

# Inspection Report

**Name of Service:** Rylands

**Provider:** Rylands Nursing Home Limited

**Date of Inspection:** 13 November 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Rylands Nursing Home Limited
<b>Responsible Individual/Responsible Person:</b>	Mrs Connie Hutchinson
<b>Registered Manager:</b>	Mrs Valerie Rutherford

**Service Profile** – 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 nursing care for people with a learning disability and general nursing care needs. Communal bathrooms, lounges, a large dining room and patient bedrooms are all located on the ground floor.

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 13 November 2025 from 9.30 am to 5.30 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.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. However, improvements were required in regard to the care records.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Staff are very friendly", "I am well looked after" and, "Staff are good to me".

Patients told us that staff offered choices to them throughout the day that 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 told us they were happy working in the home and felt that they are well supported by the management.

Five questionnaire responses from patients and/or their visitors were received all indicating satisfaction with the services provided.

No online responses from the staff questionnaire was received.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed and pleasant. Staff were knowledgeable of individual patient's 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.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

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. Staff

told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. A system was in place to make sure staff were informed when a patient's dietary needs changed.

Patients confirmed that activities took place in the home. An activities planner was available for review identifying planned morning and afternoon activities. Activities included games, arts and crafts, exercises, sing-a-longs and music .

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 confidentially.

Daily records of the care provided to patients was maintained however, they were observed to lack specific detail of care provision; for example how the patient spent their day and their skin integrity. The records were also noted not to be person centred. This was discussed with the manager and an area for improvement was stated for a second time.

Care plans in relation to risk of dehydration were not sufficiently detailed to direct staff as to what action to take if a patients' did not meet their fluid target / restriction this was discussed with the manager and an area for improvement was stated for a second time.

A number of amendments to care records were observed that were not in keeping with professional guidance. This was discussed with the manager and an area for improvement was identified.

Patients who were less able to mobilise required attention to their skin care. These patients were assisted by staff to change their position regularly and a record of this care provision was maintained.

### 3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy and patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Fire safety measures were in place to protect patients, visitors and staff in the home. However two doors were observed to propped open in the kitchen area. This was discussed with the manager and an area for improvement was identified.

Radiators in the dining room were hot to touch and may pose a potential risk for patients. The hot surface risk was discussed with the manager who confirmed that the dining room was supervised when patients were using it. The manager agreed to ensure a risk assessment was put in place for same and any action taken if necessary.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, a small number of staff were observed not to be 'bare below the elbow' in keeping with best practice guidance. This was discussed with the manager who agreed to address this.

### 3.3.5 Quality of Management Systems

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 system of auditing was in place to monitor the quality of care and other services provided to patients. Further development of the care record audit was discussed with the manager as well as the need to ensure action plans developed through the auditing process are signed off when completed. An area for improvement was identified.

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.

Patients 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.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	4*

\* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Valerie Rutherford, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 November 2025	<p>The Registered Person shall ensure the practice of propping open of doors in the kitchen area ceases.</p> <p>Ref: 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The registered person can confirm that the practice of propping open doors in the kitchen has stopped with immediate effect.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 13 February 2026	<p>The registered person shall ensure care plans in regards to fluid monitoring are patient centred and include directions for action to be taken when the patients fluid target is not met.</p> <p>Ref: 2.0 and 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Care plans in regards to fluid monitoring have been updated and are more patient centered. Directions are included in careplans for action required when the patients fluid target have not been met.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 13 February 2026	<p>The registered person shall ensure the daily evaluations of care are meaningful and patient centred and include oversight of the supplementary care records including evidencing patients skin integrity for those at risk of skin breakdown.</p> <p>Ref: 2.0 and 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Staff have been reminded to ensure that daily evaluations are patient centered and meaningful. These now take into account the supplementary care records including evidencing patients skin integrity and those at risk of skin breakdown.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 November 2025</p>	<p>The registered person shall ensure any amendments made to care records is attributed to the person making the amendment and in keeping with professional guidance.</p> <p>Ref:3.3.3</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2026</p>	<p><b>Response by registered person detailing the actions taken:</b> Staff have been instructed to ensure that any amendments to records are in keeping with professional guidance.</p> <hr/> <p>The registered person shall ensure the care record audit is reviewed to ensure it is robust in identifying deficits and a time bound action plan is developed to address any shortfalls</p> <p>Ref:3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> The care record audit tool has been updated to ensure that it is robust in identifying deficits and there is a time bound action plan attached to address any shortfalls.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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