



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ryevale Nursing Home
Name of provider:	Ryevale Nursing Home Kildare Limited
Address of centre:	Leixlip, Kildare
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0039939

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ryevale Nursing Home provides accommodation for a maximum of 172 residents. It is located a short drive from the town of Leixlip in County Kildare. The service offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of five units; Rye, Millennium, Moy and Distillary units and a dementia-inclusive high support unit called the Liffey unit. There is an inner garden and courtyard within the Liffey unit, where residents can enjoy a walk or sit outside for fresh air. Residents and visitors can use sitting-rooms, dining-rooms, and gardens throughout the centre. There is also an open terrace area for those residents accommodated on the first floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	172
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 April 2023	09:35hrs to 18:45hrs	Frank Barrett	Lead
Wednesday 26 April 2023	09:35hrs to 18:45hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

This was an unannounced one day risk inspection to monitor compliance with the regulations made under the Health Act 2007 (as amended). The inspection was facilitated by the persons in charge, and the registered provider representative. This inspection was carried out to monitor compliance with the regulations in relation to fire precautions and premises. The centre was registered for 172 residents and there were no vacancies on the day of the inspection.

The centre was a very large building on extensive grounds near a town centre, residential areas, shops and public transport links. The centre was located over three floors and built around three courtyards. These courtyards gave residents safe access to enclosed external gardens. On the day of inspection, a gardener was on-site tending to pathways and cutting shrubbery. The ground floor and first floor contained residents' bedrooms, day rooms, communal spaces and dining rooms. An oratory was also located on the ground floor. The centre had 88 single rooms and 42 twin rooms. All of the residents' bedrooms had en-suite bathrooms. In addition to the rooms used by residents, the centre also had a large kitchen, a laundry, staff offices, store rooms and staff changing facilities. The third floor in the building was accessed by staff only and used for storage, and training.

The centre was warm, bright and welcoming. Inspectors noted that the centre was clean and in good structural repair. The communal rooms throughout the centre were nicely decorated and very homely. Furniture in the shared rooms was clean and in good condition. Inspectors noted that residents' bedrooms were personalised with their belongings and photographs. There had been an improvement in relation to the twin rooms in the centre. Some twin rooms had been reconfigured and curtains installed to ensure the privacy of the residents in these rooms. On the day of inspection, a small number of privacy curtains were due to be installed in the remaining twin rooms. During the walk around of the centre, inspectors noted ventilation in some areas was not operating effectively. These issues are detailed further under regulation 17 Premises.

Inspectors observed residents relaxing in day rooms, enjoying the courtyards or engaging in some of the activities that were made available. This included board games, reading newspapers and hand massage. The residents who spoke to the inspectors reported that they were happy in the centre and happy with the service they received. Residents appeared comfortable and relaxed throughout the inspection. Staff were observed interacting with residents in a calm and respectful manner. Staff were observed assisting residents on walks in the garden, to day room activities, and to mealtimes in the dining room.

While the centre provided a homely environment for residents, inspectors noted some issues that impacted on fire safety. Inspectors noted that a number of fire doors were damaged. Some had gaps around them and others did not close fully. Furthermore inspectors could not find evidence of containment measures being in

place in the upgraded staff area on the second floor, and around some service penetrations and doors in the centre. This meant that they would not contain smoke or fire within a particular area. Inspectors also noted issues in relation to storage that impacted on fire safety. There was a large amount of material stored in a boiler room, which housed electrical distribution boards, and heating systems. The material stored in this area ranged from unused plywood, spare machinery parts, paper and plumbing materials. When this was brought to the attention of the provider these items were immediately removed. An Oxygen cylinder was retained in an emergency resuscitation bag in a cabinet on one escape corridor. The risk of having the oxygen in this bag was not assessed by the provider, there was no appropriate fire extinguisher in the area and there was no signage to indicate that there was an oxygen cylinder in this bag,

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that the provider had taken appropriate steps to address a number of issues relating privacy of residents in multi occupancy rooms in the centre. Some improvement was required in order to ensure that fire and smoke would be contained with the compartments of the centre in the event of a fire.

This inspection was carried out to monitor compliance with the regulations in relation to fire precautions and premises. Inspectors also reviewed the governance and management of these areas. Following an inspection of this centre in October 2022, the provider submitted a compliance plan that outlined the steps that would be taken to address issues relating to residents rights to privacy in multi occupancy rooms. Inspectors reviewed the implementation of this plan during this inspection, and found that work had been completed to facilitate privacy for residents in most areas, and that a clear timeline of completion of the remaining rooms was available which was in accordance with the timeframe submitted by the provider in the compliance plan from the last inspection

The registered provider for Ryevale Nursing home is Ryevale Nursing Home Kildare Ltd. The centre is family owned and operated with a senior management team to provide management support. There are two persons in charge at Ryevale Nursing home, and they are responsible for the day to day management of the centre and utilises the support of the assistant directors of nursing, clinical nurse managers and the registered provider representative based at the centre. Weekly meetings are held with senior management to discuss quality and clinical governance at the centre. Inspectors noted that restricted weekend visiting times were still in place at the centre, however, the Person in charge told inspectors that this had been

discussed at management meetings, and the centre is in the process of reverting to extended visiting times at the weekends. In the meantime, the management at the centre committed to facilitating any visitors who may require times outside of those currently posted.

The provider had identified areas in the centre that required refurbishment and had devised a programme of works to address the issues relating to the upgrading of the premises. This included a complete upgrade of the fire detection and alarm system, reconfiguration of the second floor to incorporate a staff training area. There was a system in place for staff at the centre to raise any maintenance concerns, and no outstanding works were noted on the day of inspection. The management at the centre utilised both internal maintenance staff for day to day issues, and external contractors for larger or specialised works.

Management systems in place at the centre relied on daily, weekly, monthly and annual checks of fire safety systems, to identify areas of improvement. While these checks were completed, inspectors identified issues that the provider's audits had not identified, for example, some fire doors were damaged, and did not close completely on release of the holder. Weekly fire door checks and daily evacuation route checks were not picking up these issues. These issues are detailed further under regulation 28 Fire precautions.

Regulation 23: Governance and management

While the provider had ensured that management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored, some areas for improvement were identified on this inspection:

- Inspectors found that management systems and record keeping required improvement to ensure equipment was effectively maintained. Some maintenance services were overdue on the fire suppression system in the kitchen, and the emergency lighting quarterly service. An up-to-date fire certification of the reorganised second floor layout was unavailable. The fire certificate application had been lodged with the fire authority at the time of the inspection. .
- Weekly fire door checks were being carried out, however, staff completing the checks were not recording fire safety issues while completing these checks for example, some doors not closing fully on release of the door holder. This would result in the early identification of fire safety issues.

Judgment: Substantially compliant

Quality and safety

Overall, it was found that measures had been put in place to improve the premises in line with the compliance plan from the previous inspection of the centre and Inspectors noted that the centre was in a good state of repair. The provider had taken a number of steps to improve the fire safety in the centre.

However, Improvement was required in relation to the containment of fire. On the day of inspection, assurances could not be given to inspectors in relation to the integrity of all fire compartments in the building. A fire compartment contains a fire for a specific period of time allowing for the safe evacuation of residents to another area of relative safety in the building. This can provide valuable time in the event of an evacuation of residents to an area of relative safety within the building. This is detailed further under regulation 28 Fire precautions.

Staff training in relation to fire safety was up to date for all staff. Staff were knowledgeable on the steps that should be taken to safely evacuate residents in the event of a fire. Further information was available to guide staff through detailed personal evacuation plans for residents and a detailed evacuation procedure. Fire extinguishers were regularly serviced and available at appropriate points in the centre.

The centre was well maintained, however, inspectors noted issues relating to ventilation in some rooms, and absence of drying racks in the sluice rooms. These are detailed further under regulation 17 premises.

Regulation 17: Premises

The premises was suitable for the needs of the residents living there. Improvements since the last inspection were noted in relation to the provision of privacy in multi-occupancy bedrooms. The provider had a clear plan to complete all actions on the previous inspection compliance plan.

Improvement was required to:

- A number of rooms lacked ventilation for example, the cleaners store in the distillery unit, and two medication rooms. These rooms were found to be very warm and had no access to fresh air ventilation.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and

did provide suitable fire fighting equipment, suitable building services and suitable bedding and furnishings.

The registered provider had ensured by means of fire safety management and fire drills at suitable intervals, that the persons working in the centre are aware of the procedure to be followed in the event of a fire. Evidence of numerous fire drills was available on the day, which was supported by a robust fire safety culture in the centre.

Improvements were required to ensure that adequate arrangements were in place for containing fires for example:

- Some fire doors in the centre were found with large gaps around the perimeter. Some fire door had been modified from double swing doors to single swing, which resulted in large sections at the top of the doors which did not appear to have any fire and smoke seals. For example a cross compartment door between unit Distillery 1 and Distillery 2, a cross corridor compartment door on distillery 2, and a compartment door near the ground floor sluice room. Compartment doors in the moy unit had sections removed at the tops to fit a hinge slider. This would result in a lack of containment of fire and smoke at these doors contrary to the fire rating required.
- Service penetration were found in some areas which did not appear to have any fire seals around them for example: services penetrating compartment walls in the boiler room, the second floor comms room, and the store room in the distillery unit.
- There were electrical riser cupboards in the sluice rooms which did not appear to be fire rated. Services passing between the floors in these cupboards were not fire sealed.
- Inspectors could not be assured of the effective compartmentation of the training room on the second floor.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Ryevale Nursing Home OSV-0000091

Inspection ID: MON-0039939

Date of inspection: 26/04/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>I can confirm that all regular servicing and maintenance has now been carried out and all items are correctly certified. We have adopted a new tracking system whereby all routine servicing of equipment is tracked in a calendar and reviewed monthly with our head of maintenance. We have been in touch with our fire engineer who submitted the Fire Regularisation Application. The application is with the Kildare CoCo fire officer and once it has been issued we will forward I to HIQA.</p> <p>With regards to the weekly fire drill and fire door check, we are giving additional training to staff on what to look out for during the checks and we are also involving the maintenance staff in the drill so they are on the floor checking alongside the regular staff.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have brought in a contractor who has already installed the ventilation in the cleaners store and is currently working on the ventilation to the medicine store. We expect works to completed by the 28th of June.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have taken on a specialist contractor to inspect, and repair or replace all cross-corridor compartment doors to ensure they are compliant with current fire regulations. They have already started on site and a large number of doors have already been repaired, however there are long lead-in times on getting new doors made. We expect the works to be completed and certified by the end of August.</p> <p>The fireproofing from the boiler was not visible on the day of inspection, but we have already submitted photographs of the fireproofing from the floor above. A fireproofing specialist has already carried out works to the comms room and the store and both are now fully compliant with regulations.</p> <p>Our contractor has already carried out works to the risers in the sluice rooms and both are now fully compliant.</p> <p>Works are currently ongoing on the second floor with fire curtains being installed in the crawl spaces around the training room. These works will be completed by the 23rd of June. Once all works have been completed, we will be able to provide HIQA with the appropriate certs.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/06/2023