

Announced Care Inspection Report

14 May 2020



Rylands

Type of Service: Nursing Home (NH)
Address: 11 Doagh Road, Kells, Ballymena, BT42 3LZ
Tel No: 02825892411
Inspectors: Mandy Ellis and Marie-Claire Quinn

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 nursing home registered to provide care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Rylands Responsible Individual(s): Trevor Duncan Karen 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: 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: 44

4.0 Inspection summary

An announced inspection took place on 14 May 2020 from 11.00 hours to 16.00 hours. Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

During telephone contact with the manager on 11 May 2020, concerns were raised in relation to preventative measures being taken in the home to minimise the risk of transmission of coronavirus. In response to this information RQIA decided to undertake an inspection to this home. This was completed in conjunction with an inspection of the residential home, on the same site.

The following areas were examined during the inspection:

- staffing arrangements
- infection Prevention and Control (IPC)
- the use of Personal Protective Equipment (PPE)
- care delivery
- governance and management arrangements

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection and finance inspection
- the previous care and finance inspection reports

The following records were examined during the inspection:

- staff duty rota from 4 to 17 May 2020
- a sample of governance audits/records
- a sample of monthly monitoring reports
- a sample of the minutes of the daily staff briefing

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 4 June 2019. The quality improvement plan from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 47 Stated: First time	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.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.25 Stated: First time	The registered person shall ensure that a reconciliation of accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 14.13 Stated: First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 3 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing arrangements

We discussed staffing levels with the manager. On the day of the inspection we observed that staffing levels were satisfactory. Staff answered call bells promptly and patients' needs were met in a timely and caring manner.

We reviewed the duty rotas for the period 4 to 17 May 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

6.2.2 Infection Prevention and Control

Signage had been placed at the entrance which provided advice and information about COVID-19. The home had been closed to visits from patients' relatives/friends as a precautionary measure in response to COVID-19 since the evening of the 12 March 2020.

Catering, domestic and activities staff are shared between the nursing and residential home. Staff advised that recent changes had been made to the delegation of these duties, to minimise the risk of cross infection between the homes.

The home was clean, tidy and fresh smelling. Allocated domestic staff were cleaning during the inspection; staff spoken with confirmed that additional cleaning, including touch points, continued to be carried out when domestic staff go off duty and during the night shift.

Discussion with staff and review of records confirmed that all staff and residents' temperatures were taken twice daily as a further COVID-19 monitoring measure. This had commenced from 11 May 2020.

When we spoke with staff, they were knowledgeable about the symptoms of coronavirus and how they could access testing if needed. We did ask that further information be provided on how staff could self-refer for testing.

6.2.3 Personal Protective Equipment

The home had implemented some changes since the COVID-19 pandemic; staff now use a separate entrance and get changed into / out of their uniforms upon arrival and departure from work. Shower facilities are also available for staff to use, as needed.

There was adequate supply of PPE and additional hand sanitiser points had been erected throughout the home. The Northern Health and Social Care Trust was supporting the home with supplies of PPE.

Staff told us that they felt safe with the PPE they were provided with and they were aware of the latest guidance on wearing PPE. Staff were observed to use PPE appropriately during our visit and told us that they had received training in the correct method of donning and doffing of PPE, infection prevention and control measures and hand hygiene. Staff were observed to carry out hand hygiene at appropriate times and were adhering to the home's uniform policy.

Patients appeared to be accepting of the need for staff to wear masks. Staff told us that they had explained the need for masks to be worn to patients.

6.2.4 Care delivery

Patients appeared to be well cared for, were dressed in clean clothes and were well groomed. Patients were observed to be content and settled in their surroundings; most of the patients were cared for in their bedrooms since the start of the COVID-19 pandemic. Patients' bedrooms were clean, tidy and personalised. The staff were observed to interact frequently with those patients who were being cared for in their bedrooms. Patients' confirmed they were well looked after and the staff were kind and caring.

The manager told us that visits from patients' families/friends had been suspended due to the COVID-19 outbreak but the homes was maintaining communication with families and loved ones with the use of technology, for example, video calling. Families were also provided with regular updates from staff. We observed some families calling at the home to wave to their relative through the window on the day of inspection.

We observed the serving of lunch time meal. The food served was noted to be appetising and well presented. The patients were offered a choice of meal and the patients' commented on how good the food was. As most of the patients were in their bedrooms the food left the dining room appropriately covered to ensure it remained hot. The staff were seen to observe social distancing while waiting for the food and appropriate PPE was worn. The home had recently adopted a new system for meal times to minimise contact between nursing and residential staff. This was well organised and efficient.

6.2.5 Governance and management arrangements

Staff told us that they felt well supported in their roles and that the manager was supportive, approachable, fair and is a good leader.

Staff confirmed they felt they were well informed and kept up to date on changing guidance relating to COVID-19. Relevant and up to date guidance was visible in the staff office and a COVID-19 file was available containing up to date guidance and important points of contact. Staff also attended daily afternoon briefings. We reviewed the minutes of these meetings which were satisfactory.

When we reviewed the home’s monthly monitoring reports, we noted this had not been completed for two months. Management explained this was an oversight and would recommence as soon as possible.

Following the inspection, the manager also provided additional governance documents including manager’s daily audits and weekly manager’s report to evidence how robust managerial oversight is maintained in the home. This will be further reviewed at a future inspection.

Areas of good practice

Areas of good practice were identified in relation to care delivery, communication with staff, the serving of lunch and staff’s adherence to social distancing.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the day of the inspection we observed that residents were well looked after, staff treated them with kindness, care and compassion.

The home was clean and tidy throughout.

The current guidelines on the use of PPE and IPC measures to be employed during an outbreak of COVID-19 were being followed within the home, and management reviewed and improved these as required.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report

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	
Area for improvement 1 Ref: Standard 47 Stated: First time To be completed: Immediate action required	<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> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 14.25 Stated: First time To be completed by: 14 August 2018 and at least quarterly thereafter	<p>The registered person shall ensure that a reconciliation of...accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 14.13 Stated: First time To be completed by: 01 August 2018	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 14.26 Stated: First time To be completed by: 11 September 2018	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>



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
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care