

# Inspection Report

**18 August 2022**



## Rylands

**Type of service: Nursing Home**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Rylands  <b>Registered Person</b> Mr Trevor Duncan	<b>Registered Manager:</b> Mrs Valerie Rutherford  <b>Date registered:</b> 24 March 2014
<b>Person in charge at the time of inspection:</b> Mrs Valerie Rutherford - manager	<b>Number of registered places:</b> 45 A maximum of 2 patients in category NH-LD
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category LD – Learning disability PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 44
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 45 patients. The home is situated on one floor which provides care for people with learning disability and general nursing care requirements. There are a number of communal bathrooms, lounges, a dining room and individual bedrooms.  There is a mature garden with views over the countryside and a range of garden furniture available for patient use.  There is a Residential Care Home which occupies part of the ground floor and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 August 2022, from 9.30 am to 5.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experience of living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients are included in the main body of this report.

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

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Rylands was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

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

Fourteen patients, visitors and staff were spoken with during the inspection individually and in small groups. Patients were positive in their comments about living in Rylands and said “it’s very good here and there is enough staff if I need them”.

Visitors told us “staff are very good and treat patients like family” and “they treat patients very well and keep us well informed”. Visitors were complimentary about the cleanliness of the home and the access to visiting their relatives.

Staff members were positive in their comments about the care provided in the home and the support received from the manager.

Three questionnaires were received and only one identified that it had been completed by a relative. Views confirmed that those who had completed the questionnaires were very satisfied that care was safe, effective, compassionate and well-led.

There were no completed questionnaires received from the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Hand drying and sanitising stations were not all clean and staff hand hygiene practices required improvement. This area for improvement is partially met and has been stated for a second time.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (2) (b) <b>Stated:</b> First time	The registered persons shall ensure that care records are reflective of patients' current care needs and are kept up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39.4 <b>Stated:</b> First time	The registered persons shall ensure that training is provided and completed by all staff in IPC and COSHH.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 36.1 <b>Stated:</b> First time	The registered persons shall ensure that the schedule of audits is maintained separately from the residential home and includes wounds, care plans and restrictive practice audits to ensure compliance with policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit and disposal at expiry. This is in particular reference to in-use insulin pen devices and limited shelf-life medicines including eye drop preparations.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that safe systems are in place for the management of warfarin.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 31 <b>Stated:</b> First time	The registered person shall ensure that the controlled drug record book is fully and accurately maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that written confirmation of all new patients' medicines is obtained at or prior to admission to the home.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Staff spoken with confirmed they had completed a comprehensive induction and this was evident in records reviewed.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance was increasing with dates in place for further training opportunities.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Records also provided evidence that staff were supervised and appraised for their roles regularly.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

The manager's hours were included on the rota. Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

It was also noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff answered call bells and responded to patients requests for assistance in a timely manner.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff members knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed they kept each other up to date about the changing needs of patients throughout the day.

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

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN). The use of procedure sheets use as a continence product was discussed with the manager and it was agreed that this product would only be used for procedures to prevent damage to patients' skin.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed. Walking aids and buzzer mats were in place were this was assessed as required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and

had a meal that they enjoyed. Patients were complimentary about the meals provided and one commented "I have no complaints".

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and care records provided information to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch meal was a pleasant and unhurried experience for the patients.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Care records were noted in an unlocked store room. This was brought to the attention of staff and locked immediately. This will be reviewed at the next inspection.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

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

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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

Observation of the home's environment included a sample of the home's bedrooms, storage spaces and communal areas such as lounges and bathrooms. While it was evident that the home was warm and comfortable some bathrooms and equipment required attention to cleanliness. This area for improvement has been stated for a second time.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of snacks and drinks available and patients enjoyed visits from friends and relatives in their rooms.

Fire safety measures were generally in place and well managed to ensure patients, staff and visitors to the home were safe, however it was observed that a fire exit was obstructed by equipment stored in a corridor. This was brought to the attention of staff and removed. An area for improvement was identified.

Observation of the entrance hall identified two medication trolleys which had been left unattended with access to fluid thickening agents and medications. This was brought to the attention of staff and both were secured. An area for improvement was identified.

There was evidence that appropriate systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff members were observed to carry out hand hygiene at times, however it was noted that hand sanitising was not always completed when this was required. This area for improvement has been stated for a second time.

Visiting arrangements were managed in line with DoH and IPC guidance. Patients were meeting with visitors in their own rooms.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or go out with relatives. Patients could go to local shops, or visit with family in the community.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

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

There was a range of activities provided for patients by staff. As said previously patients had been consulted about the activity programme. The range of activities included social, cultural, religious and creative events.

Staff recognised the importance of maintaining good communication with families. Staff assisted patients to make phone calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. A relative commented “they keep us very well informed and treat our (loved one) like one of the family”.

#### **5.2.5 Management and Governance Arrangements**

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

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients.

There was evidence of auditing across various aspects of care and services provided by the homes, however not all wound care was included in the auditing process. This was discussed with the manager who agreed to add this to the regular audit schedule. This will be reviewed at the next inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff confirmed that there was good team work in the home and the manager was approachable and supportive.

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

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	3*

\* The total number of areas for improvement includes one that has been stated for a second time and three which are carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately from the date of inspection (11 May 2022)	The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.  Ref: 5.1 and 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Staff have been reminded of the importance of ensuring that the undercarriages of hand drying equipment and sanitising stations are cleaned correctly.  Staff have been reminded of the importance of performing hand hygiene between serving and assisting residents during mealtimes.  These observations have been included in audit tools.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall provide adequate means of escape in the event of a fire. Fire exits shall be free from obstruction.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Staff are aware of the importance of keeping fire exits clear.  Fire exits are checked regularly by management, senior nurses and all other staff.  These observations have been included into daily audits tools.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure any medication which is kept in the nursing home is stored in a secure place.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Staff nurses shall ensure that all medications are stored in a secure place.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 31</p> <p><b>Stated:</b> First time</p> <p>To be completed by: Ongoing from the date of inspection (21 April 2022)</p>	<p>The registered person shall ensure that the controlled drug record book is fully and accurately maintained.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (21 April 2021)</p>	<p>The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit and disposal at expiry. This is in particular reference to in-use insulin pen devices and limited shelf-life medicines including eye drop preparations.</p> <p>Ref: 5.2.1, 5.2.3 and 5.2.5</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (21 April 2021)</p>	<p>The registered person shall ensure that safe systems are in place for the management of warfarin.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p>To be completed by: Ongoing from the date of inspection (21 April 2022)</p>	<p>The registered person shall ensure that written confirmation of all new patients' medicines is obtained at or prior to admission to the home.</p> <p>Ref: 5.1 and 5.2.4</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

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



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