



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

Issued by the Chief Inspector

Name of designated centre:	Ryevale Nursing Home
Name of provider:	Ryevale Nursing Home Kildare Limited
Address of centre:	Leixlip, Kildare
Type of inspection:	Unannounced
Date of inspection:	04 October 2022
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0037738

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	168
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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
Tuesday 4 October 2022	09:28hrs to 15:50hrs	Sinead Lynch	Lead
Tuesday 4 October 2022	09:28hrs to 15:50hrs	Sheila McKeivitt	Support
Tuesday 4 October 2022	09:28hrs to 15:50hrs	Shane Walsh	Support

What residents told us and what inspectors observed

On arrival to the centre, inspectors were met by a receptionist who was overseeing visitors as they came to the centre and guided them through the signing-in process. A supply of face masks and a hand sanitiser was available.

The environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Some residents were in the sitting rooms chatting and reading the daily newspapers, while others were enjoying a late breakfast in the dining room. There was a relaxed atmosphere with plenty of staff about to assist residents with their needs.

Staff were observed to be interacting in a person-centred manner with the residents. There was a friendly relationship between the staff and residents. Inspectors observed staff sitting and chatting with residents in a kind, patient and friendly manner while providing one-to-one care such as hand massage and nail care.

Staff knew the residents well and enabled them to feel at home in the centre. Inspectors observed how residents whose first language was not English had been assisted to communicate their needs effectively. The residents in question appeared happy.

Inspectors did a walk-around of the centre and observed that corridors were clutter-free and fire exits kept clear. Inspectors observed that the centre was spotlessly clean throughout and that there was an ongoing environmental improvement plan in place. There was access to the enclosed gardens from the sitting rooms which residents could freely enter if they chose to do so. Residents also had access to an outdoor balcony on the first floor, which contained a variety of seats and tables to ensure residents could enjoy this outdoor space. The front door was restricted by a door code for safety and security reasons and some residents had the code and were able to go out the front for a walk.

The bedrooms appeared spacious and the interior decoration varied between rooms giving an individual appearance to each bedroom. Bedroom, en-suite and communal bathroom doors all had privacy locks in place and staff were observed respecting residents' rights, including their right to privacy. However, inspectors observed that the screening around the first bed in each of the twin bedrooms did not ensure the privacy of the resident could be maintained as the screening in place did not extend completely around the bed. The provider informed inspectors that they were aware of this issue and inspectors saw evidence that it was in the process of being addressed and was included in their quality improvement plan.

There was a team of activity staff working in the centre. Inspectors saw that residents were actively participating in group activities and one-to-one activities throughout the course of this inspection. Residents spoken with said the choice of

activities were good and the variety available meant there was something to interest most residents. One resident attending the hairdresser on the day of inspection said she loved not only having her hair done, but also having a chat with the hairdresser whom she had known for years. After lunch the in-house choir put their vocal chords to practice, inspectors observed a large number of residents actively participating in what appeared to be an extremely lively and enjoyable event.

Inspectors observed respectful care being delivered to a resident who had recently died in the centre. A number of staff including the management team formed a guard of honour as the deceased resident was leaving the centre.

Inspectors observed staff being very attentive to residents. In the Distillery day room two residents were observed getting their nails done, while other residents chatted with the staff. Throughout the inspection staff were seen having casual friendly conversations with residents, sitting beside or walking beside them. Residents that spoke with the inspector seemed relaxed, happy and comfortable. The residents told the inspector that they were fond of the staff who were always very friendly. One resident mentioned two staff members who had come over to ask about joining in on the in-house choir as being very kind. Staff were observed regularly checking in on residents, asking them if they wanted tea or if they would like to join in the group activities due to begin. Staff and residents interaction were relaxed and friendly. Residents had access to advocacy services and were consulted in the running of the centre.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

On the day of the inspection, the inspectors found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The provider has a history of sustained good regulatory compliance, as evidenced by the findings of this inspection.

The provider was Ryevale Nursing Home Kildare Limited. They had made an application to renew the registration of the centre for another three years. There were two persons in charge of the centre sharing this role. They both were registered nurses and had the required experience required for the role. The persons in charge (PIC) were supported by the registered provider representative who was also in the centre on the day of the inspection. There were two assistant directors of nursing (ADON) and eight clinical nurse managers (CNM). The centre had a robust system in place that ensured the centre had senior management on duty at all times.

There was an annual review completed of the centre. This included updates,

improvements and further improvement plans in the centre for 2022. Residents were consulted on this process and their input and opinions were taken on board.

Staff spoken with were knowledgeable in relation to safeguarding of the residents and what to do in the case of an emergency, such as a fire. Staff training matrix was viewed and found to have all the mandatory training available to staff. There were appropriate staffing levels in the centre to meet the needs of the residents. Staff were provided with training relevant to their role and other training that the management believed would enhance their specific roles.

The person in charge notified all incidents and accidents to the Chief Inspector of Social Services. All accidents and incidents in the centre were reviewed by management, learning identified and improvement plans put in place.

The centre had arrangements in place should the persons in charge be unavailable to work in the centre. This plan was known to both the assistant directors of nursing and the clinical nurse managers.

The inspectors viewed residents contracts for the provision of service. These contracts specified the services to be provided to the resident, the fees to be paid and any additional fees for services as required.

There was a directory of residents' made available to the inspectors. This included the necessary information required such as their next of kin details or any person authorised to act on the residents behalf.

All records provided to the inspectors were found to be well secured and stored safely. All documents requested on the day were promptly provided.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration of the 172 bedded centre had been received together with the fee to be paid and all required documents to support the application.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the

designated centre.
Judgment: Compliant
Regulation 16: Training and staff development
Training records were provided to the inspectors for review and evidenced that all staff had up-to-date mandatory training and other relevant training.
Judgment: Compliant
Regulation 19: Directory of residents
The residents directory was reviewed and was up-to-date. It contained all of the required information outlined in part 3 of Schedule 3.
Judgment: Compliant
Regulation 21: Records
All the required documents outlined in schedule 2, 3 and 4 were available for review.
Judgment: Compliant
Regulation 22: Insurance
A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.
Judgment: Compliant
Regulation 23: Governance and management
The designated centre had sufficient resources to ensure the effective delivery of

care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were reviewed. Each contract reviewed was signed by a representative of the registered provider and a representative of the resident, or the resident. The contracts included the terms of residency, including room number and room type. All services to be provided to residents were detailed in the contracts. Each contract detailed the fees to be charged and included a schedule of fees for services provided.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, which was reviewed and updated by the registered provider. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no people involved on a voluntary basis with the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents that required notification to the Chief Inspector of Social Services had been notified in a timely manner.

Judgment: Compliant

Regulation 32: Notification of absence

The provider was aware of the requirement of giving notice in writing of the proposed absence of the of the person in charge from the designated centre for a period of more then 28 days.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There was a plan in place for any planned or unplanned absences of the person in charge. These included details of the procedures and arrangements that would take place for the management of the designated centre during that absence.

Judgment: Compliant

Quality and safety

Although the provider had good arrangements in place to ensure a safe and high quality service was provided to the residents, this inspection identified that some improvements were required in respect of ensuring effective arrangements for food and nutrition are in place and that each residents' privacy and dignity is maximised and upheld at all times.

Inspectors were assured that residents received a high standard of care. Residents told inspectors that they felt safe living in the home. Those spoken with re-iterated that they had no complaints and would highly recommend it as a place to live.

The centre was found to be very clean and uncluttered. All areas of the centre were found to be on a cleaning schedule and clear audits of the practices were provided to the inspectors. Cleaning staff were very knowledgeable on the importance of their role in protecting the residents living in the centre.

Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

Inspectors saw evidence of end-of-life assessments for a sample of residents. These

had been completed on admission and included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Where a resident had been transferred to hospital, a copy of the General Practitioner (GP) referral and nursing transfer summary were available. The hospital discharge letters and the resident's prescription was in the residents' file and the change in medications had been communicated to the GP and pharmacist. It was also seen that the residents' nominated representatives had been informed of the transfer.

Medications were administered to residents in line with the centre's policy. The majority of regularly prescribed medications came individually packed from the pharmacy. Medications were stored in a locked clinical room and there was a system in place to audit medication management practices.

Residents were provided with a varied and nutritious diet. The menu for meals changed daily and residents had choices on what meal they wanted to eat. There were an adequate number of staff available to assist residents at meal times and they assisted the residents in a respectful manner. Residents were offered both hot and cold drinks throughout the day.

Inspectors observed a mealtime in a number of units. All residents requiring support were observed as receiving support in a respectful manner. All staff spoken with were knowledgeable of residents' dietary needs, and inspectors observed residents with specific dietary needs receiving the correct meals. However, the updating of the documentation with regards to consistency of food was required. This is discussed later in the report under Regulation 18: Food and Nutrition.

All staff were trained and knowledgeable in relation to the detection and prevention of abuse. The registered provider was the pension-agent for five residents. The inspectors viewed the documents in relation to this and found that there were appropriate processes in place to safeguard residents' finances.

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. Residents also had access to individual activities which inspectors observed on the day of the inspection. Residents attended committees where their voice could be heard and their opinion provided. However, improvements were required in relation to twin bedrooms not having an adequate privacy screen around the bed. The provider had identified this issue prior to the inspection but due to delays in available resources these curtains had not been delivered.

Regulation 12: Personal possessions

Residents were supported to maintain control over their own belongings. Each resident had a wardrobe and a lockable locker for storing their belongings. Residents' laundry could be done on site, sent to an external launderette or washed by families. All three systems were managed appropriately. Incidents of lost or misplaced items or clothing were minimal and all cases of missing clothing reviewed by inspectors had been addressed by management of the centre to the satisfaction of the resident and families.

Judgment: Compliant

Regulation 17: Premises

The premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

While overall the food and nutrition arrangements in the centre were appropriate, inspectors found gaps in communication systems in respect of each individual residents' needs. There were charts available in the kitchen and in each unit detailing residents dietary requirements. Seven residents' care plans were reviewed and the information displayed on the charts was not accurate for three of the residents reviewed.

Judgment: Substantially compliant

Regulation 20: Information for residents

Each resident had a copy of the Residents' Guide in their bedroom. The Residents' Guide detailed all the services and facilities in the centre. It also included information relating to residence in the centre and the visiting policy. The procedure for making a complaint was included both in full detail and in plain English to make it more accessible to residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service such as, general practitioner (GP) and nursing transfer letters. Those residents who had been admitted from the acute sector or other services had all the relevant information sought in relation to them. These documents included, medical and nursing transfer letters, copies of any relevant inter-disciplinary assessments and their current medication prescription.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had the procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority and implemented by staff.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

All staff have received suitable training in fire preventions and emergency procedures including evacuation procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The residents' guide clearly laid out the arrangements in place for pharmacy services giving choice to the residents if they wished to remain with their own pharmacist. Medications and pharmacy records were stored securely in a locked medications room. Processes were in place to receive and check medications and unused medications were returned to the pharmacy in line with the centre's own processes. Medication administration practices observed were as per best practice guidelines.

Medication audits were undertaken by the pharmacy at regular intervals.

Judgment: Compliant

Regulation 8: Protection

Staff were facilitated to attend training in recognising and responding to a suspicion, an incident or disclosure of abuse. All staff were appropriately vetted prior to working in the designated centre.

Inspectors spoke with many residents who stated they felt safe and would have no problem approaching management or staff if they had any concerns.

The centre was a pension-agent for five residents, and adequate banking arrangements were in place for these residents.

Judgment: Compliant

Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. However, residents' privacy was affected in twin bedrooms. The divider curtain was not in place which did not allow each resident to undertake personal activities in private. Although the provider had identified this and was proactively trying to address the issue, at the time of inspection adequate measures were not in place to ensure each residents' privacy and dignity was maintained at all times.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ryevale Nursing Home OSV-0000091

Inspection ID: MON-0037738

Date of inspection: 04/10/2022

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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Food and nutrition: Errors noted by inspectors were investigated and rectified immediately on the day of the inspection. A weekly audit of our mealtime charts has been implemented and staff informed that any changes are also to be made as required. Staff are very familiar with resident's mealtime preferences and requirements and no residents were given the wrong meal as a result of this documentation error.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Residents rights and privacy is a high priority in the daily care we provide to all the residents of Ryevale. Staff ensure privacy and Dignity at all times. Privacy Curtains have been planned for a number of months. There were significant delays with delivery of items and staff availability for fitting. The fitting of privacy curtains has commenced, if fitting goes to plan and there are no further delays, we expect this to be completed by the end of April 2023.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	04/10/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/04/2023