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Helena O'Neill, Manager 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	
Area for improvement 1 Ref: Regulation 12 (1) Stated: Second time To be completed by: 30 June 2026	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. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: The wound care monitoring audit has been redeveloped to oversee that the prescribed wound care which is being delivered to patients is reflective of what is in their care plan.
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 31 May 2026	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) legislation in order to ensure that patients are protected from hazards to their health. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff had all received training in relation to COSHH and have been re-educated in relation to the importance of adhering to that training. In addition new lockable containers have been purchased for each trolley to ensure compliance, and to assist staff with efficiency and enhanced infection control procedures during their patient round so they do not have to return to the locked store each time they carry out care, which can be at the opposite side of the building.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: Third time To be completed by: 30 June 2026	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 redesigned to ensure the frequency of repositioning of patients is being carried out as reflected in the patients care plan record. An additional audit will be maintained at each shift by the nurse in charge to ensure the details are correct and staff are compliant.

Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by 31 May 2026	The registered person shall ensure that the manager's hours are recorded on the duty rota clearly identifying the capacity in which they were worked. Ref: 3.3.1 Response by registered person detailing the actions taken: The Management Hours of the Manager has been identified on the rota.
Area for improvement 3 Ref: Standard 40 Stated: First time To be completed by 31 July 2026	The registered person shall ensure that staff receive an annual appraisal. Ref: 3.3.1 Response by registered person detailing the actions taken: At the time of the inspection appraisals had been commenced and are ongoing. However as discussed with inspectors following this inspection I unfortunately was not able to be in the building on that day due to unavoidable circumstances. Had I been there these records could have been inspected. As I work from an office adjacent to the main building I have to ensure the security of records and that I comply with GDPR regulations. The Office was locked on that day.
Area for improvement 4 Ref: Standard 44.11 Stated: First time To be completed by 14 May 2026	The registered person shall ensure that there is a system in place to monitor the identified bathrooms to ensure they are used as registered. Ref: 3.3.4 Response by registered person detailing the actions taken: The bathrooms in question have been cleared. Unfortunately some good patient equipment had to be disposed of in order to comply with this standard. The bathroom containing the bath has not been used for quite a long time and on the day of the inspection there were no patients accommodated in this area, no patient had been disadvantaged by the items which had to be stored there temporarily. During a meeting on 1st of June the reason for the temporary storage was fully explained. Staff have been instructed under no circumstances are they permitted to store items in this area in future. This will be monitored. Photographs were sent to the inspectors confirming the action taken.
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure that care plan and infection control audits are completed regularly; the audit should include, where required, a clear action plan, the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed.

To be completed by 31 July 2026	Ref: 3.3.5
	Response by registered person detailing the actions taken: Care plan Audits are up to date. The monthly Infection Control audit of the building is carried out by myself the registered provider. This audit is completed every month and at the time of the inspection was up to date as stated previously I was unavailable on the day of the inspection due to unavoidable circumstances and this audit was not inspected for that reason. Infection Control is taken very seriously by management in this home and it appears the audit inspected was an old additional audit which was put in place during Covid. The monthly audit which has been inspected during previous inspections continues to be used and is very comprehensive it has been designed by our Health and Safety Consultants.

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