

Inspection Report

25 May 2023



Rylands

Type of service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Rylands Responsible Individuals: Mr Trevor Duncan & Mrs Karen Duncan	Registered Manager: Mrs Valerie Rutherford Date registered: 06 June 2018
Person in charge at the time of inspection: Urska Mav - Senior Care Assistant	Number of registered places: 14
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH(E) - Physical disability other than sensory impairment – over 65 years. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 14 residents. The Old Mill Suite is situated over one floor and residents have access to a communal lounge, dining room and outdoor spaces. There is a Nursing Home which occupies the same building and the Registered Manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 25 May 2023, from 9.20 am to 3.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were happy to engage with the inspector and share their experiences of living in the home, the residents expressed positive opinions about the home and the care provided. Residents were seen to be well cared for and said that staff were helpful and pleasant in their interactions with them. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The feedback from the residents confirmed that they were satisfied with the care and services provided in Rylands.

It was positive to note that the inspection identified no areas requiring improvement and RQIA were assured that the delivery of care and service provided in Rylands was safe, effective, compassionate and that the home was well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Val Rutherford, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "This is home", "Everyone is very kind and considerate", "I am settled here", "The staff are very good" and "I am quite content".

Staff said that Manager was approachable, teamwork was good and that they felt well supported in their role. Staff told us "This is a lovely place to work" and "We have a great wee team here".

A record of compliments received about the home was kept and shared with the staff team.

There was no response from the staff online survey within the allocated timeframe.

Six resident questionnaires were returned and they all felt that the care provided in Rylands was safe, effective, compassionate and well led.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure that having regard to the size of the residential care home, the statement of purpose and the number and needs of residents, that at all times there are adequate staff working in the home in such numbers as to meet the needs if the residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 27 Stated: First time	The registered person shall ensure a variation application is submitted to RQIA in accordance with legislation for the proposed changes to the residential home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure the daily menu is appropriately displayed in the dining room at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure care records are audited regularly and that all governance audits evidence oversight by the home manager.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained good oversight of staff compliance with their training requirements. The Manager and the deputy Manager have both completed “My home life” and told us about the benefits of this leadership and development programme.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

Senior care staff who take charge of the residential home in the absence of the Manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The Manager told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff also told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to residents’ requests for assistance promptly and in a caring and compassionate manner.

Residents said that staff were always available to help and support them and that they were kind to them.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. Supervision and support from staff was readily available where this was required. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms if they wished.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of resident bedrooms, the communal lounge, dining room, bathrooms and storage spaces. The home was found to be clean, warm, well-lit, and free from malodour. Resident's bedrooms were clean, tidy and personalised with items of interest and importance to each resident, such as family photos, furniture, books and sentimental items from home. The enclosed courtyard was accessible, clean and tidy, with some plants and a variety of seating.

There was evidence that some wooden bedroom furniture and vanity units were in need either refurbishment or replacement. This was discussed with the Manager who advised of plans to address these areas in the very near future. It was also observed that the home is in a hard water location and this has caused some staining on toilet bowls and a build-up of lime scale around and on taps. This was also discussed with the Manager and a domestic staff member who advised they have tried several cleaning products to try and solve the issue with limited success but this remains an area of focus for the home.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Staff had taken part in regular fire drills in the home. The home's most recent fire safety risk assessment was completed on 23 January. There was evidence that the recommended actions had been signed off by the Manager.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

Residents were offered choices throughout the day; from where and how they wish to spend their time, what they ate and drank and what activities they wished to participate in.

During the inspection residents were observed engaged in their own activities such as; watching TV, reading, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

There was a range of activities provided for residents by activity staff and the schedule of planned activities was displayed. Activity records were maintained which included patient engagement with the activity sessions.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Val Rutherford has been the Registered Manager in this home since 6 June 2018.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager and Deputy Manager are identified as the appointed safeguarding champions for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. The Manager told us that complaints were seen as an opportunity for the team to learn and improve.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Staff commented positively about the Manager and described her as supportive, approachable and always available for guidance. Discussion with the Manager and the staff confirmed that there were good working relationships between staff and management.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Val Rutherford, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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