

# Inspection Report

4 July 2024



## Rylands

Type of service: Nursing Home  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Rylands Nursing Home Limited  <b>Registered Persons:</b> Mr Trevor Duncan and Mrs Karen Duncan	<b>Registered Manager:</b> Mrs Valerie Rutherford  <b>Date registered:</b> 24 March 2014
<b>Person in charge at the time of inspection:</b> Mrs Valerie Rutherford	<b>Number of registered places:</b> 45 A maximum of 2 patients in the category NH-LD
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 44
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered nursing home which provides nursing care for up to 45 patients. The home is situated over the ground floor which provides nursing care for people with a learning disability and general nursing care needs. Communal bathrooms, lounges, a large dining room and patient bedrooms are all located on the ground floor.  There is a residential care home which occupies part of the ground floor and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 July 2024, from 9.10 am to 6.00 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.

Patients described living in the home as a good experience. Patients unable to voice their opinion were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The staff members promoted the dignity and well-being of the patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients, their relatives and staff were spoken with individually and in small groups. Overall comments were positive and complimentary.

Patients told us that “the food is very good”, “I like it here; they are very good to me” and “They are very good to me, it’s an excellent home”.

Visitors to the home told us they were very satisfied with the service provided and that staff were “helpful and very friendly.”

Staff said “this is a home from home”, “teamwork is good we all help each other out” and “staffing levels are great”.

There was no responses received from the online staff survey. Five responses from the patient and relative questionnaires all indicated satisfaction with the services provided in the home.

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

## 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 25 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 (b) (d) <b>Stated:</b> First time	The registered person shall ensure the nursing home is kept well maintained and clean.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection evidenced that the home was clean and that the refurbishment works within the bedrooms was ongoing. To allow further time to complete these works this area for improvement is carried forward for review at the next inspection.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13 (7)	The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed.	<b>Partially met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection evidenced this area for improvement was partially met and is stated for a second time.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit and disposal at expiry. This is in particular reference to in-use insulin pen devices and limited shelf-life medicines including eye drop preparations.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that safe systems are in place for the management of warfarin.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall ensure that the controlled drug record book is fully and accurately maintained.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that written confirmation of all new patients' medicines is obtained at or prior to admission to the home.	<b>Carried forward to the next inspection</b>

	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced 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 patients. Discussion with staff confirmed they had received an induction to their roles and responsibilities.

There were systems in place to ensure staff were trained and supported to do their job.

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.

The staff duty rota accurately reflected 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. Records showed that any nurse taking charge of the home had competency and capability assessments in place, to ensure they held the knowledge and skills required.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. Staff told us that there was enough staff on duty to meet the needs of the patients.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Patients' 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 patients' needs; and included any advice or recommendations made by other healthcare professionals.

Care records were regularly reviewed however, a number of care plans lacked sufficient detail to direct the care required such as; the required manual handling equipment this was discussed with the manager who agreed to address this. One care plan for an identified patient in relation to their resuscitation preferences was not accurate. This was addressed during the inspection.

Care plans in relation to risk of dehydration were not sufficiently detailed to direct staff as to what action to take if a patients' fluid intake was consistently low this was discussed with the manager and an area for improvement was identified.

A number of amendments to records was observed not in keeping with professional guidance. This was discussed with the manager who agreed to address this.

Daily records of the care provided to patients was maintained however, they were observed to lack specific detail of care provision; for example how the patient spent their day and their skin integrity. The records were also noted not to be person centred. This was discussed with the manager and an area for improvement was identified.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids and assistance from staff. A review of the post falls documentation evidenced gaps in the recording of post falls observations. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.



The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. These records however were not fully descriptive of the actual food taken and did not reflect the required International Dysphagia Diet Standardisation Initiative (IDDSI) terminology. This was discussed with the manager and an area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment included reviewing a sample of bedrooms, storage spaces, and communal areas such as lounges and bathrooms. Patients bedrooms were personalised with items which were important to them. The manager told us that a refurbishment programme was in place and ongoing. To allow more time for completion an area for improvement was carried forward for review at the next inspection.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of snacks and drinks available.

Fire safety measures were in place however manual equipment was observed to be stored in a corridor occluding a fire door. This was addressed at the time of inspection. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Two staff were observed to be wearing nail varnish / false nails. This was discussed with the manager who agreed to address this with the individual staff concerned.

A number of infection prevention and control deficits were noted during the review of the homes environment such as the effective cleaning of equipment. This was brought to the attention of the manager to address. An area for improvement was stated for a second time.



#### 5.2.4 Quality of Life for Patients

Staff and patients confirmed that activities were provided on a daily basis individually and in groups. The activity schedule included arts and crafts, pamper sessions, games and one to one activities. Patients also confirmed they were entertained by musicians who came to the home.

Special occasions such as birthdays and Easter were celebrated in the home. Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have birthday parties with family/friends in their room or one of the lounges and could go out with their family and friends.

Patients also told us that they were encouraged to participate in patient meetings which provided an opportunity for patients to comment on aspects of the running of the home.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families. Arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Valerie Rutherford has been the manager in this home since 24 March 2014.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Further development of the care record audit and weight audit was discussed with the manager as well as the need to ensure action plans developed through the auditing process are signed off when completed. This will be reviewed at a future inspection.

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 was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place.

Patients or their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address this. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

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

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. A relative described the manager as "approachable and very helpful".

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports however lacked oversight of the internal environment and the ongoing refurbishment this was discussed with the manager who agreed to address this. This will be reviewed further at subsequent inspections. The reports are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	7*

\*the total number of areas for improvement includes one area under regulation which is stated for a second time. Five further areas; one regulation and four standards have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Valerie Rutherford, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (b) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2023	The registered person shall ensure the nursing home is kept well maintained and clean.  Ref: 5.1 and 5.2.3
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection 4 July 2024	The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed.  Ref: 5.1 and 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Arrangements have been made to minimise the risk of infection and also the spread of infection between patients and staff. Staff have been reminded about the uniform policy ie nails must be short and varnish free. Watches are not to be worn on wrists. Cleaning schedules have also been updated for both care staff and domestic staff to include issues of undercarriages of equipment ie commodes, shower chairs and high rise toilet seats. Environmental audits have also been updated to include issues of undercarriages of equipment ie commodes, shower chairs and high rise toilet seats.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the day of inspection 4 July 2024	The registered person shall ensure when necessary neurological / clinical observations are consistently recorded according to the homes falls policy.  Ref:5.2.2
	<b>Response by registered person detailing the actions taken:</b> Nursing staff have been reminded to ensure that all areas of the 24hours post falls documentation is completed and that there are no gaps.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the day of inspection 4 July 2024</p>	<p>The registered person shall ensure fire doors are not obstructed. This is stated in reference but not limited to the storage of manual handling equipment.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been instructed to ensure that all fire doors are not obstructed by any equipment.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 April 2022</p>	<p>The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit and disposal at expiry. This is in particular reference to in-use insulin pen devices and limited shelf-life medicines including eye drop preparations.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 April 2022</p>	<p>The registered person shall ensure that safe systems are in place for the management of warfarin.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 April 2022</p>	<p>The registered person shall ensure that written confirmation of all new patients' medicines is obtained at or prior to admission to the home.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (21 April 2022)</p>	<p>The registered person shall ensure that the controlled drug record book is fully and accurately maintained.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2024</p>	<p>The registered person shall ensure care plans in regards to fluid monitoring are patient centred and include directions for action to be taken when the patients fluid target is not met.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Careplans have been updated in regards to fluid monitoring. These are now patient centered to include directions to be taken when a patients fluid target has not been met.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2024</p>	<p>The registered person shall ensure the daily evaluations of care are meaningful and patient centred and include oversight of the supplementary care records including evidencing patients skin integrity for those at risk of skin breakdown.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded that all daily evaluations are to be meaningful and patient centered ie evidencing skin integrity and those at risk of skin breakdown, how the patients spent their day and also equipment required for mobilising etc. Audits completed by senior nurses will also examine daily evaluations.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection 4 July 2024</p>	<p>The registered person shall ensure that patients food and fluid records fully identify the required IDDSI levels for the patient and for those who require their intake to be recorded the detail of the actual food taken is recorded.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded of the importance of ensuring that all documentation is completed correctly ie that the correct IDDSI levels for the patient is recorded and also that the actual food taken is recorded.</p>

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



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