

Inspection Report

21 April 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

Organisation/Registered Provider: Rylands Responsible Individuals: 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	Number of registered places: 45 This number includes a maximum of two patients in category NH-LD.
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	Number of patients accommodated in the nursing home on the day of this inspection: 42
Brief description of the accommodation/how the service operates: This home provides nursing care for up to 45 persons. There is also a registered residential care home in the same building.	

2.0 Inspection summary

An unannounced inspection took place on 21 April 2022, from 10.30am to 2.45pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that all of the areas for improvement identified at the last care inspection, with the exception of one in relation to the safe and secure storage of medicines, would be followed up at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary.

Areas for improvement are detailed in the quality improvement plan and include recording the date of opening on all medicines, the management of warfarin, record keeping for controlled drugs and the management of medicines for new admissions to the home.

Whilst areas for improvement were identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed. Medicine records were maintained to a satisfactory standard and staff involved in the management of medicines had received training and were deemed competent to manage medicines.

RQIA would like to thank the staff for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

Patients were observed to be relaxing in their bedrooms and in the lounge area of the home. Staff interactions with patients were warm, friendly and supportive.

The inspector met with care staff, nursing staff, the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. The staff members spoken to said the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, eight completed questionnaires were returned. All respondents indicated that they were very satisfied with the level of care received in Rylands.

5.0 The inspection

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

Areas for improvement from the last inspection on 11 & 20 May 2021		
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: 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.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time	The registered persons shall ensure that care records are reflective of patients' current care needs and are kept up to date.	Carried forward to the next inspection
	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.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39.4 Stated: First time	The registered persons shall ensure that training is provided and completed by all staff in IPC and COSHH.	Carried forward to the next inspection
	Action required to ensure standard with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 30.1 Stated: First time	The registered persons shall ensure that medications are safely and securely stored.	Met
	Action taken as confirmed during the inspection: Medications, including thickening agents, were stored safely and securely in the locked treatment room of the home.	

Area for improvement 3 Ref: Standard 36.1 Stated: 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.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Electronic personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked the personal medication records when they were created or updated to verify that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed.

Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Nurses knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and outcome of each administration were recorded using electronic medication administration records.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for two patients. A speech and language assessment report and care plan was in place for each patient. Records of prescribing and administration which included the recommended consistency level were maintained.

The management of insulin prescribed for patients to manage their diabetes was reviewed. Care plans were in place which contained sufficient information to direct staff if the patient's blood sugar was too high or too low. In-use insulin pen devices were individually labelled and easily identifiable for each patient, however, the date of opening was not recorded. This is necessary to facilitate audit and disposal at expiry. An area for improvement in relation to recording the date of opening on all medicines was identified (See Section 5.2.3).

The management of warfarin was reviewed. Warfarin is a high risk medicine and safe systems must be in place to ensure that patients are administered the correct dose and arrangements are in place for regular blood monitoring. Care plans were in place for patients prescribed warfarin; however these lacked sufficient detail to direct staff. Electronic warfarin stock balance records are maintained however the date of opening was not recorded on warfarin medicine boxes and therefore the administration could not be audited. An area for improvement was identified.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located.

Temperatures of the medicine storage area were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines and records were maintained.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A record of the administration of medicines is recorded on electronic medicine administration records (MARs). A sample of the records reviewed were found to be fully complete and accurate.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in the controlled drug record book. A discrepancy between the physical stock balance of a Schedule 3 controlled drug pain patch and the stock recorded in the controlled drug record book was identified on the day of the inspection. This was highlighted to the deputy manager and an immediate investigation identified a typographical error in the recording of the balance. This occurred despite two staff members signing the record to state the balance was accurate. Another discrepancy in the date recorded for receiving the same medicine from the community pharmacy was identified and highlighted to the deputy manager. An area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. However, as stated in Section 5.2.1, the date of opening was not recorded on in-use insulin pen devices and the administration of insulin could therefore not be audited. Limited shelf-life medicines including eye drops were not marked with the date of opening to facilitate audit and disposal at expiry.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for a patient recently admitted to Rylands from home was reviewed. Written confirmation of the patient's medicine regime had not been obtained at or prior to admission. It could therefore not be determined if the personal medication record was accurate and if medicines had been administered as prescribed. The list of medicines was obtained and confirmed with the GP on the day of inspection, however, this should be done at or prior to admission. An area for improvement was identified.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that their staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

Records of staff training in relation to medicines management were available for inspection.

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 the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* 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 Mrs 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 Home 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 (11 & 20 May 2021)	The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.
	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. Ref: 5.1
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.
	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. Ref: 5.1
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 39.4 Stated: First time To be completed by: 31 July 2021	The registered persons shall ensure that training is provided and completed by all staff in IPC and COSHH.
	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. Ref: 5.1
Area for improvement 2 Ref: Standard 36.1 Stated: First time To be completed by: 31 May 2021	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.
	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. Ref: 5.1

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: 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 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 & 5.2.5</p> <p>Response by registered person detailing the actions taken: The registered manager has spoken to and reminded staff nurses of the importance of recording the date of opening on all medications including PRN medications, warfarins, insulin pens, limited shelf life medications eg eye drops. It has been reiterated that this practice is essential to facilitate audits and disposal at expiry.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: 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 safe systems are in place for the management of warfarin.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Careplans have been updated to include sufficient detail to direct staff to ensure that safe systems are in place for the management of warfarin. As warfarin is a high risk medicine the careplan includes advice on what to do in the event of an unwitnessed fall.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 31</p> <p>Stated: 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: 5.2.3</p> <p>Response by registered person detailing the actions taken: All nurses have been reminded that all controlled drugs must be properly counted and then documented when receiving and dispensing. The controlled drug record is audited each month.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 28</p> <p>Stated: 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: 5.2.4</p> <p>Response by registered person detailing the actions taken: The registered manager will ensure that written confirmation of all new patients medications is obtained prior to admission from the new residents GP and or from the hospital pharmacy if admitted from hospital.</p>

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