

Inspection Report

25 May 2023



Rylands

Type of service: Nursing
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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 Registered Persons Mr Trevor Duncan Mrs Karen Duncan	Registered Manager: Mrs Valerie Rutherford Date registered: 24 March 2014
Person in charge at the time of inspection: Mrs Valerie Rutherford - manager	Number of registered places: 45 A maximum of 2 patients in category NH-LD
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 43
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 45 patients. The home is situated over the ground floor which provides care for people with learning disability and general nursing care needs. There are a number of communal bathrooms, lounges, a dining room and individual bedrooms. 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 25 May 2023, from 9.15 am to 4.15 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 described living in the home as a good experience. Patients unable to voice their opinion were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The staff members promoted the dignity and well-being of the patients and 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 6.0.

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 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 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with patients, their relatives and staff individually and in small groups. Overall comments were positive and complimentary.

Patients told us that “the food is perfect”, “they keep the place clean” and “I enjoy the fun and music”.

Visitors to the home commented that “they (staff) look after them (patients) well” and “there are plenty of staff around”.

Staff said “the manager knows her staff well”, “the care is second to none” and “we are more like a family and get on well”.

There were no responses to the online staff survey and the patient and visitor questionnaires.

A record of compliments received about the home was kept and shared with the staff team. This included a compliment from a relative saying “all the staff are so kind, hardworking, caring and good”.

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 18 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall provide adequate means of escape in the event of a fire. Fire exits shall be free from obstruction.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 13 (4) (a)	The registered person shall ensure any medication which is kept in the nursing home is stored in a secure place.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 28 Stated: 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. 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.	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure that safe systems are in place for the management of warfarin. 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.	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 28 Stated: 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. 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.	Carried forward to the next inspection
Area for improvement 4 Ref: Standard 31 Stated: First time	The registered person shall ensure that the controlled drug record book is fully and accurately maintained. 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.	Carried forward to the next inspection

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. Discussion with staff confirmed they had received an induction to their roles and responsibilities.

Review of the record of staff supervision and appraisal identified that these were not up to date for a high number of staff. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Additional training was provided in dementia awareness and dysphagia awareness.

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.

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 person in charge of the home in the absence of the manager had had an assessment completed on the competence and capability.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. Staff told us that there was enough staff on duty to meet the needs of the patients.

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.

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.

5.2.2 Care Delivery and Record Keeping

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. Patients care records were held in a store room which was unlocked. This was discussed with the manager for her action and will be reviewed at the next inspection.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs, however, a care plan for a skin condition and use of and antibiotics was not in place. This was discussed with the manager for her action and will be reviewed at the next inspection. 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.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff 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 were 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 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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids and assistance from staff.

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. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important 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.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, storage spaces, and communal areas such as lounges and bathrooms. Patients bedrooms were personalised with items which were important to them. A number of areas in patients' bedrooms and communal areas required cleaning, repair or replacement. This was identified as an area for improvement.

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.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

A number of infection prevention and control deficits were noted during the review of the homes environment. This was brought to the attention of the manager for her action. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Staff and patients confirmed that activities were provided on a daily basis individually and in groups. The activity schedule included arts and crafts, pamper sessions, games and one to one activities. Patients also confirmed they were entertained by musicians who came to the home.

Special occasions such as birthdays and Easter were celebrated in the home. Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have birthday parties with family/friends in their room or one of the lounges and could go out with their family and friends.

Patients also told us that they were encouraged to participate in patient meetings which provided an opportunity for patients to comment on aspects of the running of the home.

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.

Staff recognised the importance of maintaining good communication with families. arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

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 home. Environmental audits were completed but required an action plan to be completed. This was discussed with the manager and 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 or 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 practices and/or 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.

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

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

The home was visited each month by a representative of 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
Total number of Areas for Improvement	2	4*

* the total number of areas for improvement includes four 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	
Area for Improvement 1 Ref: Regulation 27 (b)(d) Stated: First time To be completed by: 30 June 2023	The registered person shall ensure the nursing home is kept well maintained and clean. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered person has detailed all areas that need equipment to be updated or replaced. This has been discussed with directors who have a plan in place to address these areas of concern. The registered person has also been addressing hard water stains which is a problem within this area.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered manager is detailing action plans and discussing with the relevant staff following environmental audits.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for Improvement 1 Ref: Standard 28 Stated: First time To be completed by: (21 April 2022)	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. Ref 5.1
	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.

Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: (21 April 2022)	The registered person shall ensure that safe systems are in place for the management of warfarin. Ref 5.1
	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.
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: (21 April 2022)	The registered person shall ensure that written confirmation of all new patients' medicines is obtained at or prior to admission to the home. Ref 5.1
	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.
Area for improvement 4 Ref: Standard 31 Stated: First time To be completed by: (21 April 2022)	The registered person shall ensure that the controlled drug record book is fully and accurately maintained. Ref 5.1
	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.
Area for improvement 5 Ref: Standard 28 Stated: First time To be completed by: 30 November 2023	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered person is continuing to meet with staff to complete appraisals and supervisions to promote the delivery of quality care and services.

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