

Inspection Report

4 July 2024



Rylands

Type of service: Residential Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Rylands Nursing Home Limited</p> <p>Responsible Individuals: Mr Trevor Duncan Mrs Karen Duncan</p>	<p>Registered Manager: Mrs Valerie Rutherford</p> <p>Date registered: 6 June 2018</p>
<p>Person in charge at the time of inspection: Mrs Valerie Rutherford</p>	<p>Number of registered places: 14</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 14</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 14 residents. The Old Mill Suite is situated over one floor and residents have access to a communal lounge, dining room and outdoor spaces.</p> <p>There is a nursing home which occupies the same building and the Registered Manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 July 2024, from 9.10 am to 5.00 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were happy to engage with the inspector and share their experiences of living in the home, the residents expressed positive opinions about the home and the care provided.

Residents were seen to be well cared for and said that staff were helpful and pleasant in their interactions with them. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 Valerie Rutherford, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the staff and their experience of living in the home. Residents talked about the staff being kind and polite to them and commented positively regarding the food provision in the home. Compassionate interactions were observed between staff and the residents. One resident commented on a returned questionnaire; "I am comfortable and content in a warm caring environment".

Staff reported that there was a good staff team in Rylands and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required.

Positive comments were made by staff in regards to the Manager in terms of the level of support provided to them and that she was approachable and proactive.

A number of relatives completed questionnaires and all the questionnaires received provided RQIA with positive responses regarding the care and services provided in Rylands. Comments included “Excellent care and attention” and “Amazing care, no complaints at all”.

No comments were received from staff via the online survey.

5.0 The inspection

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

The last inspection to Rylands was undertaken on 25 May 2023, by a care inspector; no areas for improvement were identified.

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 residents.

There were systems in place to ensure staff were trained and supported to do their job. Records showed good compliance with training and the Manager had good oversight of all staff training compliance. A staff member commented that the training provided was “exceptional”.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant care staff were registered with the Northern Ireland Social Care Council (NISCC).

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. Competency assessments for the person in charge when the Manager was not on duty had been completed for all relevant staff.

Staff told us that the residents’ needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff showed good communication skills when communicating with residents; they were understanding and sensitive to residents' needs.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. Supervision and support from staff was readily available where this was required. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms if they wished.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet. There were systems in place to promote the safe management of food and fluids to ensure those residents who required specific International Dysphagia Diet Standardisation Initiative, (IDDSI) levels received the correct meal. However, on the day of the inspection a resident was observed to have been provided with a snack which was not in keeping with their assessed need. This was brought to staff's attention and was immediately addressed. This was also discussed with the Manager who agreed to address. An area for improvement was identified.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Topical medicine administration records were reviewed for a number of residents; shortfalls were identified in their accurate completion. An area for improvement was identified.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed.

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

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy. The Manager advised of ongoing work to refurbish some areas of the home. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. However, a number of shower seats were noted not to have been effectively cleaned. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, 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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

Resident comments included: "The staff are awful good" and "I like it here".

Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

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 is the Registered Manager of the home.

Concerns were identified regarding the needs of some residents within the home. The Manager should ensure that the assessment of residents' needs is kept under review to ensure that residents are placed in an appropriate care setting according to their assessed need; and also to ensure that the home operates in accordance with its Statement of Purpose.

The Manager agreed to discuss the inspection findings with the identified residents' care managers, arrange a care review and inform RQIA of the outcome. An area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. However, although there was evidence that residents' weights were recorded at least monthly and this was captured by the Manager; there was no evidence that these weights were analysed to look for patterns or trends and identify if any actions were required. This was discussed with the Manager who agreed to make these improvements to the audit; progress with this will be followed up on a future inspection.

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

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 and Deputy Manager are identified as the appointed safeguarding champions for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a system in place to manage complaints. The Manager told us that complaints were seen as an opportunity for the team to learn and improve.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Staff commented positively about the Manager and described her as supportive, approachable and always available for guidance. Discussion with the Manager and the staff confirmed that there were good working relationships between staff and management. One relative commented "Val is a wonderful leader".

The home was visited each month by a representative of the registered provider to consult with residents, 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 residents, 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 Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	1	3

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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (1) (e)</p> <p>Stated: First time</p> <p>To be completed by: 5 July 2024</p>	<p>The registered person shall ensure that the home operates at all times in accordance with the Statement of Purpose and within the registration status of the home.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care reviews have been completed for 2 residents whom the care inspector had concerns.</p> <p>Care needs have been reviewed and the residents needs are being fully met.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2024</p>	<p>The registered person shall ensure that shower seats are effectively cleaned.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The cleaning schedule has been reviewed and shower seats will be cleaned as per schedule and also after each use.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2024</p>	<p>The registered person shall ensure staff are aware to appropriately identify IDDSI levels in relation to food and fluids for each individual residents assessed need.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Supervision taken place with member of staff who provided snack not in keeping with residents assessed need.</p> <p>Training during team meetings to remind staff of their responsibilities and risks to residents if IDDSI guidelines are not adhered to.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2024</p>	<p>The registered person shall ensure that topical administration medication records are accurately completed.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Topical medicine records have been reviewed and new TMAR sheets put in place. Staff have been trained in the use of these sheets and the importance of ensuring that all records are accurate.</p>

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