



Unannounced Care Inspection Report 15 May 2018



Rylands

Type of Service: Nursing Home (NH)
Address: 11 Doagh Road, Kells, Ballymena, BT42 3LZ
Tel No: 028 25892411
Inspector: Elizabeth Colgen

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 45 persons.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 15 May 2018 from 09.30 to 15.30 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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 in relation to staffing and recruitment, staff induction, training, risk management and effective communication systems. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents, quality improvement processes and maintaining good relationships within the home. The environment of the home, with the exception of the areas detailed in section 6.4 of this report, was generally conducive to the needs of the patients and was attractive and comfortable.

Areas requiring improvement were identified in relation to, infection prevention and control, some aspects of the environment, and care records.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs 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 28 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 February 2018. There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 16 patients, seven staff, and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

A lay assessor Marian Thompson was present during the inspection and their comments are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 7 to 27 May 2018
- 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

- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 areas for improvement from the most recent inspection dated 28 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 10 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered persons shall put in place measures that minimise the risk of fire and protect patients, staff and visitors in the event of a fire. This refers specifically to the observed practice of fire escape routes being obstructed	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that measures to minimise the risk of fire and protect patients, staff and visitors in the event of a fire were in place, fire escape routes were not obstructed.	

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the provision of food and fluids to patients is available at appropriate intervals and the lack of this provision does not exceed 12 hours.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation, review of documentation and discussion with staff confirmed that the provision of food and fluids to patients was available at appropriate intervals and the lack of this provision did not exceed 12 hours.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that recruitment processes are further developed to ensure that any gaps in an employment record are explored and explanations recorded.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that recruitment processes have been further developed to ensure that any gaps in an employment record are explored and explanations recorded.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that arrangements are in place to embed the new regional operational safeguarding policy and procedure into practice. This shall include ensuring that all staff have access to the relevant safeguarding contact details.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation and discussion with staff confirmed that the new regional operational safeguarding policy and procedure has been embedded into practice and staff have access to the relevant safeguarding contact details.</p>		

Area for improvement 3 Ref: Standard 48 Stated: First time	The registered person shall ensure that the emergency evacuation register is accurate, in terms of the patients accommodated within the home, the correct bedroom and the level of assistance required to evacuate the home, in the event of an emergency.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that emergency evacuation register was accurate, in terms of the patients accommodated within the home, the correct bedroom and the level of assistance required to evacuate the home, in the event of an emergency.	
Area for improvement 4 Ref: Standard 23 Stated: First time	The registered person shall ensure that wound assessments are completed in line with the NICE guidance on management and prevention of pressure ulcers.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that wound assessments were completed in line with the NICE guidance on management and prevention of pressure ulcers.	

6.3 Inspection findings

6.4 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 the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 7 to 27 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with 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 staff questionnaires were returned.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rylands Nursing Home. We also sought the opinion of patients on staffing via questionnaires. Eight patient questionnaires were returned. Patients indicated that they were very satisfied with the care they received and all patients indicated there was “enough staff available to care for them.” One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives’ opinion on staffing via questionnaires. Four questionnaires were returned and all four relatives indicated that they were satisfied that staff had ‘enough time to care’.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI 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 and reviewed staff training records. 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. Training records were maintained in accordance with Standard 39 of the Care Standards for Nursing Homes. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the staff confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be

warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

Two issues were identified for improvement under the standards in relation the environment, specifically in relation to:

- in some bedrooms call bell leads were not available for patients
- in an identified bedroom a torn mattress was observed on the floor.

Three issues were identified for improvement under the standards in relation to infection prevention and control specifically in relation to:

- single use syringes were being reused to dispense medication
- the apertures of sharps boxes were open when not in use
- in the treatment/clinical room the top of the wall mounted paper towel dispenser was missing.

The registered manager maintained records of the incidences of health care acquired infections (HCAIs), in line with guidance from Public Health Authority (PHA) guidance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, and risk management.

Areas for improvement

The following areas were identified for improvement in relation to, infection prevention and control, and the home's environment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Review of four patient care records evidenced that on most occasions care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. In three of the care records reviewed we noted that one care plan did not include the use of a pressure relieving mattress, another care plan had not been updated to reflect the current needs of the patient in relation to pressure relief and the third care record did not have a short term care plan devised for an infection. An area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts for food and fluid intake records evidenced that

contemporaneous records were maintained. However, in two identified bedrooms it was observed that the levels that the pressure relieving mattresses should be set at was not recorded. An area for improvement under the standards was made.

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.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patient and relatives meetings were held on a regular basis. Minutes were available. Patients spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement in relation to record keeping was identified in relation to ensuring short term care plans are devised as required, and that care plans fully reflect the current needs of the patient. The second area for improvement related to ensuring that the level that pressure relieving devices are set are recorded .

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Some patients were enjoying a breakfast in the dining room, or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. 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.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Sixteen patients and seven staff were consulted to determine their views on the quality of care within Rylands. Some comments to the inspector and lay assessor were as follows:

Staff

- "No concerns, the patients get good care."
- "I am happy working here, there is good teamwork."
- "I think the patients are well looked after."
- "The staff all care about the patients."

Patients

- "The food is good, especially the home made cakes and buns."
- "It's nice here, the staff are very kind and the food is lovely."
- "It is very good, the staff look after us."
- "The home is lovely."
- "It is very good, the staff look after us."
- "No complaints."

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.

Eight patient questionnaires were provided; eight were returned within the timescale. All indicated that they were very satisfied or satisfied with the care provided across the four domains.

Ten relative questionnaires were provided; four were returned within the timescale. All four indicated that they were very satisfied or satisfied with the care provided across the four domains. Additional comments were recorded as follows:

- “Happy with the care given.”

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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/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.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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 accidents/incidents, IPC practices, care records, the environment. In addition robust

measures were also in place to provide the registered manager with an overview of the management of infections, wounds, occurring in the home.

Discussion with the registered manager and review of records 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.

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. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and 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 Mrs 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 44</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2018</p>	<p>The registered person shall ensure that the following areas relating to the environment are addressed.</p> <ul style="list-style-type: none"> • call bell leads should be available in patients bedrooms • the torn mattress in an identified bedroom should be replaced. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Nurse Call Systems are now available in all bedrooms.</p> <p>The torn crash mattress has now been replaced.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2018</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically:</p> <ul style="list-style-type: none"> • single use syringes should not be reused to dispense medication • the apertures of sharps boxes should be closed when not in use • the top of the wall mounted paper towel dispenser should be replaced. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Single use syringes are disposed off following the dispensing of oral medications.</p> <p>Staff have been reminded to ensure that the aperture of sharps boxes are closed when not in use.</p> <p>The Hand towel dispenser in the treatment room has now been replaced.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2018</p>	<p>The registered person shall ensure that care plans are devised for identified needs and fully reflect the changing needs of the patients</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Careplans reflect the changing needs of the patients.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2018</p>	<p>The registered person shall ensure that that the level pressure relieving mattress are set at is recorded.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Pressure relieving mattresses are set and documented as per instructions.</p>
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Please ensure this document is completed in full and returned via Web Portal



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