## Inspection report

### Designated centres for older people

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ryevale Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0091</td>
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<tr>
<td>Centre address:</td>
<td>Ryevale Mill</td>
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<tr>
<td></td>
<td>Leixlip</td>
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<tr>
<td></td>
<td>Co Kildare</td>
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<tr>
<td>Telephone number:</td>
<td>(01) 624 4201</td>
</tr>
<tr>
<td>Fax number:</td>
<td>(01) 624 5791</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:enquiries@ryevalenh.com">enquiries@ryevalenh.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☑ Private ☐ Voluntary ☐ Public</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Eileen Gallagher and Anthony Gallagher</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Eileen Gallagher</td>
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<tr>
<td>Date of inspection:</td>
<td>2 March and 3 March 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td>2 March Start: 08:20 hrs  Completion: 17:10 hrs 3 March Start: 07:15 hrs  Completion: 15:30 hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Valerie Mc Loughlin</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Aileen Keane</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☑ Registration ☐ Scheduled ☑ Announced ☐ Unannounced</td>
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About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** - this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** - this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqia.ie](http://www.hiqia.ie).

**Registration inspections** are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration.
New providers must make an application for first time registration six months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.
Ryevale residential centre is a purpose-built building. It originally opened in 1985 with 13 places and has been extended gradually over the years into four units providing 131 places. Services are provided for a range of residents including older people and people under the age of 65. Residents under the age of 65 years include those with Alzheimer’s disease, intellectual disabilities, acquired brain injury, mental health and physical disabilities.

The reception area is situated at the main entrance, and the person in charge and assistant director of nursing have offices there. There is a spacious open plan sitting area near the reception which leads onto the two Millennium units. A wheelchair accessible visitors’ toilet is situated near the reception area.

There is one single en suite bedroom and seven en suite twin bedrooms on Millennium 1, and seven en suite twin bedrooms on Millennium 2. All en suites are wheelchair accessible and include wash hand basin toilet and shower. There is a spacious bathroom on each corridor with whirlpool bath and wheelchair accessible toilet. Residents have access to wheelchair accessible toilets within close proximity of the dining room. Each unit has a large living room with views of the garden and an open plan observation area for staff to complete their documentation. There is a coffee dock in the conservatory for residents and visitors.

A large secure courtyard is accessible to residents. The garden has a number of water features, and there are ample small tables and suitable seating. Staff share an open plan nurses’ station between Millennium 1 and Millennium 2.

The main dining and lounge area are on the ground floor and have views of the garden. There is also a spacious conservatory and lounge area which are open plan. The oratory is located in this area and opens out onto the conservatory area. Close to the dining room are a hairdressing room and two assisted bathrooms.

Units Rye 1 to 4 are situated to the left side of the main reception area. They have 46 places located on four corridors. There are hand rails on all corridors and there are adequate storage facilities.

Rye 1 contains seven single bedrooms with wash hand basin and two twin rooms with wash hand basin, a sitting and dining room. There are two toilet facilities one of which is within close proximity to the dining room. Residents have access to a spacious bathroom with a whirlpool bath and a shower. There is a spacious smoking room which has two entrances and is adjacent to the sitting area.

Rye 2 has three single bedrooms with wash hand basin and four twin rooms with wash hand basin and a “quiet room” with views onto the garden. There are two toilet facilities and a spacious bathroom with a whirlpool bath and a shower. There is a sluice room on Rye 2, which is accessible from Rye 1, 3 and 4.
Rye 3 has five single bedrooms with wash hand basin and three twin bedrooms with wash hand basin. There is also a multi sensory room a sitting room and a combined sitting and dining room. There are an adequate number of bathrooms and accessible toilet facilities for residents.

Rye 4 has five single bedrooms with en suite showers, two twin bedrooms with en suite showers and two twin bedrooms with washbasin facilities. There is a whirlpool bath and wheelchair accessible toilet in this area. There is also a dining and sitting area, a small kitchenette, and a staff dining room.

Rye 5 and 6 are located on the ground floor and have ten bedrooms with en suite showers. There is a whirlpool bath and wheelchair accessible toilet in this area. Additional accommodation includes a multipurpose sitting and activities room, a dining room, nursing office, sluice room and equipment storage area.

Rye 7, 8 and 9 are located upstairs and are accessible by a lift. There are four secure stairwells for emergency exits which can be accessed by staff using swipe cards. There are 18 twin rooms, two combined sitting dining and activities rooms and one kitchenette. There is also an office, a training room, store room, sluice, and two assisted bathrooms with wheelchair accessible toilet facilities.

All units have adequate storage space for equipment and linen. Other services include the laundry, main kitchen and staff changing facilities.

There is ample parking space to the front and side of the building. There is CCTV (closed circuit television) outside for security purposes, automatic locked gates overnight and a key pad lock inside the main reception area.

### Location

Ryevale residential centre is located on Distillery Lane in Leixlip, County Kildare. Leixlip village is 10 minutes away along the river Rye pedestrian path and is a three minute drive by car. Local amenities include the library, churches and riverside walks.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
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<tbody>
<tr>
<td>Number of residents on the date of inspection</td>
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<table>
<thead>
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<th>Medium</th>
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Management structure

Eileen Gallagher is the Provider of the service and also the Person in Charge. She will be referred to as the Person in Charge in this report. The Assistant Director of Nursing, Catherine O’Hara, reports to the Person in Charge. Staff nurses and care staff report to the Clinical Nurse Managers who in turn report to the Assistant Director of Nursing. Other staff such as catering, housekeeping, maintenance and administrative personnel report directly to the Person in Charge. The activities coordinators report to the Assistant Director of Nursing.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Assistant Director of Nursing</th>
<th>Clinical Nurse Managers</th>
<th>Nurses</th>
<th>Care staff</th>
</tr>
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<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
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<table>
<thead>
<tr>
<th>Activities</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Maintenance</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>6</td>
<td>9</td>
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Summary of findings from this inspection

This was an announced registration inspection carried out over two days and the first inspection of this centre by the Health Information and Quality Authority. The provider has made an application for the centre to be registered for the first time under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process the provider has to satisfy the Chief Inspector that she is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. This registration inspection took place over two days.

A Fit Person interview was carried out with the provider who is also the person in charge, and she had completed the Fit Person self assessment document with her team in advance of the visit. This was reviewed by the inspectors, along with all the information provided in the registration application form and its supporting documents. The provider had implemented a number of quality improvements following completion of the Fit Person self assessment, for example initiated narratives on residents life stories including their past history, current daily activities and their values and preferences. The assistant director of nursing, who has a key management role, was also interviewed to determine her fitness to manage the delivery of care. Inspectors met residents, their relatives, and the provider, assistant director of nursing, the nurse manager and other staff on duty. They observed how residents’ needs were met and reviewed records.

Inspectors found the service was well-managed and residents received a high standard of person-centred care. Staff provided care to residents in a professional and respectful manner. Residents and relatives told inspectors they were happy with all aspects of care provided. Residents’ personal care needs were seen to be met. The atmosphere was homely and relaxed and routines were tailored to meet residents’ needs. The inspectors were satisfied that the nursing medical and psychosocial needs of residents were being met to a high standard.

Staff were skilled and trained to meet the changing needs of the residents and there was ongoing continuing education programmes in place for staff and up-to-date policies to guide their practice.

Inspectors found the premises, fittings and equipment clean and well-maintained. There was a good standard of décor and appropriate furnishings.

There were some areas for improvement identified in the report and these are detailed in the action plan at the end of the report.
Residents told inspectors they felt very well cared for and very safe. Relatives also expressed satisfaction on how their family members were being cared for and said staff were “excellent and always available”. Residents said how they enjoy painting, knitting and chatting to other residents who had become their friends. Residents told inspectors that, “Staff are very kind”, “Staff are excellent”.

A number of the residents spoke positively about the flexibility in daily living and the activities available. Many residents said they had made friends with other residents and that they enjoyed the wide range of activities and the social element of living in the centre. Relatives confirmed that there was always choice and flexibility in the daily routines, for example what time to dine, and what time to get up.

 Relatives described their first impression of the centre as clean, bright and airy with helpful, friendly staff. One relative told inspectors that the provider visited her mother in hospital before she went to live in the centre, and took notes on her mother’s needs. Other relatives told the inspectors they had an opportunity to visit the centre prior to their family member coming to live there. Another described how her mother’s independence and physical health had improved since living in the centre. Visiting arrangements were flexible and relatives said they could visit their family members any time of the day.

Many relatives commented that the gardens were lovely and very secure.

While the majority of residents said there was nothing they would like to see improved one resident suggested it would be nice to see a film in the afternoon, and another resident said she would like “A bit more variety in the meals”.


Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

Inspectors found there was a robust management structure in place and appropriate allocation of staff to support person-centred care. The person in charge and assistant director of nursing were available to support staff on a day-to-day basis. There were six clinical nurse managers employed, each with responsibility for the management of a specific area of the centre, with a team of nurses and care assistants. Each team worked in its area on a permanent basis. This ensured that staff got to know the residents and their needs and enabled staff to deliver person-centred care. Staff told inspectors they enjoyed their work and said they felt part of an extended family. All day and night shifts had a clinical nurse manager on-duty to support staff and supervise the care of residents. All staff said they felt supported and were able to tell inspectors about their roles and responsibilities and the reporting relationships within the organisation.

The person in charge had 25 years experience in managing this centre. It was evident to inspectors that continuous education had informed her leadership and vision for the service. Inspectors saw the training records of both person in charge and the assistant director and noted that they had recently attended a course on clinical governance. They told inspectors this gave them a greater insight into the importance of the continuous quality improvement and they had plans in place to introduce clinical and environmental audits. The assistant director of nursing and a clinical nurse manager had completed a postgraduate course in gerontological nursing. They both said this course had given them a greater understanding of person-centred care and a social model of care.

Inspectors read the statement of purpose and saw it was comprehensive. Inspectors found that the ethos of providing “person-centred, holistic care, which is monitored and reviewed, while continuing staff training and professional development” was implemented in practice.

Inspectors reviewed the safety statement and found that it was satisfactory and supported by centre specific policies such as those on infection control and fire
prevention. Inspectors found staff were aware of the content of the policy and told inspectors “safety is everybody’s business”. They explained how risks were identified, managed and reduced. Inspectors read the records of monthly environmental checks undertaken by staff on each unit. Inspectors observed a clutter free, clean and safe environment. Residents and relatives told inspectors the centre was “safe and spotless at all times”.

Fire prevention and detection was well managed. Inspectors reviewed the fire safety records and found all staff had received training. Fire equipment, such as the fire extinguishers and fire alarm system, were regularly serviced and checked. Staff training included practicing evacuation procedures. Inspectors saw the record of the weekly fire alarm check, which takes place each Tuesday. Inspectors heard staff inform residents this was happening and ensured residents were clear of the fire doors so they would not be injured when they automatically closed on the activation of the alarm. Inspectors saw staff responded according to the policy when the alarm was tested.

Inspectors read the risk management policy and noted it included information on clinical risk assessment tools. It also included an evidence based clinical incident reporting system that incorporated a quality improvement tool for “root cause analysis”. The assistant director of nursing showed the inspectors how the management team had identified the root cause of one resident’s fall, and shared learning among staff. Additional measures in the care plan were implemented to minimise the risk of falls. For example, a urinary tract infection was identified as the cause of falls for one resident and proactive measures were put in place to ensure adequate fluids were provided. In addition, the resident was monitored to reduce the risk of further infections.

There was a complaints policy in place which met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge told inspectors that she had not received any written complaints and all of the residents and relatives spoken to said they had “nothing to complain about”. Residents and relatives identified the person in charge and the assistant director of nursing as the people they would talk to if they had a complaint or concern. Inspectors reviewed the complaint log maintained on each unit for recording verbal complaints. Staff told inspectors how they would log complaints and follow up on all issues brought to their attention. These logs included issues on the menu and clothing. These verbal complaints had been reviewed, improvements made and the issues monitored to the resident’s satisfaction. The person in charge and assistant director of nursing had a positive attitude toward complaints. They both told inspectors they were happy to receive suggestions for improvements from residents and their families.

Inspectors saw records of data collection used for the purpose of quality improvements. One example was the reduction of one resident’s anti-psychotic medication.
Some improvements required

The directory of residents was compiled in a typed format and the information presented in a systematic manner which was made it easy to access the information. However, the directory did not provide the name and address of the referring organisation or person who arranged the resident’s admission, as required by the Regulations.

Practices such as medication management, incidents and accidents, nursing documentation were not audited. This was a lost opportunity for learning and developing a consistent approach to improving practices on a continuous basis.
2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors found the provision of activities was good. Residents and relatives told the inspectors that they were happy with the wide range of activities available from 9.30 am to late evening time. For example, exercise to music, reminisce therapy, flower arranging, knitting and sewing, skittles, bingo, sing along, arts and crafts and movie nights. There are also activities arranged individually to suit more dependent residents’ needs and preferences throughout the day and evening time. For example, hand massage, one-to-one social interaction, walks outside, manicures, reminisce, and relaxing to music.

Inspectors noted there were six full-time, and two part-time activities staff available seven days a week including evenings. These staff, along with other staff, provided meaningful occupation and stimulation for residents as part of everyday living. For example, during Lent, residents said they would like special prayers with the seminarians from Maynooth College. Residents also spoke about the beautiful river walk to Leixlip and said that they sometimes had a picnic there.

Activity staff were allocated to the residents’ lounges and were available to assist residents with their meals, snacks and take residents out for walks. One staff member was observed placing curlers in one resident’s hair as she relaxed in her armchair while listening to soft background music. Another resident told inspectors that the activities staff helped with her make-up as she had difficulty doing this herself due to an injury to her arm prior to admission. She said that this was very important to her. Inspectors saw activities staff spending time with residents on a one-to-one basis, for example a staff member was putting fresh flowers into a vase with a resident and these were placed on the table at lunch time. Other staff were reading newspapers and magazines, and providing hand massage to residents. One resident showed inspectors a colourful blanket she was knitting which she hoped to have completed in time for the craft fair.

There was a sensory room which residents used and family members said this provided a relaxing environment for residents who sometimes could experience some agitation.
There was soft music playing in the background and inspectors observed activities staff asking residents which music they would like to hear, and at what volume they would like to have the tape recorder set. The staff had access to a projector which projected nature scenes onto the walls accompanied by background sounds of nature and this was used occasionally to promote relaxation.

One resident used sign language and some staff were able communicate with her through basic sign. Staff also used a picture book to aid communication with her. Staff told inspectors that this resident liked to meet staff on duty each day before she attended her day-centre, and inspectors observed activity staff taking her around to meet everyone.

Inspectors found that residents’ choice was respected and daily routines were flexible. Three residents told inspectors about their preferred daily routines. They said they loved to sit on the link corridor next to the main entrance so they “could see people coming and going” while they had a cup of tea and read the morning paper. One resident told the inspector that he liked to get up early and have a cup of tea on the link corridor before breakfast. Another resident told inspectors that he liked to some spend time alone in his room during the day undisturbed and this was respected by staff and inspectors found that this was recorded in his plan of care.

Residents were encouraged to maintain independence in their daily activities. There was access to assistive devices; for example, walking sticks, walkers, rollators and specialised chairs. Residents attended light exercise classes, and pedals were provided as part of the exercise programme. Residents told inspectors how they loved going out for walks in the garden, and told inspectors that “there is always something to do”. Relatives told inspectors that residents’ independence was promoted and one relative commented: “My mother’s health and mobility has improved since going into the home”. A relative spoke about the good care her sister received “My sister has sight problems and the staff gave her books on tape for her enjoyment”.

The person in charge was innovative in using information technology to promote a sense of inclusion and fulfilment. For example, there were screen savers on the walls in many areas of the centre which showed pictures of residents celebrating birthdays with family and friends and other special events. Inspectors observed residents sitting together and chatting about these events as the pictures were shown and residents proudly showed inspectors pictures of their family, friends and grandchildren. Residents had access to computers and they could use video links to chat to family members who lived abroad.

Staff involved family members in compiling “life stories” of residents which provided staff with good insight into residents’ personalities and their previous achievements. Some life stories were copied onto a computerised picture slide show set to music. Staff told inspectors that this method of communication worked very well for one resident with dementia, as she appeared to recognise her husband in a picture taken 50 years previously. The family told staff that the staff were very innovative and thoughtful and had set the slide show to their mother’s favourite musical artist.
Residents and family members told inspectors how they made decorations for the 25th anniversary celebration of the centre. The person in charge arranged a concert as part of the celebrations. As residents and relatives said how much they enjoyed this party, the person in charge has arranged for similar events to occur on a monthly basis.

Each resident has a telephone access point in their bedroom. Residents also had access to a portable phone and each bedroom had a television. There were radios and televisions available in many of the communal rooms. The inspectors saw newspapers were available to residents in all communal areas. Some residents told inspectors they loved to read books and the activities staff exchanged books for them at the local library.

Inspectors observed the privacy of residents was respected and promoted by staff. Staff members knocked before entering residents’ bedrooms and ensured that their privacy and dignity were maintained. Doors were closed and curtains were fully drawn when personal care was being delivered. Inspectors observed that the way in which residents were addressed by staff to be appropriate and respectful. Residents looked well cared for and well groomed. They were dressed in clothing and footwear of their own choice. Inspectors visited residents’ bedrooms and noted that residents had a private lockable space. There was ample space for personal clothing and clothing was clean, ironed and stored neatly. There was a system in place to label residents’ clothing in order to minimize loss of clothing.

There were a number of residents who liked to sit in the smoking room for periods of time during the day. The person in charge had made this room more homely and comfortable by supplying a selection of books, a large screen TV and a music player. Residents told inspectors that they enjoyed watching sports on TV.

Staff were conscious of residents’ safety and the night nurse carried a bleep alarm system that gave direct access to the garda station. The main gates were electronically locked at night.

**Some improvements required**

While there was an assessment of residents’ preferred recreational activities, this did not inform their care plan which could result in some residents not consistently being involved in activities of their choice each day.

**Minor issues to be addressed**

Residents recently admitted under the “Fair Deal” system did not have contracts of care in place as this process had not yet been finalised nationally.
3. Healthcare needs

Outcome: Residents’ healthcare needs are met.

Healthcare is integral to meeting individual’s needs. It requires that residents’ health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person-centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The person in charge or assistant director of nursing met all residents where possible, prior to admission. Residents and their relatives were invited to visit prior to admission to view premises and meet staff. Relatives spoke about how they were “given lots of information and made to feel welcome” and that this helped the family and resident to make an informed decision about moving to residential care. The residents’ admission process was supported by a comprehensive policy.

All residents had an admission assessment, and a plan of care. Family members told inspectors that they were involved in planning residents’ care, and that they were always informed about any change in the resident’s condition.

Inspectors observed that food was varied, nutritious and plentiful. Many relatives commented that food intake was well monitored, and that when residents did not feel like eating at scheduled times an alternative meal was provided. There was a coffee dock available to relatives and residents and juice and water available in communal areas. Inspectors saw staff assisting dependent residents with drinks throughout the day. One resident described how the water was stored in a flask to keep it nice and cold throughout the day.

Inspectors observed a sign on the wall informing residents and relatives about a health promotion initiative. Residents and relatives told inspectors that visitors were encouraged to bring fruit rather than sweets. Staff washed and prepared it for residents, to encourage a healthier diet.

There was routine monitoring of residents’ weight and blood pressure by nursing staff and inspectors saw that this was recorded in residents’ files. Residents assessed as experiencing pain were monitored four times daily using an evidenced based pain assessment tool and were given appropriate medications. This resulted in pain being well managed and residents reported feeling comfortable. Again, this was recorded in the residents’ files.

All residents had a choice of general practitioner (GP) and regular access to medical services and an out-of-hours medical service. Regular entries were documented in the medical files by visiting doctors. Residents were assessed by the nursing staff on admission to determine if they required physiotherapy and this assessment was
recorded in the resident’s file. The person in charge said that a physiotherapist attends the centre once a week to provide treatments. Relatives commented on the “excellent doctor, good medical and physiotherapy care”. Peripatetic services such as chiropody, occupational therapy, speech and language therapy, ophthalmology and dental services were available on a needs assessed basis.

An inspector observed a nurse administering medications. Staff adhered to procedures for the safe administration and recording of medication. Medications were reviewed once every three months and more frequently where required. The person in charge and assistant director of nursing told inspectors that staff monitored residents who were receiving psychotropic medication (medication to treat anxiety or depression). They worked closely with GPs in reviewing these medications, to reduce the dosage where possible. This was reflected in the medication charts.

Falls were managed in line with best practice and preventative measures were outlined in care plans. Staff members could tell inspectors what measures were in place to reduce the risk of falls.

Inspectors found staff knew residents very well, and were competent in managing residents with dementia and behaviour that is challenging. For example, inspectors observed a carer reassuring a resident who was tearful and agitated. Her manner was gentle and when the resident relaxed, she took him for a walk.

**Some improvements required**

Inspectors found assessments and care plans did not consistently inform or reflect the good care provided. All residents had assessments, but these were not comprehensive and did not provide enough information to formulate a person-centred care plan. For example, a resident was assessed as being “immobile” but there was no record of what the resident could do for himself, or what assistance he required. It was not possible to determine the level of care this resident required or received. This meant that the quality of care was dependent on the staff’s knowledge of residents and informal communication, rather than care being driven by a meaningful care plan.

While staff could tell inspectors how they managed some risk related behaviours there were no risk assessments in place to identify levels of risk, although there were clinical risk assessment tools contained in the risk management policy. There were interventions in the care plans to manage any clinical risks. This meant that two residents were not involved in agreeing decisions about their care, which could result in poor outcomes for them.

The medication management policy did not outline the procedure for prescribing, administering and management of PRN (as required) medications which could result in inconsistencies in practice.
4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents’ individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Residents’ bedrooms, communal bathrooms, the laundry, kitchen, gardens and other communal areas were seen.

There were a variety of spacious, pleasantly decorated sitting rooms and a large conservatory and lounge area with a range of comfortable armchairs and sofas. There was a relaxing and homely atmosphere and arts and crafts made by residents were displayed in sitting areas. Residents were seen to avail of many of these communal areas during the day. Residents expressed a high level of satisfaction with the facilities provided and the standard of maintenance and cleanliness in the centre. Relatives told inspectors “the place is spotless and very homely”, and one relative said “the general ambience surpassed my expectations”.

The environment was found to be bright and clean with evidence of best practice in the management of hygiene and infection control, including the use of colour coding mops for cleaning, and colour coded laundry bins.

Inspectors saw a comprehensive environmental check list regularly completed by staff on each unit which indicated vigilance in promoting a safe, clean environment for residents, visitors and staff.

Inspectors noted there was sufficient assistive equipment such as specialist chairs, hoists, specialist mattresses and beds to meet the needs of the residents. Staff were observed using correct moving and handling practices while assisting residents from wheelchairs into armchairs in the dining room. Wheelchairs were used for transfer purposes only with no resident left sitting in wheelchairs for any period of time. Maintenance and service records for all equipment was reviewed. Service records were up-to-date and inspectors found that all equipment was well maintained.

Inspectors found the kitchen to be well equipped and clean. Catering staff had received Hazard Analysis Critical Control Points (HACCP) training, and the records of training reviewed by inspectors were up-to-date. There were separate changing and bathroom facilities available for the kitchen staff.
Easily accessible, secure garden areas were available to the residents and they confirmed that they used and enjoyed the gardens regularly.

Staff facilities were very good. There was a pleasant dining room, a spacious training and education room and shower and bathroom facilities.

Administrative staff offices were located on the second floor where residents’ financial records were maintained in a confidential manner.

**Minor issues to be addressed**

Inspectors observed that the décor of the new extension upstairs lacked the same degree of warmth and homeliness observed on the ground floor.
5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up-to-date for residents. Information is accessible, accurate, and appropriate to residents’ and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents’ privacy is respected.

Evidence of good practice

Residents and relatives had access to a variety of information on each unit which was displayed on notice boards. The information related to health promotion, such as flu vaccinations and group activities scheduled throughout the day in each unit. The Residents’ Guide was displayed in booklet format which provided information about the contract of care, the Authority’s inspections, complaints procedure and residents’ right to privacy.

The inspectors observed interactions between staff and the person in charge and assistant director of nursing throughout the day and between staff, residents and relatives. They noted a culture of open communication. Residents and relatives told inspectors that they got on very well with staff. Relatives talked about feeling welcome and involved with aspects of daily life in the centre. They said that they got to know other residents and inspectors observed a social and relaxed atmosphere in the main conservatory area.

Residents were involved in the running of the centre and the residents’ council had been in place since 2008. Meetings were facilitated by the assistant director of nursing at the request of the residents. There were plans in place for one of the residents to take over this role so that the committee would function independently. Inspectors saw minutes of these meetings and all issues raised were acted upon and monitored to the residents’ satisfaction. Residents used this forum to provide feedback to the management team about new staff. Residents told inspectors that they looked forward to the meetings, which were held on a regular basis. Residents knew when meetings were scheduled and they could prepare their comments in advance.

Feedback was actively sought from residents and relatives. As well as the residents’ council meetings there was a suggestion box at the main entrance hall. The person in charge said that they had not received any suggestions and had therefore implemented a satisfaction survey. Inspectors read the results, and noted that 100% of respondents said that the standard of care was “excellent” and 88% of respondents said residents were provided with choice in their daily life.
Inspectors joined the morning handover report on two of the units. These meetings were attended by nurses and care assistants. The night nurse provided comprehensive and detailed information on each resident’s current health status. Staff discussed any additional daily information such as tests due, or appointments scheduled for the day. The nurse told the day staff how residents had spent the night and described how residents experiencing distress were reassured and made feel safe. For example, one resident wanted to go home during the night and the nurse said she spoke reassuringly to him, made him a cup of tea and sat with him until he felt ready to sleep.

The chef described how catering staff were kept informed about residents’ dietary requirements and preferences. Inspectors saw the dietary sheets which included information about each resident’s likes and dislikes, including portion size and information about residents who required specialised modified diets.

There was an ample supply of daily newspapers, magazines and books available for residents in sitting areas and on each unit. Inspectors saw copies of the *National Quality Standards for Residential Care Settings for Older People in Ireland* in all units. Staff interviewed were knowledgeable about the Regulations and the Standards.

**Minor issues to be addressed**

Staff members informed residents of the outcome of the residents’ committee meetings. However, the minutes of the meeting were not made available to residents who did not attend. This could result in some residents not knowing what had been discussed. The person in charge told inspectors that she was currently looking at a more effective way of keeping all residents informed and was mindful of residents’ confidentiality.

The Residents’ Guide was presented in small font print which may mean that some residents could have difficulty in reading the material.
6. **Staff: the recruitment, supervision and competence of staff**

**Outcome:** Staff are competent and recruited in sufficient numbers to meet residents’ needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

**Evidence of good practice**

There was an adequate number of suitably trained staff with appropriate skill mix in place to provide a consistent high level of care. Inspectors saw the actual and planned staffing schedules for each unit. The person in charge regularly monitored the residents’ dependency levels and used this information to inform the staffing levels. There was no reliance on agency staff as there was adequate permanent staff available to care for residents.

Staff were regularly supervised and supported. Inspectors found that there was senior management support in place seven days a week, including weekends. Staff nurses were supported and their clinical decision making skills were very well developed. For example, staff nurses could determine if residents were beginning to have trouble in swallowing, provide appropriate interventions, monitoring and make a referral to the speech and language therapist if required.

The person in charge works full time from Monday to Friday; she monitors care and provides ongoing support to staff. She told inspectors that she spends a number of hours at the centre on Saturday and Sunday and was available to meet with family members. Relatives and staff told inspectors that they valued the person in charge’s support.

The assistant director of nursing works full time from Monday to Friday, and one weekend in four. She supervises care practices, develops staff knowledge and skills by providing formal training and acting as a role model. Staff told inspectors that she was very approachable and provided them with very good guidance and support. There was a formal senior manager on call system in place 24 hours a day, seven days a week. Nurses on duty were provided with a pager and they told inspectors that they had direct access to the person in charge and the assistant director of nursing.

Clinical nurse managers were on duty both day and night time, seven days a week including bank holidays, which ensured that staff were well supported while caring for residents.
There was evidence of good recruitment practices. Inspectors reviewed a sample selection of staff files, including a staff nurse, care staff, a manager and a chef. All files contained a full employment history, three written references, and proof of identity, qualifications and training, and self-verification of good physical and mental health. Inspectors saw garda vetting records and evidence of an application for garda vetting for one staff member. Staff were provided with job descriptions and a contract of employment. Staff received a two-week induction programme to enable them to become familiar with the environment the policies and practices and to receive training as required to enable them to provide a good standard of safe quality care.

Inspectors observed that staff received ongoing training and supervision. The assistant director of nursing coordinated all training programmes, which inspectors found to be comprehensive and reflective of meeting the needs of the majority of residents. Inspectors found staff received appropriate training to their role. For example, catering staff received training in food safety. The household staff received training on how to use cleaning materials safely and there was written information available to them on how to manage accidental spillages safely (safety data sheets). Thirty five care staff had completed Further Education and Training Awards Council (FETAC) Level 5 training and the remaining 20 staff were due to commence this course in January 2010.

All staff attended mandatory training, for example cardiopulmonary resuscitation (CPR) had been provided by two staff members who were qualified instructors. Manual handling training had been provided by two staff member who were trained in this area. Inspectors saw evidence of good practice in how staff assisted residents safely out of their chairs. Fire training was provided by a contractor with experience in fire safety management. Staff told inspectors how fire safety is managed, and this was reflective of information in the fire management policy.

All staff received training and demonstrated that they were knowledgeable about protection of adults. Staff told inspectors that they would have no hesitation in report any instance of abuse to their manager. They were very knowledgeable of behaviours and practices that would constitute abuse. There was a comprehensive policy in place on prevention detection and management of abuse.

Inspectors read training records and noted that the training provided was appropriate to meet the care needs of the majority of residents, such as training in person-centred care and communication with residents, management of purposeful wandering and behaviour that challenges, promoting dignity, and protection of residents in detection and management of abuse. Inspectors spoke with staff who demonstrated their awareness of best practice in these areas.

Inspectors noted regular staff meetings took place and minutes were available. Staff were kept informed about any new initiatives and were encouraged to share ideas to promote continuous quality improvement. For example, one clinical nurse manager told inspectors that she was interested in developing the social model of care for residents to improve their quality of life. Following completion of her gerontological nursing course, she was working closely with the assistant director of nursing on how
The new computerised system could help the team to deliver this care in a meaningful and efficient way.

The person in charge had recently introduced an appraisal system for staff. The inspectors saw a sample of some of the completed appraisals carried out by the clinical nurse managers. One manager told inspectors this had helped staff identify additional training which would assist them to meet the needs of the residents. For example, one care staff was interested in aspects of caring for residents with an intellectual disability. The person in charge had sourced, and was willing to finance this carer to attend a FETAC Level 5 training course.

The staff team were committed to caring for residents. Staff retention rates were good. Some staff members had worked at the centre for over ten years. Staff who had gained experience as carers returned to the centre on completion of their nurse training, having gained experience in caring for older people in hospitals and other centres. Staff told inspectors they enjoyed caring for residents and inspectors observed good staff morale. Staff told inspectors that training opportunities and the relationship with residents were key aspects of job satisfaction.

**Some improvements required**

Fifteen percent of residents admitted requiring additional support due to their medical condition also received care from the psychiatric services. While there was evidence these residents received good care, staff had not received any additional training in mental health issues. The quality of care could be further improved by training staff in this area.

**Report compiled by:**

Valerie McLoughlin  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority  

10 March 2010
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Ryevale Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>0091</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>2 March and 3 March 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14 April 2010</td>
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Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care settings for Older People in Ireland.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The medication management policy did not outline the procedure for prescribing, administering and management of PRN (as required) medications which may result in inconsistencies if practice.

Action required:

Devise and implement appropriate and suitable written operational policies relating to the prescribing administration and management of PRN (as required) medicines to residents.

Action required:

Ensure that staff are familiar with such policies and procedures.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
**Standard 14: Medication Management**

Please state the actions you have taken or are planning to take with timescales:

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<tr>
<th>Provider’s response:</th>
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<tbody>
<tr>
<td>The procedure for prescribing, administering and management of PRN medications was omitted in error in our updated Medication Management policy but was included in our old policy. A copy of the updated Medication Management Policy containing this information has been sent to the Authority. All nurses are familiar with this policy and procedure.</td>
<td>Completed</td>
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2. The provider has failed to comply with a regulatory requirement in the following respect:

Residents recently admitted under the “Fair Deal” system did not have contracts of care in place as this process had not yet been finalised nationally.

**Action required:**

Agree a contract with the resident within one month of the admission of that resident to the designated centre including details of the services to be provided for that resident and the fees to be charged.

**Reference:**

Health Act, 2007  
Regulation 28: Contract for the Provision of Services  
Standard 7: Contract/Statement of Terms and Conditions

Please state the actions you have taken or are planning to take following the inspection with timescales:

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<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
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<tr>
<td>It is simply impossible to institute a contract of care with a resident within one month under the present fair deal system. I do feel strongly that this item of the legislation needs to be amended to take into account a more realistic time frame. The financial processing of fair deal can take 8 to 10 weeks at present. This may reduce as the backlog is cleared. Residents will not sign the contract when their portion of their fee has not yet been determined by the HSE.</td>
<td>On notification of financial details from the HSE we issue the contract. Ongoing as each resident is admitted.</td>
</tr>
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</table>
3. The provider is failing to comply with a regulatory requirement in the following respect:

The directory did not provide the name and address of the referring authority or organisation which arranged the resident’s admission.

**Action required:**

Record the name and address of any authority, organisation or other body, which arranged the resident’s admission to the designated centre in the directory of residents.

**Reference:**

Health Act, 2007  
Regulation 23: Directory of Residents  
Standard 32: Register and Residents’ Records

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<tr>
<td>Provider’s response:</td>
<td>Completed</td>
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<tr>
<td>This has now been rectified. Apologies for the oversight as item (h), though already documented on another part of our system, it was omitted from the directory.</td>
<td></td>
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4. The provider is failing to comply with a regulatory requirement in the following respect:

Practices such as medication management, incidents and accidents, nursing documentation were not audited. As a result there was opportunity lost of collective learning and the development of a consistent approach to improving practices on a continuous basis.

**Action required:**

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

**Reference:**

Health Act, 2007  
Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

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<th>Please state the actions you have taken or are planning to take with timescales:</th>
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Provider’s response:

Our quality monitoring and data sheets include monitoring of the number of residents on moderate to severe pain, psychotropic medication, falls, significant events including accidents and incidents, which are recorded on a weekly basis by the staff nurse on the unit and checked and signed off by the clinical nurse manager. The totals are reviewed and signed weekly by the DON/ADON. This data is discussed at Clinical Governance Meetings thus monitoring quality assurance and continuous improvement. There is also a night and day DON/ADON report on residents under set criteria. Clinical supervision by CNM and ADON monitors documentation on an ongoing basis.

We take on board your request for a system for reviewing the quality and safety of care provided to, and the quality of life of, residents at appropriate intervals.

6 months

5. The provider is failing to comply with a regulatory requirement in the following respect:

While there was an assessment of residents’ preferred recreational activities, this had not been developed into a plan of care, which could result in some residents not consistently being involved in activities of their choice each day.

Action required:

Use the information gathered in the assessment of residents’ preferred activities to inform their care plan.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment

Please state the actions you have taken or are planning to take with timescales:

Provider’s response:

Each Activities Coordinator, Care Assistant, Staff Nurse and Nurse Manager at Ryevale has their own consistent allocation of residents within the nursing home. This familiarity between resident and staff member, in conjunction with the low rate of staff turn-over, reduces the risk of an individual’s preferences being overlooked. Where an omission from the care plan has been identified, it has now been rectified.

Completed
Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
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<tr>
<td>Standard 25: Physical Environment</td>
<td>Inspectors observed that the new extension upstairs lacked the same degree of warmth and homeliness which was observed on the ground floor.</td>
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</table>
Any comments the provider may wish to make:

Provider’s response:

**The Inspection:** I had heard much of the various experiences of other nursing home providers throughout the country, which led to a very stressful period leading up to the day of the inspection. On the morning of the inspection I was met by two normal human beings who performed their duties in the most professional manner over two days. We were used to unannounced, twice-yearly inspections in the Kildare area over the past 25 years by two similar professional personnel. From the moment the inspectors commenced their duties we were totally stress-free.

**Best Practice Recommendation:** We have discussed this with the residents of this area. They have said that they are happy with the nice, open, spacious environment provided upstairs. Residents and their families view all of the nursing home prior to admission and this would have been their choice of living area.

**The Legislation:** I do not agree with the legislation and the process involved for registration in their current formats. It is very evident that there has been no input from, or consultation with, the persons involved in providing the service. The Act and the Registration Regulations need to be amended as a matter of urgency. The six month plus timing for registration is unacceptable. Providers who are investing in additional beds or who are reconstructing their present building to comply with standards will end up with serious financial issues if their buildings are built and left empty for 6 months. Banks will be unwilling to lend in these circumstances. The other aspect I have difficulty with is the limitations of the type of resident that we will be permitted to admit. I feel that if we have assessed the prospective resident, are in a position to care for his / her needs, and the prospective resident has chosen this nursing home, then we should be allowed to proceed with admission. The nursing home should be seen as part of a service provided in the local community and not be restricted due to age or specific disability. Once the nursing home is able to provide the appropriate care, and the location is suitable to their family and friends, there should be no reason to block this due to, for example, someone being under or over 65. This needs to be revisited.

We embrace the social model of care for the residents in Ryevale and continue to work on improving on it every day. We just hope that this will not be hindered by the large volumes of documentation that is required at present.

**Provider's name:** Eileen Gallagher  
**Date:** 13 April 2010