



The Regulation and
Quality Improvement
Authority

Rylands
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**Unannounced Care Inspection
of
Rylands**

17 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 17 September 2015 from 09.00 to 16.15.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes 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 08 May 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	3	3

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

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.

2. 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: Valerie Rutherford	Date Manager Registered: 24 March 2014
Categories of Care: NH-LD, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 58
Number of Patients Accommodated on Day of Inspection: 56	Weekly Tariff at Time of Inspection: £485 to £652

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. 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 (QIPs) from inspections undertaken in the previous inspection year;
- the previous care inspection report; and
- 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 six patients, three care staff, two nursing staff and five patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;

- six patient care records;
- staff training records;
- complaints records;
- regulation 29 monitoring reports;
- policies for communication and end of life care; and
- policies for dying and death and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 6 January 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last care inspection on 8 May 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1)(c)</p> <p>Stated: Second time</p>	<p>The registered manager must ensure that all relevant staff have training in the management of dysphagia and are deemed competent in this.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of staff training records confirmed that 27 staff had completed training in the management of dysphagia. However, the records reviewed identified that only 21 staff members had been assessed as competent.</p> <p>This was discussed with the registered manager who stated that dysphagia training was included in the induction programme for new staff members. However, there was a number of staff, who had not received the training. The registered manager provided assurances that additional training would be provided, to ensure that all relevant staff members had completed the training.</p> <p>This requirement was stated for the third and final time.</p>	<p>Partially Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person must ensure that a notifiable event form is submitted to RQIA when staff levels fall below appropriate levels, to ensure the quality of care practice and service delivery to patients</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Prior to the inspection, discussion was undertaken with the registered manager regarding notifiable events, under RQIA's current processes. Advice was given regarding the guidance on statutory notification of incidents, updated July 2015, that is available on the RQIA website.</p> <p>The registered manager agreed to continue to report directly to the inspector, when staff levels fall below the planned levels, discussed during inspection.</p>	
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1 Ref: Standard 5.6 Stated: First time</p>	<p>The registered manager should ensure that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a base line measurement and thereafter in the patients'/residents' daily progress records.</p> <p>Action taken as confirmed during the inspection: A review of two patients' care records confirmed that bowel function, reflective of the Bristol Stool Chart, was recorded on the admission sheet, the needs assessment and on the patients' care plans.</p>	Met
<p>Recommendation 2 Ref: Standard 4.4 Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: A review of two patients care plans evidenced that care plans for sleeping were person-centred. However, they did not include information in relation to the patients' expressed wishes regarding their rising/retiring time.</p> <p>This recommendation was stated for the second time.</p>	Partially Met
<p>Recommendation 3 Ref: Standard 41.4</p>	<p>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.</p>	Met

Stated: First time	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of the staff duty roster, confirmed that the recommended skill mix of at least 35% registered nurses and up to 65% care assistants was maintained.	
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5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was available on breaking bad news, which was reflective of current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that eight out of 11 registered nursing staff had completed training in relation to palliative and end of life care. This training included communicating effectively with patients and their families/representatives and the procedure for breaking bad news as relevant to staff roles and responsibilities. Discussion with two registered nurses and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. There were also plans in place for training in the management of death, dying and bereavement, to be provided to all care staff. The planned training content was available and included communication with relatives and supporting other residents after a death.

Is Care Effective? (Quality of Management)

The two registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be, primarily, the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion with six patients individually and with the majority of patients generally evidenced that patients were content living in the home. Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to

patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Staff recognised the need to develop a strong, supportive relationship with patients and relatives. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

Patients' representatives consulted, confirmed that they were kept informed of any changes to their relative's condition and of the outcome of visits and reviews by healthcare professionals. However, one patient's representative commented that although requests made were generally dealt with, sometimes they were not passed down the line to all staff. This was discussed with the registered manager, who provided assurances that this would be discussed at the upcoming staff meeting. Refer to inspector comments in section 5.5.

There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care.

Areas for Improvement

There were no areas for improvement identified under Standard 19.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care were available in the home. These documents reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. Registered nursing staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines.

The policy also included a protocol for timely access to any specialist equipment or drug and discussion with two registered nursing staff confirmed their knowledge of the procedure to follow, if required. The policy on the management of an unexpected death was developed on the day of inspection.

There was also reference material, provided by the Northern Ireland Hospice, entitled 'Clinical Skills for Care home Staff'. Staff consulted found this very useful.

As previously discussed, training records evidenced that eight out of 11 registered nurses were trained in palliative and end of life care. There were plans in place for training in the management of death, dying and bereavement, to be provided to all care staff.

Discussion with four nursing staff and a review of three care records confirmed that:

- there were arrangements in place for staff to make referrals to specialist palliative care services; and
- staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

There was no specialist equipment, in use in the home on the day of inspection. Discussion with the registered manager confirmed that staff were trained in the use of syringe drivers and that update training would be accessed through the local healthcare trust nurse, if required.

There was no palliative care link nurse identified in the home. However, the registered manager provided assurances that the home would nominate a registered nurse to undertake this role, when training becomes available.

Is Care Effective? (Quality of Management)

A key worker/named nurse was identified for each patient approaching end of life care. A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. All records reviewed evidenced that there were clear processes in place regarding who to contact, should the first next of kin be unavailable and all staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year confirmed that records were maintained appropriately.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. There were accommodation and shower facilities available should relatives wish to stay overnight and staff consulted described how catering/snack arrangements would be provided to relatives, as their loved one was receiving end of life care.

From discussion with the manager, staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. One staff member stated that opportunity to attend funerals was primarily afforded to senior carers or to registered nurses/management. This was discussed with the registered manager who agreed to clarify this at the next staff meeting.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included more experienced staff supporting new staff and time spent reflecting on the patient's time spent living in the home.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included information leaflets from the Health and Social Care Bereavement Network which provided information on end of life care and guidance to relatives, following the death of a relative or friend in a nursing home.

Areas for Improvement

There were no areas for improvement identified under Standard 20 and Standard 32.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

Care Practices

Patient care records were generally retained in a filing cabinet in the nurses' office. However, it was observed that daily records regarding personal hygiene, repositioning; and food and fluid intake were placed, in a file that was placed behind the headrests of patients' chairs, in an undignified manner. It was concerning that any one passing through the areas where the patients were seated could have access to the content of these charts. This was discussed with the registered manager during feedback. A recommendation is made that consideration is given to how confidential patient information is retained to support and uphold patients' right to privacy and dignity at all times.

A review of two patients care records confirmed that consent forms for the use of lap belts were in place and this information was included in the patients' care plans. However, a review of the repositioning records, did not evidence that lap belts were released and repositioned on a regular basis throughout the day and there was no evidence that this was included in the patients care plans. Assurances were provided by the registered manager that a proforma would be developed, to ensure that this would be addressed. A requirement was made.

Staffing

Review of duty rotas for nursing and care staff confirmed that staffing levels were generally in keeping with the planned staffing levels discussed with inspectors. One staff member commented that the home can be short staffed at times and that it is a struggle to make sure that each resident gets the care they need. The registered manager provided assurances that short notice absences were being managed as per the home's protocol. However, the registered manager also expressed an understanding that the home was not considered to be short staffed, if the minimum staffing levels as recommended by RQIA, were in place and in such instances, effort would not be made to replace the absent staff member. Advice was given in relation to this matter. RQIA were satisfied on this occasion that the registered manager was managing absenteeism. However, RQIA will continue to monitor the staffing levels of the home during subsequent inspections.

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	9	9
Patients	5	5
Patients representatives	5	5

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

Staff

- 'I believe that we provide a high standard of care. We genuinely love and care for our residents'
- 'I feel the care given is of an excellent standard. The residents' needs always come first and each resident is treated like an individual'
- 'We try to promote good person-centred care'
- 'Communication is good and any issues are well reported'
- 'Staff have positive attitudes'
- 'We get good support from management'

Patients

- 'I couldn't get any better attention'
- 'I have the TV and staff are always in and out and that gives me security'
- 'The chef is very good, tries to get food that I like'
- 'I am very happy and get anything I want'
- 'I had a relative here previously, so I knew what the care would be like, before I came here'
- 'They are very attentive. There is nothing they could do better'
- 'It is grand. I like it here'

Patients' Representatives

'My (relative) is always content. Staff are interactive with residents and are pleasant and cheerful'

'Great home, great people, great care'

'We have no concerns'

'Concerns were raised and they were dealt with. My (relative) is well cared for'

'My (relative) is right and content'

One identified patient's representative commented that they would like the management of their pain reviewed. This was discussed with the registered manager who agreed to address this. As previously discussed, one patient's representative commented that although requests made were generally dealt with, sometimes they were not passed down the line to all staff. This was discussed with the registered manager, who provided assurances that this would be discussed at the upcoming staff meeting. Refer to inspector comments in section 5.3 above.

Regulation 29 Monthly Monitoring Reports

The regulation 29 monthly monitoring reports were reviewed. In the previous 12 months, there was no evidence that monitoring visits had been regularly conducted. The report for October 2014 and for January, May and July 2015 were not available. The content of the reports reviewed did provide sufficient detail to form an opinion of the standard of nursing provided in the home. The detail of the areas for improvement, within the regulation 29 reports, was discussed with the registered manager following the inspection. A requirement was made to ensure that the monthly monitoring report is available in the home.

Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas were examined. In general the areas examined were found to be clean, reasonably tidy and well decorated and warm throughout.

However, it was observed that boxes of gloves and rolls of aprons were placed, on the handrails outside bedrooms on the corridors. In total, there were 19 boxes of gloves observed on the handrails. This was discussed with the registered manager who agreed to address this. A recommendation was made.

6. Quality Improvement Plan

The issue(s) 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.

6.1 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.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015 and the 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.

6.3 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. 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 any 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.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 20 (1)(c)</p> <p>Stated: Third time</p> <p>To be Completed by: 15 November 2015</p>	<p>The registered manager must ensure that all relevant staff have training in the management of dysphagia and are deemed competent in this.</p> <p>This requirement was stated for the third and final time.</p> <p>Confirmation that all staff have been trained and deemed competent must be submitted with the returned QIP.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All relevant staff have received training and are deemed competent in the management of dysphagia. Confirmation of all staff trained and competent in the management of dysphagia has been submitted to the RQIA.</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p> <p>To be Completed by: 15 November 2015</p>	<p>The registered persons must ensure that records are maintained in respect of lap belts, to ensure that they are released and repositioned on a regular basis throughout the day. This information must also be included in the patients' care plans, as appropriate.</p> <p>Ref: Section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Documentation in respect of lapstraps has been implemented to ensure that lapstraps are being checked, released and residents repositioned regularly throughout the day. This information is also included in the resident's careplan.</p>
<p>Requirement 3</p> <p>Ref: Regulation 29 (5) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 15 November 2015</p>	<p>A copy of the regulation 29 monitoring reports must be retained in the home and available for inspection.</p> <p>Ref: Section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A copy of regulation 29 monitoring reports are retained in the home and are available for inspection.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 4.4</p> <p>Stated: Second time</p>	<p>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.</p> <p>Ref: Section 5.2</p>

To be Completed by:
15 November 2015

Response by Registered Person(s) Detailing the Actions Taken:
Careplans clearly demonstrate resident's wishes in regards to the time that they wish to get up in the morning.

<p>Recommendation 2</p> <p>Ref: Standard 37.1</p> <p>Stated: First time</p> <p>To be Completed by: 15 November 2015</p>	<p>Consideration should be given to how confidential patient information is retained to support and uphold patients' right to privacy and dignity at all times.</p> <p>Ref: Section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Resident's Confidential Carer's Documentation is retained in a way to uphold the privacy and dignity of the resident.</p>
<p>Recommendation 3</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be Completed by: 15 November 2015</p>	<p>Personal protective equipment should be appropriately stored, to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Ref: Section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Personal Protective Equipment is stored to ensure compliance with best practice in infection prevention and control within the home.</p>

Registered Manager Completing QIP	<i>Richard Bzd</i>	Date Completed	23/10/15
Registered Person Approving QIP *	<i>[Signature]</i>	Date Approved	23/10/15
RQIA Inspector Assessing Response	<i>Aileen Donnelly</i>	Date Approved	6/10/15

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: