



# 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:	Short Notice Announced
Date of inspection:	04 December 2020
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0031389

## 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 154 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, in addition to a dementia-inclusive secure unit called the Liffey unit. Within the Liffey unit there is an inner garden and court yard, where residents can enjoy a walk or sit outside for fresh air. Residents and visitors can make use of sitting-rooms, dining-rooms and gardens throughout the centre and there is also a 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:	125
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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
Friday 4 December 2020	11:15hrs to 15:15hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

A number of residents were seen mobilising through the unit during the inspection and all appeared to be well dressed wearing appropriate clothing and footwear. Staff engagement with residents was seen to be caring and supportive. The inspector spoke with visitors who were attending the centre to drop off an item for their loved one. Visitors spoke positively about the centre and mentioned they were satisfied with the levels of care and support given to their relative.

## Capacity and capability

The purpose of the inspection was to follow up on compliance plan assurances relating to an unannounced inspection held on the 14th July 2020 and to review an application received from the provider to add an additional 6 single ensuite bedrooms to its Millennium 2 unit as part of a phased increase in bed capacity. This report discusses the findings with regard to the compliance plan follow up and gives a descriptive account of the premises that were reviewed regarding an application to vary conditions 3 and 4 of the current registration. The designated centre is registered to accommodate 172 residents and currently provides accommodation for a maximum of 154 residents. There are conditions attached to the current registration and are linked to the providers redevelopment works to increase bed capacity to 160 on completion of phase 3 and 172 on completion of phase 4 of the redevelopment works.

The provider had plans in place to increase staffing numbers to meet the needs of the residents. This was to be achieved through a phased increase in staffing as residents numbers increased on the unit. A review of the compliance plan submission resulting from the 14th of July inspection indicated that the provider had addressed all areas in relation to the notification of incidents and training and staff development. The provider indicated that they were completing the review of the COVID-19 outbreak in the centre and would be submitting it to the Office of the Chief Inspector when completed.

## Regulation 15: Staffing

Inspectors reviewed the planned and current staffing arrangements of Millennium units 1 and 2 with the provider indicating the staffing resources detailed below.

Additional staff will be allocated to these units which comprise of Millennium 1 (15

beds) and II (20 beds) as the resident numbers increase.

An extra health care assistant (HCA) to be allocated upon opening up of the 6 additional beds with a second HCA to be allocated when at full capacity i.e 35 residents

An additional staff nurse is to be allocated to the unit when resident numbers reach 30. The provider is committed to extending the hours of the floating clinical nurse manager from 6am to 8am.

The current and planned staffing arrangements were sufficient to meet residents needs.

Judgment: Compliant

### Regulation 16: Training and staff development

The Inspector followed up on the centres compliance plan submission and found evidence to confirm that additional infection prevention and control training was completed, household staff were included in this training which was held on 21/09/2020 and provided by an external agency. Further training was provided for senior staff and there is now an infection prevention and control lead located on each unit. This training was completed on 24/11/2020.

Judgment: Compliant

### Regulation 23: Governance and management

The compliance plan received did not address the issues highlighted by inspectors regarding the review of the COVID-19 outbreak. The provider was made aware of this and has agreed to send in their COVID-19 review when fully completed.

Judgment: Substantially compliant

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider submitted appropriate documentation in order to vary conditions 3 and

4 attached to the current registration.

Judgment: Compliant

## Quality and safety

The purpose of the inspection was to ensure that phase 3 of the redevelopment works which added 6 additional ensuite bedrooms to the overall bed capacity were completed and compliant with the regulations. In addition the inspection focused on a number of regulations that were not found to be fully compliant at the last inspection.

With regard to the addition of the 6 ensuite bedrooms, the inspector found that they were completed to a high standard, with high quality fixtures and fittings included. Rooms were of a sufficient size to cater for the needs of residents who may require assistance with transfer and mobility support. All bedrooms contained sufficient storage for residents to store and retrieve their personal belongings. Rooms were well decorated with soft colours and all windows had net curtains as well as drapes to preserve residents privacy and dignity. Additional room facilities are described under regulation 17.

All rooms and compartments were equipped with fire safe doors. Additional fire safety measures included a sprinkler system and self closing doors. The inspector reviewed documentation and certification regarding the fire detection system and emergency lighting on call systems. Additional information was supplied by the registered provider regarding fire and building documentation in a timely manner post inspection.

A review of the compliance plan submitted by the registered provider 14th following the July inspection of 2020 indicated that the provider had addressed all areas in relation to individual assessment and care plan, managing behaviour that is challenging, and infection control. There were outstanding requirements regarding the installation of call bells to a smoking area however it is the providers intention to have this completed by January 2021.

## Regulation 17: Premises

A review of the provision of 6 additional single ensuite bedrooms was carried out in line with regulation 17 and schedule 6 of the regulations.

The review of the 6 single ensuite bedrooms indicated that:

- All Bedrooms had sufficient storage space for residents to store their personal

items including lockable units.

- There were two chairs for residents use, one desk chair and one armchair. A large desk with drawers was also in place.
- Internet TV in all rooms with access to the centres wifi system was supplied.
- A low level beam sensor was provided in all bedrooms for residents at risk of falls.
- Heat and smoke detectors in bedrooms.
- Sprinkler system with all bedroom doors having a self closures system in place. Bedroom doors contained FD30 protection.
- Net curtains in place to preserve residents privacy and dignity, rooms bright with large windows.
- Call bells and fire activation points were linked into the centres monitoring system.
- An emergency lighting sensor was in each room.
- Each room contained a temperature control thermostat.
- Bathrooms contained grab rails, emergency pull chords and bathroom furniture.
- Doors were of sufficient size to accommodate mobile hoists/wheelchair users.

Judgment: Compliant

### Regulation 26: Risk management

The temporary link corridor was removed and there are no live risks associated with this area. Other temporary corridors were seen during the inspection and were noted to contain handrails.

Call Bell installation remains outstanding in the smoking area outside, however the provider has responded to communication and notified the Chief Inspector that this will be completed in January 2021. Currently staff monitor this area as an additional security measure.

Judgment: Substantially compliant

### Regulation 27: Infection control

The following improvements were made following the last inspection in line with the compliance plan submission.

- The introduction of a cleaning checklist for evening staff was seen to have senior staff oversight.
- Flat mop systems introduced.
- Hazardous waste compound locked and secure.
- New cleaning trolley system introduced which comprised a secure



compartment to store chemicals.

The registered provider had an ongoing review in place to ensure best practice regarding an effective audit system for infection protection and control.

Judgment: Compliant

### Regulation 28: Fire precautions

A review of the fire safety arrangements for the Millenium 2 unit is detailed below. All fire certification and requests for additional information regarding building certification was supplied by the provider in a timely manner. Millenium 2 unit now comprises of 20 bedspaces comprising of 7 x doubles rooms and 6 x single bedrooms.

The unit was divided into three compartments with two compartments consisting of 6 residents and one with eight residents, 3 x single F60 fire doors separate each compartment. There was emergency lighting in place and clear signage directing people to the nearest exit for evacuation. The unit had a number of fire extinguishers located on the corridor. The inspector also saw fire activation points located on Millenium 2 corridor. The provider submitted a fire evacuation report for the unit post inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

There was evidence available which indicated that advanced care plans were now reviewed every four months or as and when required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A review of the centres restraints register indicated that it now incorporates environmental restraints such as door locking. This was subject to regular review through the centres internal audit programme.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

# Compliance Plan for Ryevale Nursing Home OSV-0000091

Inspection ID: MON-0031389

Date of inspection: 04/12/2020

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Our Serious Incident Review has been completed and returned to our Inspector.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: The call Bell was due to be installed in early January, however due to the levels of infections in the community after Christmas, we decided to limited workmen coming into the nursing home to essential maintenance only. Now that we have received our second dose of the Vaccine, we will start relaxing those restrictions and expect the necessary works to be carried out by Wednesday the 17th of February.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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		08/02/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	17/02/2021