



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 4 June 2019



Rylands

Type of Service: Nursing Home
Address: 11 Doagh Road, Kells, Ballymena, BT42 3LZ
Tel No: 028 2589 2411
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 patients.

3.0 Service details

Organisation/Registered Provider: Rylands Responsible Individual: Trevor Duncan	Registered Manager and date registered: Valerie Rutherford 24 March 2014
Person in charge at the time of inspection: Valerie Rutherford	Number of registered places: 45 A maximum of 2 patients in category NH-LD.
Categories of care: Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 45

4.0 Inspection summary

An unannounced inspection took place on 4 June 2019 from 09.45 hours to 17.50 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Rylands which provides nursing care.

The inspection assessed progress with 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.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

One area requiring improvement was identified to ensure that large amounts of products used for personal care are safely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Valerie Rutherford, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 31 July 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 31 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 27 May to 9 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- one patient reposition chart
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports 31 January to 29 April 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection

Areas of improvement identified at the previous care inspection on 15 May 2018 have been reviewed. Of the total number of areas for improvement all were met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 27 May to 9 June 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on

occasions staffing levels could be affected by short notice leave and that shifts were covered. She advised that two full time care assistant posts have been advertised. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rylands. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

One relative commented: "I've no concerns. If I had, I'd speak to Val (registered manager) or the staff."

Review of one staff recruitment file evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding moving and handling, adult safeguarding, continence care, wound assessment, infection prevention and control, first aid and fire training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 05 November 2018 to 07 January 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

In an identified communal shower room it was noted that two five litre containers of products used for personal hygiene had been left on the floor and in an identified ensuite one container was observed to be stored. This was discussed with the manager who agreed to ensure that all communal bathrooms and ensuites would be checked and the products removed. An area for improvement was identified.

It was observed that one back wheel of a patient’s wheelchair was worn. This was discussed with the registered manager who agreed to have it checked and repaired.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home’s environment.

Areas for improvement

One area for improvement was identified to ensure that that large amounts of products used for personal care are safely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Review of three patients’ pressure relieving mattresses evidenced that they were set in accordance with the patients’ weight. Care plans were well maintained. Review of one patient repositioning chart evidenced that it was clearly documented.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day was displayed in a suitable format and showed what was available at each mealtime.

Three patients commented:

“Lunch was lovely and the pork was tender.”

“Very good food and plenty of it.”

“We get great food as our chef’s very good.”

The chef commented: “I’m passionate about the menu and offer choice at mealtimes. If the residents would like something that’s not on the menu I will make it for them.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thanks and gratitude to Rylands for the care given to ... The standard of nursing care is excellent."

"Staff are incredible and management should be very proud. Standards are way above what any of the family would ever have expected."

"I have found the staff extremely welcoming and always courteous and professional."

"From the start our experience with Rylands was nothing but positive."

"We have been impressed by the quality of management and of the staff. The clinical attention is of a high standard and the individual attention to residents regarding empathy and patience."

During the inspection the inspector met with five patients, small groups of patients in the dining room and lounges, three patient's relatives and seven staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Rylands. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Two patients commented:

"They look after me more than well. The staff's first class. I only have to press the buzzer and they come quickly to my room. I've no concerns. This is next to a six star hotel."

"They're all good and helpful and will do anything for you. None could compete with this home. I'd recommend here to anyone."

One patient relative commented:

"I'm overwhelmed with the care. Mum's treated with dignity and all her needs are met emotionally and physically."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

A staff member commented: "I love my job. It's a good home."

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity therapist was observed in the lounge, enthusiastically, facilitating a singalong. Patients were responsive and appeared to be enjoying the gathering.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

On inspection of the residential unit on 16 May 2019 the aligned RQIA residential inspector raised a concern regarding staffing arrangements. The residential unit is a separate unit within the same building as the nursing unit in Rylands. This was discussed with the registered manager who advised that patient dependency levels and potential patient risk are regularly assessed and reviewed in both units of the home to ensure that staffing levels are sufficient to meet the needs, health and welfare of the patients.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls and infection prevention and control practices including cleaning schedules and hand hygiene.

Discussion with the registered manager and review of records from 31 January to 29 April 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Valerie Rutherford, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that large amounts of products used for personal care are safely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home.</p>
---	---

Ref: Section 6.3

Response by registered person detailing the actions taken:
The registered person has arranged for large amounts of products that are used for personal care to be safely stored in locked sluice rooms after use. This is in accordance with the Control of Substances Hazardous to Health (COSHH), in order to maintain a safe environment within the home.

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care