

Secondary Unannounced Care Inspection

Name of Establishment:	Rylands
RQIA Number:	1437
Date of Inspection:	26 January 2015
Inspectors' Names:	Bridget Dougan and Aveen Donnelly
Inspection ID:	17096

1.0 General Information

Name of Establishment:	Rylands
Address:	11 Doagh Road Kells Ballymena BT42 3LZ
Telephone Number:	028 2589 2411
Email Address:	rylndsprvt@aol.com
Registered Organisation/ Registered Provider:	Mr Trevor & Mrs Karen Duncan
Registered Manager:	Mrs Valerie Rutherford
Person in Charge of the Home at the Time of Inspection:	Mrs Valerie Rutherford
Categories of Care:	NH-LD, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E)
Number of Registered Places:	59 patients
Number of Patients Accommodated on Day of Inspection:	44 patients and 14 residents
Scale of Charges (per week):	£581- £624 plus top up (Nursing) £461 plus top up (Residential)
Date and Type of Previous Inspection:	02 June 2014 Primary Unannounced
Date and Time of Inspection:	26 January 2015: 10.30 – 16.30 hours
Names of Inspectors:	Bridget Dougan and Aveen Donnelly

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspectors spoke with:

Patients	20
Staff	9
Relatives	0
Visiting Professionals	0

Questionnaires were provided during the inspection, to patients, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients	4	4
Relatives/Representatives	5	5
Staff	9	9

6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The home's compliance level against each criterion and also against each standard has been rated.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Rylands is a single storey, purpose built nursing home, located in the countryside between the village of Kells and the town of Ballymena. The home is situated on three acres of spacious grounds with a patio area and landscaped gardens. Ample car parking is available.

Bedroom accommodation is provided in single and double rooms and there is a range of communal lounges, dining area, toilets, and bathroom and shower facilities.

The home is registered to provide care for persons under the following categories:

Residential Care (maximum 14 persons)

RC- I	Old age not falling into any other category
RC-MP (E)	Mental disorder excluding learning disability or dementia
RC-PH (E)	Physical disability other than sensory over 65 years.

Nursing Care (maximum 45 persons)

NH- I	Old age not falling into any other category
NH-PH (E)	Physical disability other than sensory over 65 years
NH-PH	Physical disability other than sensory under 65 years
NH-LD	Learning disability (maximum 2 persons).

8.0 Executive Summary

The unannounced secondary inspection of Rylands was undertaken by Bridget Dougan and Aveen Donnelly on 26 January 2015 between 10:30 and 16:30. The inspection was facilitated by Mrs Valerie Rutherford, registered manager, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs Rutherford, Ms Alana Totten, nursing sister and Mrs Rhonda Smyth, administrator at the conclusion of the inspection. During the course of the inspection, patients and staff commented positively on the care and services provided. One patient expressed some dissatisfaction regarding the length of time they had to wait for assistance, during busy periods, whilst another informed the inspectors that although they were happy in the home, they wanted to advocate for the nurses, who seemed often to be short staffed. All staff spoken with were very satisfied with the level of care provided to patients. Questionnaires which had been completed by patients, relatives and staff were returned to the inspectors on the day of the inspection. The issues raised by patients and staff were discussed with Mrs Valerie Rutherford, registered manager, who agreed to address them.

As a result of the previous inspection conducted on 2 June 2014, one recommendation was made, with regards to the need for staff to receive dysphagia training. This was reviewed and evidence was available to confirm that the recommendation was substantially compliant. A requirement has been made to address the issue.

Details can be viewed in the section immediately following this summary.

A sample of care records were reviewed. There was evidence that a continence assessment had been completed for all patients. Care plans were in place to meet the individual's assessed needs and comfort and were reviewed regularly. It is recommended that bowel function, reflective of the Bristol Stool Chart, should be recorded on admission as a baseline measurement and thereafter in the patients' daily progress notes and evaluated in the relevant care plan as appropriate.

Discussion with the registered manager and a review of training records confirmed that all relevant staff were trained and assessed as competent in continence care. The registered manager was advised to review the skill set of the nursing team to ensure nurses have up to date knowledge and skills in male catheterisation and stoma care, as appropriate.

The promotion of continence, skin care, fluid requirements, type of continence product and patients dignity were evidenced in the care plans reviewed.

There was evidence that patients and/or their representatives had been involved in the care planning process. Two consent forms that were signed by the patients' representatives, were not dated and the patients' names were missing. This was discussed at feedback with the registered manager, who agreed to monitor this.

There was evidence that there were adequate stocks of continence products available.

Policies and procedures were in place with regard to continence management; however a recommendation is made that the current policy document is further developed to include procedural guidance on the management of catheters, stomas and incontinence care and that RCN and NICE guidelines on continence care are sourced and made available to staff.

It is recommended that audits of continence management are conducted, to inform the care planning process.

A review of the staff duty rotas for a one week period and discussion with staff and patients confirmed that the numbers of staff on duty were in accordance with the RQIA's recommended minimum staffing guidelines. However, there was a discrepancy in the skill mix on four mornings over a three week period. The registered manager discussed the high usage of agency staff and outlined the recruitment measures that were being taken to address the shortages. Assurances were given that three nurses are due to commence employment in February 2015 and that staffing levels would be kept under review by the registered manager.

Accidents/incidents and complaints records were reviewed and found to be maintained appropriately. The home was comfortable and all areas were maintained to a high standard of hygiene.

Conclusion

Based on the evidence reviewed, presented and observed, the level of compliance with this standard was assessed as substantially compliant.

One requirement and three recommendations are made following this inspection. This is detailed throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank the patients, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	8.6	The registered manager must ensure that all relevant staff receive, update training in the management of dysphagia.	The registered manager confirmed during discussion, that she was knowledgeable regarding the management of dysphagia. In acknowledging difficulties in sourcing the training externally, the registered manager confirmed that she would provide the training to staff, using the relevant guidance documents, to ensure that all staff had up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties. This recommendation has been partially addressed. A requirement has been made to address this.	Substantially compliant

9.1 Follow-Up on any Issues/Concerns Raised with RQIA since the Previous Inspection such as Complaints or Safeguarding Investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding any potential safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: A review of four patients care records evidenced that bladder and bowel continence assessments were undertaken and care plans had been evaluated on a monthly basis or more often as deemed appropriate. The care plans reviewed addressed the patients assessed needs in regards to continence management. Urinalysis was undertaken and patients were referred to their GPs as appropriate. A review of the care records and discussion with patients evidenced that either they or their representatives had been involved in discussions to agree and plan nursing interventions. The care records evidenced that appropriate referrals to the continence professional or General Practitioner, as deemed appropriate, had been made. It is also recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients daily progress notes and evaluated in the relevant care plan as appropriate. It is recommended that regular audits of the management of incontinence are conducted and reflected in care plan updates, as deemed appropriate, to enhance standards of care. Discussion with staff and observation evidenced that there were adequate stocks of continence products available.	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL**Inspection Findings:**

There was a policy on continence; however it did not contain procedural guidance, in relation to:

- continence management / incontinence management;
- catheter care; and
- stoma care.

It is recommended that the current policy on continence is further developed, to include promotion of bladder and bowel continence and the management of bladder and bowel incontinence. Procedures in relation to the use of urinary catheters and stoma drainage pouches need to be made available to staff and used on a daily basis.

The following guidance documents should also be made available to staff:

- RCN continence care guidelines;
- NICE guidelines on the management of urinary incontinence; and
- NICE guidelines on the management of faecal incontinence.

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not examined	
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and a review of training records confirmed that all relevant staff were trained and assessed as competent in continence care. All staff spoken with demonstrated knowledge in relation to aspects of continence care, specifically regarding protecting the privacy of patients, promoting dignity and choice, skin care and infection prevention and control. Registered nurses had received training in female catheterisation and had been deemed competent in this area. The registered manager confirmed that there is only one person trained in male catheterisation. This was discussed with the registered manager, who agreed to review the skill set of the nursing team to ensure nurses have up to date knowledge and skills in male catheterisation and stoma care, as appropriate.	Substantially compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially compliant
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11.0 Additional Areas Examined

11.1 Care Practices

Staff were observed, treating patients with dignity and respect. Good relationships were evident between patients and staff and the demeanour of patients indicated that they were relaxed in their surroundings.

Generally, patients were observed to be well presented with their clothing suitable for the season. Observations were made in relation to the appearance of three identified patients. The issues identified related to nail care and the overall personal hygiene standard and presentation of patients. These issues were discussed with the registered manager, who immediately addressed them and gave assurances that she will monitor this.

11.2 Care Records

A sample of four care records was reviewed. The review identified that consent two forms that had been signed by patients or their representatives, but did not contain the patients name or date of signature. This was brought to the attention of the registered manager who agreed to monitor this.

11.3 Patients Comments

Twenty patients were spoken with individually and the majority of others, in smaller groups. Four patients completed questionnaires.

Patients spoken with and the questionnaire responses confirmed that they were treated with dignity and respect. The responses indicated that staff were polite and respectful, that they could call for help if required, that the food was good and plentiful and that they were happy living in the home. Two patients expressed some dissatisfaction with staffing levels. These issues were discussed with the registered manager at the conclusion of the inspection and assurances were given that they would be addressed.

Some comments received from patients:

- “I am treated like a Queen here”
- “No complaints here. They put my buzzer where I can reach it”
- “I like it here - No complaints”
- “I like it here, but when the staff, say they will be back in a minute, that means half an hour. They are always leaving things on the handrails in the corridor”
- “I have no complaints as they are very good to me here, but I am going to speak up for the nurses, who are great girls, but they are always short-staffed”

Five relatives completed questionnaires which were submitted to RQIA following the inspection. The responses received in the returned questionnaires indicated a high level of satisfaction with the services and care provided.

Some comments received from relatives were as follows:

- “Anything we are concerned about we get to express at the meetings.”

- “The home is a happy and welcoming place.”
- “Staff ask me about my relatives needs and wishes.”
- “Staff are pleasant and the care is very good.”
- “My mother in law has been well cared for in Rylands and has been very happy here. I could recommend it to anyone.”
- “I’m happy with my loved one’s care.”

11.4 Staffing/Staff Comments

Duty rotas for the week of the inspection and the previous two weeks were reviewed. While the overall numbers of staff were in keeping with RQIA’s recommended minimum staffing guidelines, there was a discrepancy in the skill mix between 08:00 and 14:00 for four days over the three week period in the nursing unit. This was discussed with the registered manager, who acknowledged that there had been some difficulties experienced recently due to staff sickness absence levels. However steps had been taken to cover these absences, including the use of agency staff. The registered manager outlined recent progress in relation to recruitment of registered nurses and provided assurances that three nurses are due to commence employment in February 2015.

Nine staff spoken with, also completed questionnaires, which were submitted to RQIA following the inspection. Staff confirmed that they were provided with a variety of relevant training including mandatory training since the previous inspection. All staff were very satisfied with the level of care provided to patients. Staff responses in the returned questionnaires indicated that the quality of care in the home was very good. Two members of staff stated that they were neither satisfied nor dissatisfied with staffing levels. Feedback following consultation with staff was provided to the registered manager at the conclusion of the inspection.

The following are examples of staff comments received both during the inspection and in completed questionnaires:

- “Staff work well as a team.”
- “I would like to have more time to listen and talk to patients.”
- “Staff have good team building skills and go the extra mile for residents.”
- “Residents are in a happy and safe environment.”
- “A very supportive management team.”
- “I find the care in the home to be of a very good level which makes it a great place to work.”
- “Good training, good support when needed.”

11.5 Complaints

A review of the complaints records confirmed that the complaints were fully investigated and copies of these investigations were retained.

11.6 Incidents/Accidents Records

A number of randomly selected accident/incident records were reviewed and were found to be well maintained. Accidents are reviewed on a monthly basis to establish trends.

11.7 Environment

An inspection of the premises, including bedrooms, bathrooms, shower, toilets and communal areas, found the home comfortable, with all areas maintained to a high standard of hygiene. The majority of bedrooms were personalised with patient belongings.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Valerie Rutherford, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Aveen Donnelly,
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Rylands

26 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Valerie Rutherford, Registered Manager, either, during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1)(c)	The registered manager must ensure that all relevant staff have training in the management of dysphagia and are deemed competent in this.	One	A training programme has been devised and is to be delivered to all staff by the Home Manager and Nursing Sister.	27 th May 2015



Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.6	<p>The registered manager should ensure that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients'/residents' daily progress records.</p> <p>Ref 10.0</p>	One	Each resident's bowel function, reflective of the Bristol Stool Chart is now recorded on the Admission Sheet and activities of daily living assessment which is completed by Staff Nurses on admission. This records the Baseline measurement of bowel functions. Bowel records are then recorded in daily Progress Notes and output charts which also reflect the Bristol Stool Chart.	27 th April 2015
2	19.1	<p>The registered manager should ensure that, where patients/residents require continence management and support, that audits of continence management are conducted, to inform the care planning process</p> <p>Ref 10.0</p>	One	<p>Incontinence Risk Assessments are carried out on admission. The Risk Assessments are then used to develop Careplans specific to the resident's needs. The Careplan states what incontinence aids are used. The Risk Assessments and Careplans are evaluated monthly or as required by the named nurse to ensure that the incontinence aids are still</p>	27 th April 2015

				applicable.	
3	19.2	<p>The registered manager should ensure the policy on continence management is further developed to include procedural guidance on:</p> <p>Urinary catheters and stoma drainage pouches.</p> <p>The following guidance documents should be made available to staff:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. <p>Ref 10.0</p>	One	A Policy on Continence Management has been further developed which includes guidance on urinary catheters and stoma pouches. All of the suggested documents have been made available to staff.	27 th April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Aveen Donnelly	02/04/2015
Further information requested from provider	No	Aveen Donnelly	02/04/2015