<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Ryevale Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000091</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Leixlip, Kildare.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>01 624 4201</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:enquiries@ryevalenh.com">enquiries@ryevalenh.com</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Ryevale Nursing Home Kildare</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Pearce Gallagher</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Leone Ewings</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Nuala Rafferty (day 1 only)</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>124</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>7</td>
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</table>
**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
**Responsive behaviour** (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 08 November 2016 09:00 08 November 2016 17:00
09 November 2016 09:00 09 November 2016 16:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report sets out the findings of a two day inspection, the purpose of which was to inform a decision for the renewal of the centre’s registration. The two minor-compliances found on the last inspection in September 2014 had been fully addressed. Inspectors also considered unsolicited information submitted with concerns about food and nutrition, access to chiropody services and malodour on the premises. A provider led investigation was requested by HIQA from the provider and
received and reviewed prior to this inspection. This information was not substantiated at the time of the inspection. Nonetheless some improvements were noted to be required to ventilation adjacent to the ground floor smoking area, and this was rectified at the time of the inspection.

During the course of the inspection, the inspectors met with residents, relatives, staff, the person in charge and the provider. The views of residents, relatives and staff were listened to, practices were observed and documentation was reviewed.

Surveys completed by residents and/or their relatives were also reviewed. Inspectors analysed questionnaires completed by 13 residents and 20 relatives. The majority of the feedback received was very positive about service provision and care at the centre.

Overall, the inspectors found that care was delivered to a high standard. Staff knew the residents well and discharged their duties in a respectful and dignified way. The management and staff of the centre were striving to improve resident outcomes. A culture of individualised care which supported a person-centred approach was noted. Residents appeared well cared for and expressed satisfaction with the care they received in the centre, and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Safe systems and appropriate measures were in place to manage and govern this centre. The provider, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Overall, a good standard of compliance with found with the Regulations in all the outcomes inspected. Some improvements were required in four outcomes to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016). The outcomes are:
- safeguarding
- health and safety and risk management
- premises
- residents’ clothing and personal property and possessions

Four actions are the responsibility of the provider and one action is the responsibility of the person in charge.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

### Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A written statement of purpose dated July 2016 was submitted as part of the registration renewal process. This detailed the aims, objectives and ethos of the service. The inspectors requested that the provider review the description of the centre and a revised version was submitted following the inspection. The updated information was in line with legislative requirements.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors were satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services.
Communication within the management team was observed to be open and effective. However, the formal minutes of management meetings reviewed could only evidence two meetings in the last year. The inspector was informed that separate meetings of the directors of the company also took place. Nonetheless, feedback was given to the provider and person in charge to review the frequency of the management meetings.

There was a clearly defined management structure that identifies the lines of authority and accountability. Two people are sharing the roles and responsibility as person in charge. Both are supported by the provider, director of nursing, and five clinical nurse managers.

Audits were being completed by the person in charge reviewing falls, incidents, weight loss, wounds, infection control and medication management. The results of these audits were shared with all staff at team meetings. There was evidence of improvement following these audits and interventions put in place to address any actions required. For example, re-starting a revised residents' meeting schedule and rolling out the dementia care programme.

The annual review of the quality and safety of care was completed and this identified some areas for development and improvement including upgrading of some of the older parts of the premises.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Each resident had an agreed written contract which dealt with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged. This included a list of facilities and services provided. Services which incurred additional fees were also listed. The provider now operated a one euro a day fee for other care services. For example, this included social activity programmes, entertainment, basic in-house hairdressing, phlebotomy charges, mass fees, bingo charges and other services (not specified).

A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies.
Information was on display regarding the complaint’s procedure, fire evacuation instructions, and contact details for advocacy services.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The two people undertaking the shared role of person in charge had not changed since the time of the last inspection. Both were registered nurses and both work full-time within the centre. Both people had been interviewed previously by HIQA; and were both deemed to have the required skills, knowledge and experience to hold the post of person in charge. One of the post-holders had recently completed a post-graduate management course, evidence of their continuous professional development was up-to-date.

Both people was knowledgeable about each residents' nursing and social care needs. Both people attended management meetings, and were aware of their regulatory responsibilities.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in DesignatedCentres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

**Findings:**
The records as listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall, a good standard of record keeping could be evidenced throughout the inspection. One issue with record-keeping was highlighted in outcome 9 which related to the custody of a Schedule 5 medicine. However, during and following the inspection the inspector received assurances that this matter had been addressed.

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by schedule 5 of the regulations. During the inspection the inspector requested a review of the smoking policy, and that the policy on the revised systems in place for laundry be created to inform and guide staff. Both policies were submitted post-inspection to HIQA.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/ her absence.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The assistant director of nursing takes on the role as deputy to the person in charge in the absence of the two people sharing this role.

Clinical nurse managers are also available to support the absence of the person in charge for any reason. The provider has submitted the required information on the people who are participating in the management of the centre. These arrangements were found to be clearly outlined in the statement of purpose and confirmed on
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors were satisfied that safe systems were in place to protect residents being harmed or suffering abuse. There was a detailed policy to guide staff and they received appropriate training and refreshers. This policy has been updated, and the provider took the lead for safeguarding training at the centre. Care and communication was observed to be person-centred and in an environment which promoted residents' rights. The person in charge was aware of the requirement to notify any allegation of abuse to HIQA. Finances were reviewed, and no residents finances were found to be managed by the provider. The provider did not act as pension agent for any resident.

The centre was guided by policies on the protection of vulnerable adults in place and policies read were recently updated to reflect best practice. The inspectors found there was regular staff training in the protection of vulnerable adults, and records confirmed that this was up to date. Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. The inspectors spoke to a number of residents who said that they felt safe and secure in the centre.

A policy on the management of responsive behaviours that guided practice was in place. A sample of resident records of residents who presented with responsive behaviours was reviewed by the inspector with the person in charge. Supportive care plans were developed and in place to inform staff and guide practice. All care plans were updated following specialist input and review from community mental health team. Inspectors found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Staff documented the rationale for use of any psychotropic medication, and audited and
reviewed any use.

The policy, practice and assessment forms reviewed reflected practice was found to be partially in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. There was some evidence that a review of alternatives had been considered. However, some improvements were required in terms of the records of any alternatives which had been trialled (prior to the use of bed rails) as this could not be clearly evidenced on a consistent basis. For example, use of low low beds and crash mats. The quarterly reports submitted by the person in charge did not indicate the use of any bed rails in the centre. Nonetheless the findings of this inspection were that bed rails were used. The capacity for residents to consent was not adequately documented. The risk balance assessments completed were comprehensive but required review as the rationale for the decisions in each individual case were not clear. For example, the use of crash mats would be contra-indicated 'due to risk of asphyxiation'.

Inspectors observed some residents in tilt comfort chairs at the centre, all appeared comfortable in their seating. Nursing staff had undertaken to provide comfort tilt seating with integrated lap belts to a small number of residents with difficulty using standard seats provided at the centre. Inspectors were informed they were only used for safety of immobile residents at risk of sliding from the comfort chair. There was no evidence that an individual seating assessment had been completed by an occupational therapist or that another competent person had assessed and reviewed this approach. However, the inspectors discussed the requirement to ensure that any lap belts used are noted to be restraints unless evidenced that a suitably qualified person has completed an assessment. The person in charge was requested to ensure that each residents seating needs are fully risk assessed for suitability, in order for the equipment currently in use not to be considered restraint.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The risk management policy contained the procedures required by the regulations to guide staff. An up to date health and safety statement was available. The inspectors noted however that there was the systems in place in the risk management policy to
manage the specific and potential risks in the centre such as the smoking room had not been updated. Nonetheless the provider has updated the smoking policy, and also put in place a fire blanket in the ground floor smoking room to control the risks. Inspectors found that some odour of cigarette smoke was present in the corridors of Rye 1. The ventilation systems in place in the smoking room in Rye 1 did not appear to be adequate. The provider had addressed this by day two of the inspection, with appropriate maintenance. A small number of residents smoked, and could also access an outdoor area on the first floor which was suitably equipped. A smoking risk assessment was completed and a plan of care developed. The care plans indicated whether residents required support, and any steps required to improve safety, such as using a smoking apron. The plans were reviewed regularly taking in to account any changes to the residents health and mobility. A satisfactory updated smoking policy was received from the provider following this inspection.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced and fire exit signage was in place. The procedures to follow in the event of discovering a fire or on hearing the alarm were displayed around the building. There was an updated list maintained of each residents mobility requirements in an emergency evacuation. The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures to include residents accommodated on each floor of the building.

Staff had completed annual refresher training in fire safety procedures. Records indicated fire drill practices were completed. Routine checks were undertaken to ensure fire exits were unobstructed, automatic doors closers were operational and fire fighting equipment was in place and intact.

There were procedures in place for the prevention and control of infection and generally most areas within the centre was visibly clean and hygienic. However, some areas for improvement were noted in Rye 1 and 2 particularly in three communal bathrooms observed to require more attention from household staff. These areas get high levels of use, as most rooms are not en-suite in this area and require additional more frequent cleaning. A satisfactory deep clean was completed on the first day of the inspection after this was highlighted to the provider. There was a sufficient number of cleaning staff rostered each day of the week. Hand testing indicated the temperatures of radiators and dispensing hot water did not pose a risk of burns or scalds. Hand gels for disinfectant were located along the corridor.

Falls and incidents were documented and audited. In the sample of accident report forms reviewed, vital signs for residents were checked and recorded and the resident's next of kin and General Practitioner (GP) were informed. Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs and safe practices were observed by inspectors. Staff were able to explain the steps they followed in the event of someone having a fall, and this was in line with the centres policies and procedures.

**Judgment:**
Substantially Compliant
**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a medicines management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. All medication was dispensed by nursing staff was delivered to the centre by the pharmacist.

Photographic identification was available on the prescription chart for each resident to ensure the correct identity of the resident receiving the medicines and reduce the risk of an error in the sample reviewed. The prescription records reviewed were legible. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the records examined.

The medicines administration records viewed were signed by the nurse following administration of medicine to the resident, who then recorded the name of the drug and time of administration. The medicines were administered within the prescribed time frames. There was space to record when a medicine was refused on the administration record.

Alternative liquid or soluble forms of the medicines were sought where possible through consultation with the pharmacy. Medicines which were required to be crushed were signed by the GP as suitable for crushing.

Medicines were being found to be stored safely and securely in specific medicines storage rooms or in medicines trolleys which were secured to the wall of the nurses’ station.

Medicines that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept registers of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances of controlled drugs and found them to be correct. Inspectors noted a variance was found with a Schedule 5 medication where a transfer had taken place between two of the units facilitated by the pharmacist. This had not been recorded in line with the policy. However, there is currently no requirement to do this for a Schedule 5 medication. Following the inspection HIQA received assurances that this medication had been returned to pharmacy. Opening dates for some medicines were not always consistently recorded by all staff, and inspectors recommend this is reviewed as part of the overall audit process.
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<th><strong>Judgment:</strong></th>
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### Outcome 10: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

#### Theme:
Safe care and support

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

#### Findings:
The inspectors reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre and found all incidents were reported as required.

Quarterly notifications had been submitted to HIQA as required. However, as outlined in outcome 7, the lap belts in use and bedrails had not been notified, and following a discussion on the findings this area will be reviewed by the person in charge.

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<th><strong>Judgment:</strong></th>
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### Outcome 11: Health and Social Care Needs

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

#### Theme:
Effective care and support

#### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:
Inspectors found that the health and social care needs of residents were met to a high standard. The centre had sufficient medical cover including the services of psychiatry of later life.

Residents had access to General Practitioner services and out-of-hours medical cover was provided. A full range of other services was available on referral through the
medical care or privately including speech and language therapy (SALT), occupational therapy (OT), physiotherapy and dietetic services. Chiropody, dental and optical services were also facilitated. Inspectors reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes. Residents told inspectors that if they required a doctor this service was provided without delay.

Inspectors reviewed a number of residents’ files and noted that a nursing assessment and additional risk assessments were carried out for residents. Detailed person-centred care plans were in place for all residents' care needs.

Inspectors were satisfied that any incident, or falls were well managed. Records showed that there was a low incidence of falls in the centre. Strategies were put in place for those residents who were at risk of falling. Care plans reviewed had been updated to reflect the care that residents had received following a fall which included a review of their medication, falls risk assessments and physiotherapy assessments and therapy.

Inspectors found there was a wound care policy in place to guide practice in an evidence-based way. The inspectors read the care plan of a resident who had a wound, and noted that there were adequate records of assessment, including photographs and a care plan in place to manage the wound.

Inspectors found that there were appropriate systems in place for the management of responsive behaviours which included a comprehensive policy and procedure to guide staff. Discussions with staff confirmed they had received training to inform and guide their practice. Staff demonstrated that they had a good understanding of appropriate management techniques.

A review of residents’ medical notes showed inspectors that medical staff visited the centre regularly and nursing staff informed the inspector that medical staff were also available by phone to offer advice to staff. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored and referrals made where required.

Activity staff provided residents with a broad range of opportunities to enjoy various activities seven days per week. A colour programme and posters were in place throughout the centre communicating the daily pastimes and activity available in all areas. Residents confirmed that they were provided with an extensive range of things to do during the day. Residents had the choice to either join in an activity or spend time alone if they so wished. All resident were given the option to participate or refuse to participate in the activities. Some residents were seen enjoying visits from family members or returning from days out. Other residents were seen to be enjoying flower arranging, music and sensory activities. One-to-one sessions were also part of the day with staff members.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre opened in 1985, and has developed with development of purpose-built extensions to add to the original part of the building. The design and layout of the premises flowed from the reception area into the newer parts. Corridors were wide which allowed for unimpeded movement throughout. The centre was very homely, welcoming and well furnished, decorated and maintained. The premises were bright and were noted to be appropriately heated. The units are configured to 131 beds as follows:
- Rye 1-4 - 46 beds (13 twin and 20 single rooms)
- Millenium - 29 beds (14 twin en-suite and one single room- en-suite)
- Rye 5, 6, 7, 8 - 26 beds (28 en-suite twin rooms)

In the original part of the centre (Rye 1-4, this part is single storey, the corridors were narrower and all rooms have a wash hand basin. Two twin rooms are en-suite, and 5 single en-suite. Residents without en-suites have access to well equipped communal bath and shower rooms close to their accommodation.

Overall the inspectors observed a good standard of cleanliness throughout the centre which residents and relatives were complimentary of.

Residents had access to a variety of communal space including sitting rooms, dining rooms, visitors' room, conservatory and oratory.

The spacious sitting/dining rooms had a variety of chairs, including some high back chairs, which residents said were very comfortable. The seating was organised in such a way to facilitate residents to see and talk to each other. Many residents commented that the layout was very suitable because it gave them an opportunity to use tables for reading, writing and board games.

A call system with an accessible alarm facility, was provided in each bedroom. Residents had a lockable storage space in their bedrooms.

Residents spoke of the pleasant atmosphere and said that they enjoyed the safe, well-maintained secure gardens, weather permitting. One area of corridor in the new extension which opened in 2012 was noted not to have a hand rail in place. The provider undertook to address this when it was discussed. An outdoor summer club
house located in the gardens was used mainly in good weather.

Assistive equipment was provided to meet the needs of residents and included pressure-relieving mattresses and cushions, specialist seating and mobility aids. Records showed that equipment was regularly serviced. However, some staff did not consistently have access to less restrictive equipment for use instead of using bed rails, and this required review to ensure ongoing availability.

Inspectors found that there were sufficient dirty utility facilities provided, which were fully equipped with bedpan washers, a storage rack for bedpans and urinals and lockable cupboards for the safe storage of cleaning chemicals. All sluice rooms had hand washing facilities. There were separate cleaning rooms and each had a sluice sink, wash-hand basin and lockable safe storage for cleaning chemicals.

Changing, shower and toilet facilities were provided for staff, with separate facilities for catering and clinical staff.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that complaints were both welcomed and well managed. There was a policy and procedure in place to ensure complaints were monitored and could be appealed. The complaints procedure was clearly displayed and outlined the name of the complaints officer, the nominated person independent of the person nominated in article was named to oversee any complaints. Details of the appeals process were clearly outlined. All complaints to date had been addressed. The complaints policy was summarised in the statement of purpose and the residents’ guide.

Both residents and staff confirmed that that they were encouraged and supported to express concerns whether verbally or in writing through the complaints process. The person in charge told the inspectors that she encouraged a culture of openness and transparency and welcomed feedback. She also said she welcomed suggestions or complaints as they were a valuable source of information and would be used to make improvements in the service provided.

A complaints log was maintained and inspectors saw that it contained details of the
complaints, the outcome of the complaint and the complainants’ level of satisfaction with the outcome.

Judgment:
Compliant

**Outcome 14: End of Life Care**
*Each resident receives care at the end of his/ her life which meets his/ her physical, emotional, social and spiritual needs and respects his/ her dignity and autonomy.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The action arising from the last inspection relating to end-of-life care planning was found to have been fully addressed. At the time of inspection there were no residents who were receiving end of life care.

Inspectors reviewed the written policy in place on end-of-life care. Inspectors confirmed that appropriate services and skilled staff were in place. This was to ensure that residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

Inspectors reviewed the care plan of a resident and found comprehensive assessments had taken place, which were updated at each care plan review. Residents’ changing care needs were described by nursing staff and assessed, documented and reviewed. Residents’ wishes and choices regarding end of life were discussed, documented and regularly reviewed with residents and included their preferred religious, spiritual and cultural practices.

Medical, including out-of-hours and pharmacy supports were well established. Inspectors were informed that referrals were made to specialist palliative care services in accordance with the residents assessed need, and choices.

Family were supported to be with the resident and support and refreshments were provided.

Judgment:
Compliant

**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/ her needs. Food is properly prepared, cooked and served,*
and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a written policy in place which was fully implemented in terms of nutritional assessment and screening. The feedback received from residents about the food service was generally positive, and food and beverage service was well managed. Inspectors spoke to residents who confirmed the choices and variety of foods available every day. The inspectors were satisfied that residents received a nutritious and varied diet that offered choice at mealtimes.

The dining rooms at the centre were well decorated and spacious. Residents were observed eating their meals in the main dining room. Some residents had expressed their preferences to eat in their own bedrooms and were supported to do so. Staff were observed offering discrete assistance for residents who required support with their meals. Specialised equipment such as plate guards and cutlery were available to promote resident independence. Residents had opportunities to interact with each other and staff in a relaxed environment. Relatives were observed sitting to support their loved ones with meals in a suitable area which also ensured privacy at mealtimes for all.

Residents’ dietary requirements were met to a good standard. The staff discussed with the inspectors the individual dietary requirements of residents and were well-informed about residents’ dietary needs and preferences. The catering staff had access to this information from the nursing staff. Information about inputs from speech and language review, and/or dietitian was kept up-to-date. Residents confirmed that they enjoyed the food and choices available to them.

The kitchen was clean and well organised, and located near the main dining room on the ground floor. The environmental health officer had inspected the kitchen and this report was available to the inspector. The inspectors saw residents being offered a variety of snacks and drinks throughout the day. Residents told the inspectors that they enjoyed having hot or cold drinks of their choice, or snacks any time they asked for them.

Weight records were examined which showed that residents’ weights were checked monthly or more regularly if required. Nutritional assessments were used to identify residents at risk. The inspector reviewed residents’ records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. Fortified and modified diets were available and well presented. The treatment plan for the residents was recorded in the residents’ files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.
Judgment:
Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident’s committee and relatives forum was facilitated on a regular basis. Residents’ family members and their involvement was central to care and services provided.

Access to and information in relation to independent advocacy services was available to residents. Residents’ independence and autonomy was promoted. For example, an inspector saw residents access all parts of the centre independently.

Residents who spoke with the inspectors and those who completed questionnaires said they were able to make choices about how they spent their day, when and where they ate meals, rise from and return to bed. Residents had options to meet visitors in private or communal areas based on their assessed needs. The main dining area also had an attached bright conservatory area where social interactions took place, and relatives and residents could enjoy refreshments.

Inspectors established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community was provided for residents.

Social activities such as day trip activities or outings formed part of the activity programme. Overall, the arrangements in place promoted social inclusion, engagement and access to external facilities. Photographs on display, staff and residents confirmed the events were clearly highlighted in the activity programme. For example, shopping trips and trips to the library.

There was a policy on residents’ access to visitors and communication. Visitors were
unrestricted except in circumstances such as an outbreak of infection. Inspectors saw that residents' privacy and dignity was respected when personal care was provided, and they could receive visitors in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. A number of care staff provided basic hairdressing services for residents, which took place in the communal sitting room areas of some units. This custom was a traditional part of the care provided according to the person in charge.

**Judgment:**
Compliant

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**Outcome 17: Residents' clothing and personal property and possessions**

*Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was an up-to-date current policy on residents' personal property and possessions. There was locked storage available for each resident in their bedrooms. Any items left for safekeeping were found to be held securely, itemised and accurately recorded.

The arrangements for undertaking residents' laundry was not clear in the statement of purpose, and there was no policy in place with guided staff in this area. A number of options were outlined in a draft laundry policy given to inspectors on the second day of the inspection. Some laundry was undertaken on site, and some relatives/friends took laundry home also to wash, dry and iron. A further option was that laundry be completed by one of three named outside local commercial laundry businesses.

There is a fully equipped in-house laundry on-site where some household washing and drying takes place. This laundry was found to be well equipped, hygienic and well maintained. The outsourced laundry options were operating for a number of residents. Inspectors were informed that this was a private arrangement. One person outlined in their feedback their preference that laundry took place on-site. The inspectors were informed noted that there was no written laundry policy, a draft policy was given to inspectors at the time of the inspection, and a final version was submitted post inspection. However, the systems operating at the time of the inspection remained unclear, and were not clarified in the policy received from the provider.

Adequate space was provided for residents’ personal possessions and it was noted that clothing was stored in a neat and appropriate manner. Each residents clothing and
property was found to be well cared for. However, some verbal complaints were noted in regard to some items of clothing going missing. Nonetheless the records indicated that all efforts were made to locate the items and in most cases this occurred. Residents also said this issue was not a significant problem and staff made every effort to sort it out if it did occur.

**Judgment:**
Substantially Compliant

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was clear evidence of safe staff recruitment practices and the inspectors were satisfied that there were appropriate staff numbers, and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. The inspector examined a sample of staff files and found that all were complete, and fully in line with schedule 2 requirements of the regulations.

The inspectors confirmed that up to date registration was in place for nursing staff. The inspectors reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale, and assessed needs and the staffing rotas were adjusted accordingly. Resident and relative questionnaires reviewed also confirmed this in terms of staffing provision both day and night.

The person in charge could evidence a comprehensive training plan in place. Staff appraisal was carried out for all staff, and this information was used to identify any additional training requirements. Staff told the inspectors they had received a broad range of training which included caring for the person with dementia, communication, depression, evaluating weight loss, and responsive behaviours and pressure ulcer prevention. The inspectors saw that a training plan was in place for the remainder of 2016 including, safeguarding older people and fire safety. Staff training records reviewed indicated that the majority of staff had received refresher training in responding to reports of elder abuse.
Volunteers and outsourced service providers attended the centre and provided social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. Their roles and responsibilities were set out in a written agreement as required by the regulations.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ryevale Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000091</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/01/2017</td>
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**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Alternatives which had been trialled (prior to the use of any bed rails) were not clearly evidenced.
Lap belts on seating/comfort chairs were not assessed by a competent person.

1. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

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¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
The Ryevale Nursing Home carries out a detailed and person centred assessment of each resident on admission and at 4 monthly intervals. During this assessment, our skilled and trained staff, complete a bedrail risk assessment as per national policy. Consideration is given to all alternatives and the best outcome of the resident is established and the reasons for discounting the alternatives are given. We do not trial alternatives where there is a possibility of the resident being injured, nor do we automatically resort to using bedrails. We will amend our assessment forms reflect all the efforts that are made to ensure resident safety, such as moving the resident closer to nurse’s stations and increased supervision.

The use of lap belts, again, involves a detailed assessment carried out by a senior nurse. We have discussed, at length, with the community occupational therapist, the best seating options for residents with advancing dementia. The lap belts are mainly used to promote the safety of the resident, however in specific cases they can be used as a last resort for restraint if indicated. Our Physio is now involved in all seating assessments.

**Proposed Timescale:** 13/01/2017

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**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Frequency of cleaning bathrooms in Rye 1 and 2 requires review on the cleaning schedule.

2. **Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
As you saw on the second day of the inspection, the cleanliness of that area was up to par with the rest of the nursing home. We spoke to the cleaning staff in that area and have been developing a cleaning supervisor role, which will help maintain our high hygiene standards.

**Proposed Timescale:** 13/01/2017

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**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Availability of equipment required to trial alternatives to using bed rails required review.

3. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
We do carry a stock in the nursing home, which staff have full access. They can discuss the use of this equipment with managers 24/7. We have a good working relationship with all of our suppliers, which we have built up over the last 30 years and they know well the requirements of our residents. They give an excellent service in supplying our needs and can deliver any items we may need at very short notice.

Proposed Timescale: 13/01/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No handrail in place for length of one corridor of Rye 5 & 6.

4. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The missing handrail was an oversight and was installed shortly after the inspection

Proposed Timescale: 13/01/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The arrangements for undertaking laundry were unclear in the centre and documentation viewed on inspection.

5. Action Required:
Under Regulation 12(b) you are required to: Ensure each resident’s linen and clothes are laundered regularly and returned to that resident.

**Please state the actions you have taken or are planning to take:**
At the time of the inspection our procedures for undertaking residents’ laundry were not written down and were an informal arrangement. On the second day of the inspection we furnished you with a draft copy of our laundry policy which detailed the various options for residents to have their laundry done. Since then we have finalised the policy and added this information to our statement of purpose and residents guide. The information is also available in a leaflet, available at reception.

**Proposed Timescale:** 13/01/2017