

Inspection Report

11 & 20 May 2021



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

Organisation/Registered Provider: Rylands Responsible Individuals: Mr Trevor Duncan Mrs Karen Duncan	Registered Manager: Mrs Valerie Rutherford Date registered: 24/03/2014
Person in charge at the time of inspection: Kripa Sulabha 9.00 am – 11.00 am Valerie Rutherford 11.00 am - 4.50 pm	Number of registered places: 45
Categories of care: 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 A maximum of 2 patients in category NH-LD.	Number of patients accommodated in the nursing home on the day of this inspection: 39
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 45 persons. There is also a registered Residential Care Home under the same roof. Patients have access to a communal dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2021, at 09.00 am by a care Inspector. A remote inspection was undertaken on 20 May 2021 at 12.00 pm by a finance 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.

Areas requiring improvement were identified including Infection Prevention and Control (IPC), access to medications, quality audits, training, care records and notifiable events.

Patients said that living in the home was a good experience. 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, relatives and staff, are included in the main body of this report.

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. Patients were comfortable and relaxed in the home. Staff had taken time to assist patients with their appearance and provided activities which patients were happy to participate in. The manager was available for assistance and support.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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 patients, their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with 11 patients, one relative and three staff during the inspection. We did not receive any completed questionnaires. Patients spoke positively about the care they received including the quality of the food, the kindness of staff and the variety of activities and entertainment provided. Patients and relatives confirmed that staff were available and responsive to their requests for help and also provided timely updates on patient care. Staff complimented the support of the manager and the management team throughout the COVID-19 pandemic.

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 14 May 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 47 Stated: First	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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that products used for personal care were safely stored to comply with Control of Substances Hazardous to Health (COSHH).	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 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.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that a reconciliation of the bank account operated to retain patients' comfort fund monies was undertaken on a quarterly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.	

<p>Area for improvement 2</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<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>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of records of payments to the hairdresser and podiatrist evidenced that the records were signed by both the hairdresser and podiatrist and countersigned by a member of staff.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<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>	<p>Met</p>
<p>A review of two patients' property records evidenced that the records had been updated and reconciled in line with the Care Standards for Nursing Homes (2015). The records reviewed were signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>		

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. Recruitment documents confirmed staff were provided with a comprehensive induction programme to prepare them for working with patients. The competency of the nurse in charge had been assessed for staff who took charge of the home in the absence of the manager.

Staff were able to describe the individual care needs of patients and the support they required. Staff were knowledgeable about the action to take if they had concerns about care provision or working practices.

A training schedule was in place; however, gaps were identified in relation to IPC and control of substances hazardous to health (COSHH). An area for improvement was identified.

Staff said there was good team work and staff were supportive of each other. Staff told us they were assured with the level of communication between staff and management. Staff said there were regular meetings which provided them with updates from management. The minutes of the staff meetings were recorded and shared with staff.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota included the managers working hours and identified the person in charge when the manager was not on duty. Staff also told us they were satisfied with the staffing levels. It was 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. For example, some patients choose to stay in their own bedrooms and others spent time in the lounges.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients told us staff were available when they needed them, responded to their needs when requested and that they felt safe in the home.

A patient's' relative told us they saw there was always staff around and available and staff provided regular updates on their relatives condition.

Overall systems were in place to ensure safe staffing. An area for improvement was identified in relation to staff training.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Staff told us they were confident about reporting concerns about patients' safety and poor practice. Discussion with staff showed that they had a good knowledge of the safeguarding and whistleblowing policy and procedures.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff took time to listen to patients and respond to their wishes.

Patients told us they knew who to speak with if they had any concerns and also said they felt safe here. Patients were aware of the precautions required to be taken to protect them from the current COVID-19 pandemic, such as, the use of face masks and the planning of visits by friends and relatives.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. Care plans were noted to be in place for this equipment and kept under review.

We were assured there were systems in place in the home to ensure that patients were kept safe from harm.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

The home's environment was examined including a review of a sample of bedrooms, storage spaces, and communal areas such as lounges and bathrooms. Communal lounges and the dining room were clean, tidy and tastefully decorated. Patient's bedrooms were also clean and tidy with lovely examples of personal items which were important to them. It was noted that two of the bedroom cupboards had chipped paint and one armchair was torn. This was discussed with the manager who agreed to arrange for repair.

The medications room was unlocked allowing access to medications, fluid thickening agents and supplements. Several containers of fluid thickening agent were in unlocked rooms in the home. These were removed and the treatment room door was locked. An area for improvement was identified.

The garden area of the home was well maintained and provided a space for patients to sit and enjoy the garden in the warmer weather.

There was evidence throughout the home of the availability of drinks and snacks. Pictures of patients enjoying trips and artwork, undertaken by patients as part of the activities programme, were displayed throughout the home.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. The fire risk assessment had not been completed by a registered assessor and this has been passed to the aligned estates inspector who advised this would be followed up and action taken if required.

Patients, patients' relatives and staff said they felt patients were safe in the home and they had no concerns about patient safety. We were assured that the home was managed to ensure patients are comfortable and safe.

5.2.4 How does this service manage the risk of infection?

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Both the manager and staff confirmed that they also had their temperature checked twice daily for any sign of infection and this was confirmed in the records.

Observation of practice highlighted areas of infection prevention and control (IPC) practice which could be improved. This included the effective cleaning of hand gel, paper towel and soap dispensers, an unclean pillow case cover, lack of protective covers on light pulls in bathrooms, a cracked bed rail bumper, equipment stored in bathrooms and the incorrect use of personal protective equipment (PPE) during moving and handling and the serving of the lunch time meal. This was identified as an area requiring improvement.

Visiting arrangements were discussed with the manager who explained that indoor visiting was provided in the home following the most recent Department of Health (DOH) visiting guidelines including a health questionnaire and temperature check for all visitors to the home.

Care partner arrangements were also available for patients who required this following a risk assessment and following the DOH guidance.

Overall IPC practices required improvement to assure the risk of infection is well managed.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?

Staff were observed discussing the planned care of patients in a professional and confidential way. Staff confirmed they took part in daily meetings regarding care requirements and any updates on patients' daily care needs. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and by offering personal care to patients discreetly. This was good practice.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients required a range of support with meals; this included simple encouragement through to full assistance from staff. Staff were respectful when speaking to patients and offered positive encouragement.

The dining experience was an opportunity for 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. Special attention was paid to patient's choices and preferences of drink, meal and portion size.

Staff told us how they were made aware of patients' nutritional needs and confirmed they were aware of patients' modified food and fluid requirements to prevent choking.

The food was attractively presented and smelled appetising. Patients were complimentary about their meal and described how much they enjoyed it. Staff assisted patients to use clothing protectors when this was required.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly and this was documented on their repositioning chart. Patients who required this care or who had a wound or pressure ulcer had this clearly recorded in their care records.

Where patients were at risk of falling, there were measures in place to reduce this risk. An example was the use of alarm mats which alerted staff if a patient was trying to walk unaided and was at risk of falling.

We were assured that arrangements were in place to ensure patients receive the right care at the right time.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

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 including advice or recommendations made by other healthcare professionals.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patients' care needs.

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.

The care records reviewed had not been regularly updated to ensure they continued to reflect the patients' current needs. This was evident in the monthly care plan review records which were incomplete. For example, a fluid restriction for one patient had not been adhered to and there was no record of this having been reported to the GP. This was discussed with the manager and an area for improvement was identified.

Generally care records were recorded giving an accurate account of patient current care needs, however not all records were up to date and this area of care requires improvement.

5.2.7 How does the service support patients to have meaning and purpose to their day?

It was observed that staff offered choice to patients throughout the day including preferences of food and drink, and where and how they wished to spend their time.

There was a range of activities provided for patients. The activities included games, beauty therapy, crafts, reminiscence therapy and one to one activities. The activities scheduled were displayed for patients and their families. Patients were taking part in armchair exercises which brought a lot of smiles and laughter from both staff and patients. Staff treated patients with courtesy and kindness while enjoying taking part in the games.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements in place provided positive benefits to the physical and mental wellbeing of patients.

Patients were very positive about the increased visiting arrangements in place and said they were so pleased to see their loved ones again on a more regular basis. A relative described the benefits of becoming a care partner and how this had brought more meaning to them and their relative's life.

We were assured that patients were supported to have meaning and purpose to their day with the provision of activities and the knowledge staff had of individual patient choice.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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.

There has been no change in the management of the home since the last inspection.

Review of the home's record of complaints stated that there had been no complaints received since the last inspection however records identified a complaint which had not been documented. This was discussed with the manager who agreed to ensure all complaints were recorded.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments were received about the care provided to patients in the home.

Patients and their relatives said that they knew who to approach if they had a concern; however, they reported they had not concerns.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said "Val is very supportive".

It was noted that a more robust system of auditing was required to monitor the quality of care and other services provided to patients. Audits for the nursing home were not separate from the residential home records and were not completed on a regular basis for wounds, care records and restrictive practices.

This was discussed with the manager who agreed to put this in place. An area for improvement was identified.

A review of the records of accidents and incidents which had occurred in the home found that all notifiable incidents were reported to RQIA appropriately.

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

The manager and staff worked together throughout the day and discussed daily care of patients informally while completing a formal record of the day's events to inform staff coming on duty.

Overall the home had management systems are in place to monitor the quality of care and services provided by the home and to drive improvement.

6.0 Conclusion

Based on the inspection findings six areas for improvement were identified. Details can be found in the Quality Improvement Plan. Staff were kind and courteous when caring for patients and knew their personal preferences.

The home was welcoming, warm and well-presented. Patients enjoyed a full schedule of activities and entertainment which they said was really entertaining. We were satisfied that care was being provided with compassion and consideration.

7.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Valerie Rutherford, Registered Manager, and Kripa Sulabha, Deputy 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediately from the date of inspection	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: 5.2.4 Response by registered person detailing the actions taken: All infection prevention and control issues identified during the inspection have been included into the environmental and manager's audits. The cleaning of dispensers has also been added into the cleaning schedule.
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 31 May 2021	The registered persons shall ensure that care records are reflective of patients' current care needs and are kept up to date. Ref: 5.2.6 Response by registered person detailing the actions taken: All patients who are non compliant with their plan of care, these matters will be reported in a timely manner to GPs and all conversations recorded and careplans updated accordingly. A record of careplan audits will be maintained. During these audits senior staff will ensure that careplans reflect the patient's current needs.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2021</p>	<p>The registered persons shall ensure that training is provided and completed by all staff in IPC and COSHH.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Further dates have been added for mandatory training including IPC, Health and Safety including COSHH.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30.1</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered persons shall ensure that medications are safely and securely stored.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The registered persons will ensure that the Treatment Room Door is kept locked at all times when unsupervised. Fluid thickening agents have been removed from all unlocked areas and are kept in a secure area.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2021</p>	<p>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.</p> <p>Ref: 5.2.8</p> <hr/> <p>Response by registered person detailing the actions taken: A more robust system of auditing has been implemented to monitor the quality of care including audits of restrictive practice, care records and wounds.</p>

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