



The Regulation and
Quality Improvement
Authority

Rylands
RQIA ID: 1437
11 Doagh Road
Kells
Ballymena
BT42 3LZ

Inspector: Aveen Donnelly
Inspection ID: IN022852

Tel: 02825892411

Email:

office@rylandsnursinghome.co.uk

**Unannounced Care Inspection
of
Rylands**

08 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 08 May 2015 from 07.10 to 11.10 hours. Information was received by RQIA on 29 April 2015 regarding a decrease in staffing levels on the night shift and patients being woken up early.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection was unable to substantiate the specific concerns raised in the complaint and found no significant areas of concern. However, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Rylands which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 26 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

The total number above includes both new and restated requirements and recommendations.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Service Details

Registered Organisation/Registered Person: Mr Trevor Duncan and Mrs Karen Duncan	Registered Manager: Valerie Rutherford
Person in Charge of the Home at the Time of Inspection: Antonetta Andina	Date Manager Registered: 24 March 2014
Categories of Care: NH-LD, RC-, RC-MP€, RC-PH (E), NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 44 patients and 14 residents
Number of Patients Accommodated on Day of Inspection: 59	Weekly Tariff at Time of Inspection: £485 to £652

2. Inspection Focus

Information was received by RQIA on 29 April 2015 regarding concerns in the following areas:

- staffing levels
- patients being woken up early

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the following areas:

- staffing levels
- dependency levels
- practice of early morning rising.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

3. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with four patients, five care staff and two nursing staff.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- patient dependency levels
- five patient care records
- staff training records
- policies for continence management.

4. The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection. The completed QIP was returned and approved and is reviewed in the following section.

4.2 Review of Requirements and Recommendations from the last care inspection on 26 January 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1)(C) Stated: First time	The registered manager must ensure that all relevant staff have training in the management of dysphagia and are deemed competent in this.	Partially Met
	Action taken as confirmed during the inspection: The Inspector confirmed that dates for dysphagia training were in place. A review of the training material confirmed that a comprehensive programme was planned. However, staff competency assessments had not been implemented on the day of inspection. This requirement has been stated for the second time.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.6 Stated: First time	The registered manager should ensure that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients'/residents' daily progress records.	Not Met
	Action taken as confirmed during the inspection: A review of five care records identified that bowel function, reflective of the Bristol Stool Chart was not recorded in the continence assessments, care plans or progress notes. There was no baseline measurement evident in the records reviewed. This recommendation has been stated for the second time.	

<p>Recommendation 2</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p>	<p>The registered manager should ensure that where patients/residents require continence management and support, that audits of continence management are conducted, to inform the care planning process.</p> <p>Action taken as confirmed during the inspection: Audits of continence management had commenced and were reviewed regularly. However, in view of recommendation 1 above, the registered manager confirmed that the continence audits will be further developed, to ensure that there is traceability of information.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The registered manager should ensure the policy on continence management is further developed to include procedural guidance on: Urinary catheters and stoma drainage pouches.</p> <p>The following guidance documents should be made available to staff:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence <p>Action taken as confirmed during the inspection: A review of the policy on continence management confirmed that procedural guidance on urinary catheters and stoma drainage pouches were in place. Guidance documents in relation to continence management were available to staff.</p>	<p>Met</p>

4.3 Additional Areas Examined

Care Practices

Care practices were observed throughout the inspection. Staff were observed treating the patients with respect and dignity and responded to patients' requests promptly. Good relationships were evident between patients and staff.

On commencement of the inspection, four patients were observed to be fully dressed and sitting up in communal areas of the home. Discussion with these identified patients confirmed that they normally rise early in the morning and retire to bed early in the evening. Further discussion with four staff, including one nursing staff, identified a number of patients who request assistance with getting up in the early mornings.

We spent time observing the care practices on the residential unit. Nine out of 14 patients were either fully dressed and up or were in the process of being assisted up between 08.00 and 09.00. The demeanour of all patients indicated that they were relaxed in their surroundings. All the patients spoken with stated that they wanted to get up for breakfast.

Staff discussed their concerns regarding the practice of two hourly repositioning of patients during the night and confirmed that the registered manager had recently addressed this in a staff meeting. Staff stated that now repositioning is carried out, according to individual need, and that they are able to meet the patients' needs within the current staffing levels.

Information received by RQIA raised concerns regarding the staffing levels on night duty for instances where staff members would need to escort patients to hospital. This was discussed with the registered manager who confirmed that this issue was addressed at the recent staff meeting. Staff consulted appeared to be satisfied with the arrangements in relation to this.

Care Records

A review of patients' care records identified that two out of five patients had care plans that included their preference to rise early in the morning. Entries in the patients' progress notes indicated patients' request for assistance in the early morning in two out of five records. All patients consulted and direct observation confirmed that patients had not been awakened out of their sleep. This element of the complaint information was not substantiated. However, a recommendation has been made regarding the need for patients' individual needs and wishes to be included in the care plans.

Staffing

Information received by RQIA indicated that staffing levels had been decreased recently on night duty and outlined staffs' concerns in relation to their ability to meet patients' needs. Staffing arrangements were discussed with the registered manager.

Further examination of the current staff duty rota raised concerns regarding the availability of registered nurses. Although the staffing provision was appropriate in terms of total numbers, the skill mix of at least 35% registered nurses and up to 65% care assistants had not been maintained. The registered manager discussed the high usage of agency staff and outlined the recruitment measures taken to address the shortages. A copy of the recruitment plan was forwarded to RQIA which outlined planned dates for when adaptation nurses would be in receipt of their NMC registration numbers. A copy of the duty rota and patients' dependency levels was also forwarded to RQIA. A recommendation has been made to address this.

One staff questionnaire response indicated that staff were stretched when the home was short staffed due to staff illness. This was discussed with the registered manager following the inspection. The registered manager confirmed that absenteeism occurred one in every two to three weeks. Assurances were given by the registered manager that the nurse in charge recorded all efforts made to contact Ryland's staff, when there was short-notice sickness. The need for these records to include contact made with nursing agencies was discussed with the registered manager, who agreed to record this in the future. Given the concerns identified regarding the provision of the 35% skill mix of registered nurses, a requirement is made with regards to notifying RQIA when staffing levels fall below the agreed levels.

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	10	7
Patients	6	2
Patients representatives	6	0

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'There are good policies and procedures that makes things clear for those who are early in their employment'

'I appreciate that I am a name and not a number'

'I feel the care is (of a) Great standard. It is a lot of hard work'

'Staff work well together'

'When there is a staff shortage, when someone is sick We are very stretched'

'Great care provided to residents'

'The standard of care in the home is very good. Residents are happy and well looked after'

'We provide high quality of care, respecting privacy, choice and dignity with fantastic team working'

'I can honestly say we provide the highest standard of care. It is disappointing when things are reported that are untrue'

Patients

'I really like it here. The staff are very good'

'I am confident in every member of staff'

'Staff knock before entering my room'

'Staff from all areas of the home come and ask (me) if there is anything I need'

5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015 and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

****Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address****

Please provide any additional comments or observations you may wish to make below:

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 20
(1)(C)
Stated: Second time
To be Completed by:
01 July 2015

The registered manager must ensure that all relevant staff have training in the management of dysphagia and are deemed competent in this.

Response by Registered Persons Detailing the Actions Taken:

—As shown to the Inspector on the day of the Inspection, the Registered Manager has devised a training programme on the management of dysphagia. This training has been carried out with all relevant staff and is ongoing with new staff.

Requirement 2

Ref: Regulation 30
Stated: First time
To be Completed by:
01 July 2015

The registered person must ensure that a notifiable events form is submitted to RQIA when staff levels fall below appropriate levels, to ensure the quality of care practice and service delivery to patients.

Response by Registered Persons Detailing the Actions Taken:

—The Registered Manager will ensure that a notifiable events form is submitted to the RQIA if staffing levels fall below appropriate levels. The Manager will try to ensure that all shifts are covered to ensure the quality of care delivered meets the standard of the home.

Recommendations

Recommendation 1

Ref: Standard 5.6
Stated: Second time

To be Completed by:
01 July 2015

The registered manager should ensure that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients'/residents' daily progress records.

Response by Registered Persons Detailing the Actions Taken:

—The bowel function reflective of the Bristol Stool Chart is recorded on the Admission Sheet as a baseline. This is also recorded on the resident's careplan and in the resident's daily progress notes.

Recommendation 2

Ref: Standard 4.4
Stated: First time

To be Completed by:
01 July 2015

It is recommended that care plans clearly demonstrate the promotion of independence in line with patients' expressed wishes, regarding the time they wish to get up.

Response by Registered Persons Detailing the Actions Taken:

—A careplan is in place specifying the resident's wishes in regards to the time that they wish to get up from.

Recommendation 3

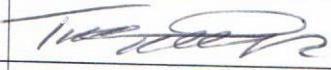
Ref: Standard 41.4
Stated: First time

To be Completed by:

It is recommended that a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained over 24 hours.

Response by Registered Persons Detailing the Actions Taken:

—It is the aim of the Registered Manager to ensure a skill mix of at least 35% nurses and up to 65% care assistants is maintained over a 24 hour period.

01 July 2015	<u>However due to the difficulty of employing nurses this can sometimes be difficult to maintain over a 7 day period.</u>		
Registered Manager Completing QIP	Valerie Rutledge	Date Completed	24/6/15
Registered Person Approving QIP		Date Approved	24/6/15
RQIA Inspector Assessing Response		Date Approved	

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below:



The **Regulation** and
Quality Improvement
Authority

RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	01/07/2015
--	----------------	----------------------	------------