



# 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:	Announced
Date of inspection:	09 October 2024
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0039000

## 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:	169
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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
Wednesday 9 October 2024	08:30hrs to 16:30hrs	Sinead Lynch	Lead
Wednesday 9 October 2024	08:30hrs to 16:30hrs	Geraldine Flannery	Support
Wednesday 9 October 2024	08:30hrs to 16:30hrs	Laurena Guinan	Support

## What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in the centre and residents reported that they were happy living in Ryevale Nursing Home.

It was evident that staff were working towards improving the quality of life and promote the rights and choices of residents in the centre. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspectors that 'staff are always kind and caring' , while another said 'staff do a wonderful job'.

The lived-in environment was seen to be bright, clean and tastefully decorated throughout. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Communal areas were seen to be well-used by residents throughout the day. Residents had easy access to enclosed outdoor gardens which were well-maintained.

Resident's private spaces were found to be bright and homely, and residents had sufficient space available for them to store and access their personal belongings. All twin rooms had been reconfigured and curtains installed to ensure the privacy of the residents. Residents who spoke with the inspectors were happy with the size, layout and décor of their bedrooms.

Residents were complimentary about the food served and confirmed that they were always afforded choice. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. Inspectors observed adequate numbers of staff offering encouragement and assistance to residents.

Residents were supported to enjoy a good quality life in the centre. Activity staff were on site to organize and encourage resident participation in events. The centre's hairdresser was in attendance on the day of inspection. The hairdressing room was well-equipped and residents were seen enjoying this as a social occasion. The spiritual needs of the residents were met by Mass being live streamed on the television every morning and the priest came in once a month to say Mass in the chapel. On the day of inspection, music entertainment was provided for residents and while some were observed enjoying the sing-along, others were enjoying a gentle dance. Advocacy services were available to all residents that requested them.

Overall, residents said that they felt listened to and had the opportunities to make choices in their daily lives. There were resident meetings to discuss any concerns they may have and suggest ideas on how to improve the centre. Resident satisfaction surveys were also used to improve practices and services.

The inspectors observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in

their interactions with residents and were respectful of residents' communication and personal needs.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns and all were very complimentary about the service.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. On the day of inspection, the inspectors found that residents in the centre benefited from well-managed resources and facilities. There was robust governance and management arrangements in place, which contributed to the centre's high level of regulatory compliance.

This was an announced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider for Ryevale Nursing home is Ryevale Nursing Home Kildare Ltd. The centre is family-owned and operated with a senior management team available to provide management support. There are two persons in charge at Ryevale Nursing home, and they are responsible for the day-to-day management of the centre; they are supported by a wider team comprising of the assistant directors of nursing, clinical nurse managers, the nursing and healthcare team, as well as other support staff including housekeeping, administration and maintenance.

An annual review was available and reported the standard of services delivered throughout 2023 and included a quality improvement plan for 2024. It included feedback from residents and relatives.

There were regular management team meetings and minutes of these meetings were available to the inspector. The management team had documented many improvements they wanted to implement following both clinical and non-clinical audits in the centre. Action plans were made available with achievable time frames set.

There were also regular residents' meetings and the inspectors observed that any issues raised were managed through the complaints process. From records

reviewed, the management team in consultation with the resident, explored the various options to fulfil the given request and endeavoured to ensure a favourable outcome.

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

There was good evidence on the day of inspection that residents were receiving good care and attention. Inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

Staff training records were made available to the inspectors. It indicated that staff had been provided with all mandatory training.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

### Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

### Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their 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

### Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspectors found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process.

It was observed that through ongoing comprehensive assessment resident's health and well-being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own



general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up-to-date and evidence-based. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centre's guidelines.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV.

## Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Assessments were completed within 48 hours

of admission and all care plans updated within a four month period, or more frequently where required.

Judgment: Compliant

### Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and, where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. The provider was pension-agent for four residents. The management team understood their responsibilities in relation to the safeguarding and protection of residents' finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Judgment: Compliant

### **Appendix 1 - Full list of regulations considered under each dimension**

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant