**Centre name:** Ryevale Nursing Home  
**Centre ID:** OSV-0000091  
**Centre address:** Leixlip, Kildare.  
**Telephone number:** 01 624 4201  
**Email address:** enquiries@ryevalenh.com  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Ryevale Nursing Home Kildare Limited  
**Lead inspector:** Leone Ewings  
**Support inspector(s):** Helen Lindsey  
**Type of inspection**  
- Unannounced  
- Dementia Care Thematic Inspections  
**Number of residents on the date of inspection:** 129  
**Number of vacancies on the date of inspection:** 0
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
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<tbody>
<tr>
<td>27 June 2018 09:00</td>
<td>27 June 2018 17:00</td>
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<td>27 June 2018 09:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
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<td>Outcome 05: Suitable Staffing</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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**Summary of findings from this inspection**

Ryevale Nursing Home is a family-run centre located in Leixlip village, Kildare. The centre is a two-story purpose-built building laid out in a number of smaller units. Accommodation is in place on each unit and provides 131 long-term places with a range of single and twin rooms.

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six outcomes and also followed up on one action from the last monitoring inspection which took place on 8 November 2016. Improvements in information for residents, premises and nursing records had taken place since the last inspection. Further improvements and building works were ongoing at the time of the inspection.
A number of residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit. A dementia care model was well established with ongoing staff training and supports for residents and relatives.

Prior to this inspection the provider had been requested to complete a self-assessment document. The judgments in the self assessment identified six outcomes were in substantial or full compliance. The inspectors found the provider was in compliance with all but one outcome reviewed. The inspectors found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Some improvements were required with use of any restrictive practice, and care plans for residents who experienced behavioural and psychological signs and symptoms of dementia.

Staff were suitably qualified with a good skill-mix in place to meet the individual needs of residents. They had received training and supports which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Good communication was observed and staff available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives fully respected by staff.
**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
Overall, the care and welfare needs of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments were being well met. There was a detailed admissions policy which was reflected in practice. Dementia specific activities including a sensory programme of communication were in place. Staff had been trained to implement the programme and provide meaningful occupation.

Residents had access to medical and allied health care professionals and residents' own general practitioners. Where referral was found to be required, residents at the centre had access to a consultant psychiatrist and mental health services. Referrals for residents for any assessments to any of the allied health care team members were found to be timely. All residents assessed needs were found to be well managed to achieve the best outcomes on a daily and long-term basis. The inspectors saw clear evidence of referrals made, assessments completed and recommendations made in residents' files. Each resident was facilitated to have routine assessments of eyesight, dental screening and audiology where required. There was clear evidence that all residents had their medical needs including their medications reviewed by the pharmacist, general practitioner and person in charge or her deputy. The community pharmacist delivered medications when required and conducted an audit of medication management practices. There was a multi-disciplinary approach to reviewing medicines. Inspectors found that the audit and oversight of the use of psychotropic medicines required some improvement, with further detail in care plans required to inform and guide staff in the use of these medicines, using a non-pharmacological approach as first-line as outlined in Outcome 2 of this report.

Nursing assessments and care plans were reviewed on a four monthly basis and those reviewed reflected the residents' changing needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. A sample of care plans reviews read by the inspectors were found to be person-centred and up-to-date. Overall, the care plans in place informed and guided practice and there was evidence of the involvement of residents and relatives in any reviews undertaken. Residents who had been transferred into and out of hospital had copies of their transfer
letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Staff provided end-of-life care for residents with the support of the general practitioner and the palliative care team if required. Each resident had their end-of-life preferences recorded and a detailed end-of-life care plan in place. These care plans addressed the resident’s physical, emotional, social and spiritual needs. They reflected each resident’s wishes and preferred pathway at end-of-life. They were detailed and included input from the resident and their next of kin.

The nutritional needs of residents were well met and they were supported to enjoy the social aspects of dining. The menu provided a varied choice of meals to residents and independent dining was promoted. Residents who required support at mealtimes were provided with timely assistance from staff. The inspectors saw this was provided in a quiet, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had a choice of a variety of well laid out dining areas on each floor. Opportunities for eating meals in quieter spaces and with support from relatives or care staff were in place. For example, inspectors met relatives who were welcomed at mealtimes and assisted their relative on a regular basis.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents’ weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to a dietician. The inspectors saw that residents’ individual likes, dislikes and special diets were all recorded and were well known to both care and catering staff.

Where appropriate wound assessments and care plans were in place. The records were reflective of care provided. Pressure ulcer prevention and management practice was found to be well managed and all staff were knowledgeable and well informed about skin care and records reviewed by inspectors reflected this.

**Judgment:**
Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Suitable measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The approach used by all staff demonstrated a good standard of consent-led service provision. Many elements of good practice to safeguard resident's privacy and dignity and rights were observed during this inspection. Some improvements had taken place since the last inspection and access to equipment had improved. Nonetheless further work was required to meet full compliance with restrictive practices policy. There were a number of residents who were assessed for the use of bed rails in the centre. There was a clear policy on the use restrictive practices. The policy, practice and assessment forms reviewed reflected practice that was in line with national policy, as outlined in 'Towards a Restraint Free Environment in Nursing Homes' (2011). Alternatives to the use of any bedrails were available, and if used were now documented in the resident's records. However, further improvements were required as on some occasions alternatives had not been trialled prior to use of restraint.

While there was a safeguarding policy in place, the time lines for undertaking an investigation were not clearly outlined in the policy. The inspectors spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing. Staff had received training on recognising and responding to safeguarding reports by an internal trainer. There had been no reports or any allegations of abuse notified to HIQA. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive and respectful. They also spoke highly of the care provided by the staff and their caring attitude.

Evidence-based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy guiding staff was in place. The inspectors were informed by the staff that they had training in how to support and communicate with residents with dementia. Training records confirmed that staff had attended in-house training on responsive behaviours and dementia care and communication. Residents who required supports in terms of any responsive behaviours, had an assessment completed and care plans were developed that set out how residents should be supported if they had responsive behaviour. The inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff were clear about any actions to take and used good communication techniques. Good practices were observed with staff supporting people to feel calm for example, using a low arousal or a sensory approach or re-direction techniques. However, a detailed written behavioural care plan was not found to be in place for all residents identified as needing one. Staff were observed to be providing good care in practice but records of planned care required improvement and greater oversight in line with the centre's policy. For example, the policy indicated the use of a tool to monitor behaviour and identify triggers, and this was not always fully completed following any incidents or escalation of behaviours.

The provider was not involved in administering pensions or acting as a pension agent. A small number of residents had supports in place with storage of some items of personal property. The governance and oversight on this was found to be satisfactory and
overseen by staff in line with policy.

**Judgment:**
Non Compliant - Moderate

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**Outcome 03: Residents' Rights, Dignity and Consultation**

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

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

**Findings:**
Residents' rights were promoted and dignity was respected. The ethos of the centre to provide a high quality service that promotes dignity, safety, health and well being. This included people living with dementia. Maintaining independence and autonomy was a key part of this approach. The culture observed was person-centred using a model of care for dementia in an appropriate homely environment. Good social activities and positive staff engagement were observed by inspectors.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The overall quality of the interactions was found to be very positive and staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. The inspectors formally monitored staff and resident interactions during the day using this tool. Staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. The inspectors observed staff knocking on doors before entering residents' bedrooms. The inspectors also observed that the staff helped put the residents at ease. Mealtimes were observed to be a social occasion and all were well supported to enjoy the dining experience.

Residents were observed to be moving throughout the centre, both independently, using mobility aids and with staff assistance. Staff informed the inspectors that there was an open visiting policy, with a visitor's sign-in book at reception. Residents could receive visitors either in one of the number of communal spaces, or visitor's area which had refreshments available.

During the inspection, residents were observed sitting outdoors in the central courtyard, reading newspapers and participating in an art session. Residents also told the inspectors they could engage in personal activities in private. Each resident had access to private space with sufficient space for their photographs, mementoes and personal items. Shared rooms had adequate screening in place.
Each resident’s preferences for pastimes and activity were assessed as part of an individual detailed assessment, and all suggestions for activities were acted upon. Family celebrations, birthdays and other occasions were planned for and residents told the inspectors they enjoyed having meaningful things to do. There was an activities plan in place at the centre, with outings planned. For example shopping trips and visits to the library nearby. Staff supported residents who wished to go out with their relative or friends in the community. A session of SONAS (a communication sensory therapy) took place on the day of the inspection and staff interacted well with residents.

There was level access to a safe enclosed outdoor garden for residents with suitable furniture and seating. Vegetables were growing in a raised planter and there was sufficient hard standing for chairs, seating and a walkway. Personal grooming and hairdressing took place on-site in residents’ rooms or a place of the resident’s choice.

Residents had access to the provider representative and could also raise any issues through him or the person in charge. Contact details for advocacy services were listed under the complaints procedure displayed at the centre. Regular resident’s meetings took place and any issues raised by residents during these meetings were submitted to the management of the centre, so they could be addressed. Proposed changes in the centre were discussed and feedback received from relatives and residents. There was evidence of the voice of the resident in the day to day running of the service. Surveys and questionnaires had recently been distributed to promote feedback on service provision. Examples of resident and relatives feedback being acted on were discussed, and this included information and plans displayed of the new extension and proposed overall finished building works.

Residents were satisfied that their spiritual and religious needs were met in the centre. Residents could use a quiet oratory space for personal reflection, weekly religious services and rosary took place.

Residents were supported to be connected with the community. They had access to a wireless internet connection and land-line telephone. Staff informed the inspectors that a number of residents had their own mobile phones and there was access to a tablets and computers. Newspapers were delivered to residents on a daily basis, and information was available in all of the units and reception areas. Up to date details and information about service provision was available in an up-to-date resident's guide. There was good access to television, video calling and radio in the centre.

Residents’ civil rights were respected in the centre. Residents were supported to ensure they were registered to vote, or visit the local polling station. Less mobile residents were also facilitated to vote in the centre.

Judgment: Compliant

Outcome 04: Complaints procedures
### Theme:
Person-centred care and support

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

**Findings:**
A detailed complaints procedure and policy was in place that guided practice. The assistant director of nursing was the person nominated to deal with all complaints. The complaints were logged on each of the units and available for review. Inspectors were informed that the main complaints file was not available for review on the day of the inspection. However, the provider confirmed in writing following the inspection that there had been no written complaints.

The complaints procedure was displayed prominently with leaflets also available. The inspectors confirmed that in the first instance the nurse on duty would try to resolve the issue. There was a clear appeals process outlined within the policy should the complainant remain dissatisfied. Residents and relatives confirmed with the inspectors that they were satisfied with the complaints procedures, and were facilitated if they wished to access independent advocacy supports.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspectors found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed and the provision of care was adequate, with positive staff engagement. Care tasks were appropriately paced to ensure that residents were not rushed. Staff were observed to reassure and communicate in a clear and open manner with residents, offering choice before continuing to assist them. Staff demonstrated positive, person-centred care during all interactions observed by inspectors.

The inspectors reviewed the planned and actual rota in the centre. The two people
undertaking the role of person in charge managed staffing planning and provision. The actual rota was found to be representative of the staff on duty during the inspection. The inspectors found that there was an appropriate level of staff supervision in place. The role of person in charge is shared and both are supported by an assistant director of nursing and clinical nurse managers. An on-call management rota is in place and unanticipated leave was usually covered by existing nursing staff and care staff. Registration and personal identification numbers for all registered nurses were found to be in place.

Training records were reviewed and found to be up-to-date for training in fire safety, safeguarding and moving and handling. Staff had received in-house training in dementia care, communication skills and responding to challenging behaviours.

The inspectors confirmed safe recruitment procedures. A sample of staff files were reviewed. Vetting disclosures for staff and volunteers was in place.

Judgment: Compliant

Outcome 06: Safe and Suitable Premises

Theme: Effective care and support

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

Findings: The location, design and layout of the centre is suitable for the stated purpose and met residents’ individual and collective needs in a comfortable way. The premises is a large purpose-built two storey building for long-term care older people which included a large number of people living with dementia. The first floor is accessible by both stairs and lifts. The centre had a large secure landscaped garden area, which residents could access easily; an outdoor balcony area on the first floor was also accessible.

The layout and design provided a good standard of private and communal space and facilities. Residents and visitors were observed enjoying the different spaces provided. Large and smaller quiet sitting rooms were available. Overall, the environment was found to be clean and well maintained throughout, with good use of colour and contrast.

Hand rails were in place to promote independence and mobility. Bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. There were a mixture of single and twin rooms, a large number were ensuite with toilet and showers. The bedrooms in the original part of the centre at the front (Rye 1-4) were twin and single occupancy with shared toilet and shower facilities. There was an assisted toilet close to the sitting and dining room areas. There were functioning call bells in all
bedrooms, bathrooms and in all communal areas. Directional / pictorial signage was in place to assist residents' with dementia maintain their independence and assist with way finding.

Residents and relatives expressed satisfaction with the facilities and outside space available for their use.

**Judgment:**
Compliant

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**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

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<th>Centre name:</th>
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<td>Centre ID:</td>
<td>OSV-0000091</td>
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<tr>
<td>Date of inspection:</td>
<td>27/06/2018</td>
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<tr>
<td>Date of response:</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 02: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The policy for prevention and responding to allegations of elder abuse required review to include the time lines for undertaking an investigation as this was were not clearly outlined.

1. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
please state the actions you have taken or are planning to take:
Policy for Residents Safeguarding and Safety has been updated and amended to include timeline for investigation process.

proposed timescale: 28/06/2018

theme: safe care and support

the person in charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Behavioural support care plans were not in place for all residents assessed to inform and guide staff in responding to their behaviours.

2. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
- Behavioural support care plans were in place for non-pharmacological interventions for all residents. It had been noted that there were a small number of care plans found to have gaps with regards to when ‘as required’ medications were to be administrated and their indications. All PRN Medications are prescribed by the GP with frequency and clinical indications given, which staff strictly adhere to when administering medication as per our Medication Management Policy. Staff education is ongoing in this regard. Care plans were updated following the inspection.
- There was evidence of a behavioural chart that had not been updated this was a recent occurrence and as acknowledged by the allocated staff nurse on the day, was an oversight and was immediately updated.

Proposed Timescale: 28/06/2018

Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The assessment and use of any restrictive practice was not fully in accordance with the national policy on restraint.

3. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a 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:**
As stated in the National Policy ‘Towards a Restraint free environment in Nursing Homes’

“While equipment which promotes the independence, comfort or safety of a resident or which is specifically requested by the resident may be appropriate in specific circumstances it may also constitute a physical restraint.”

Within Ryevale Nursing Home the safety of our residents is paramount we also promote a restraint free environment. We have a number of bed rails in use that have been assessed as being required for the safety and comfort of the resident and not to restrain them in any way. When a bedrail is indicated for safety the physio, nursing staff and ADON are involved in the assessment. All Residents are individually assessed and in some cases, Residents are identified as not being safe to trial alternatives and a clinical decision is made by the assessing team, not to do this for their safety. Going forward we will be reporting bedrails as restraint as per the above policy

**Proposed Timescale:** 28/06/2018