

Rylands Care Limited

# The Rylands Nursing and Residential Home

## Inspection report

74 Forton Road  
Newport  
Shropshire  
TF10 8BT

Tel: 01952814871  
Website: [www.rylandscare.co.uk](http://www.rylandscare.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

The Rylands Nursing Home is a nursing residential care home that was providing personal and nursing care to 37 people at the time of the inspection.

### People's experience of using this service:

Since our previous inspection, improvement had been made in all areas we had identified.

People's medicines were managed safely and they received them when they needed them.

The risks to people and their environment were identified, assessed and managed safely.

People were supported by enough staff to help keep them safe and meet their needs.

People were supported by staff who knew them and their needs well and had good relationships with them.

Staff treated people with respect, dignity and ensured they had privacy when they wanted it.

People were happy with the care and support they received and gave positive comments about the staff at the home.

People had choice and were involved in decisions about their nursing and personal care.

The quality of the service and staff practice were monitored and improvements made as required.

### Rating at last inspection:

At the last inspection the service was rated Requires Improvement (report published 22 June 2018).

### Why we inspected:

This was a planned inspection to check the provider had made improvements since our previous inspection.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# The Rylands Nursing and Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, one Expert by Experience and one nurse specialist. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

The Rylands Nursing Home is a 'care home' and provides nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Rylands Nursing Home accommodates up to 44 older people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did:

Before our inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

We spoke with ten people who used the service and five relatives. We spoke with 10 staff, which included the regional manager, care staff, nursing staff, housekeeping, kitchen and maintenance staff, the registered manager and the deputy manager. We also spoke with one district nurse, one physiotherapist and one occupational therapist. We observed care and support in communal areas of the home to assess how people were supported by staff.

We viewed care records for seven people, including medicine records. We confirmed the training and safe recruitment of three staff members and reviewed records relating to quality monitoring, health and safety, compliments and complaints and other records relating to how the service was managed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our previous inspection in April 2018, we had found the service was not consistently safe and had rated the safety of the service as requires improvement. At this inspection we found improvement had been made and we have changed this rating to good.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Since our previous inspection, improvement had been made to how the risks to people were managed. Risk assessments were kept under review and updated where needed.
- People were supported safely. One person said, "I am very nervous about falling out of bed but they (staff) make sure I am always safe and secure in bed, with the sides up and pillows. They (staff) reassure me so that I can relax and sleep."
- Staff were aware of the risks associated with people's care and knew how to support people safely. Where people needed support with their mobility, we saw staff used safe practices to assist them.
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe. The maintenance manager oversaw a programme of safety checks and maintenance at the home. This included areas such as fire safety, ensuring equipment was in good working order and ensuring all utilities were serviced and safe.

### Staffing and recruitment

- People were safely supported by sufficient numbers of staff. Since our previous inspection, improvement had been made to the staffing levels at the home.
- There was a staff presence in all areas of the home throughout the day of our inspection.
- Nursing staff's professional registrations were checked to ensure they were in date.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

### Using medicines safely

- Since our previous inspection, improvement had been made to the management of the medicines people took only when they required them. Where people were prescribed these medicines, clear information informed staff why and when the person might need this medicine. Nursing staff monitored the effectiveness of these medicines.
- People received their medicines when they needed them and from staff who were competent in their role.
- People who required time sensitive medicines, such as Parkinson's medicine, antibiotics or pain relief received these on time. The system in place recorded the time these medicines were given.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and when staff supported them. One person said, "I am very content to live here. I don't have any worries and my family know I am safe and cared for, so they don't worry."
- Staff had received training in how to keep people safe and were aware of the different types of abuse. Staff had access to policies and information about what abuse was and who to report it to, both inside and outside the organisation.
- The provider had systems in place to respond to and report concerns about people's safety. The registered manager understood their responsibilities for liaising with the local authority if they had concerns about people's safety.

#### Preventing and controlling infection

- The provider's cleaning arrangements at the home helped to keep people protected from the risk of infection. Housekeeping staff followed good practice standards and guidance to ensure the environment, including people's rooms were clean and hygienic.
- Staff wore protective equipment, such as gloves and aprons, to help prevent any spread of infection.
- Staff and visitors had access to hand washing facilities and sanitising gels which were available throughout the home.

#### Learning lessons when things go wrong

- All incidents and accidents were recorded, reviewed and monitored. The deputy manager reviewed all records regularly to ensure appropriate actions had been taken. They told us they looked for any trends which could indicate, for example a deterioration in a person's health or poor staff practice.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our previous inspection in April 2018, we had found the service was effective and had rated the effectiveness of the service as good. At this inspection we found this rating continues to be good.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's needs were assessed and used to create individual plans of care. Staff used these assessments to create plans which reflected and took account of people's diverse needs, including their religion, ethnicity, disabilities and aspects of their life that were important to them.
- Staff shared information and updates about people's care and nursing needs within the team. Staff who started a work shift received a handover of this information and we saw they communicated effectively as a team. Nursing staff communicated effectively about the clinical tasks which needed attention, such as taking samples for testing or wound dressing changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with external healthcare professionals to ensure people's holistic needs could be met. People's care plans contained specialist instructions from healthcare professionals which were followed by staff. Healthcare professionals we spoke with told us staff followed their guidance and worked in collaboration with them to provide effective care. Healthcare professionals involved included community physiotherapists, occupational therapists, district nurses, speech and language therapists (SALT) and mental health team.
- Where people required skin or wound care, clear information was kept of the treatment given and outcomes for the person. Nursing staff worked closely with tissue viability nurses to ensure effective care and treatment for people.
- People received timely healthcare from local and community health professionals. On the day of our inspection nursing staff contacted three people's GP to come to the home to reassess them.

Staff support: induction, training, skills and experience

- Staff received training to enable them to provide effective care and support.
- Staff training was monitored and they were given opportunities to review their practice and their development with their line managers.
- Nursing staff were supported by each other and the provider to keep their clinical competencies up to date and ensure their professional registration was revalidated.

Supporting people to eat and drink enough to maintain a balanced diet

- We heard one person say at a meeting, "You are doing a good job with the food at the moment it has really



improved."

- People were supported to eat and drink enough to maintain their well-being. Throughout the day we observed staff offering people drinks. We saw people had drinks within their reach in their bedrooms.
- Staff followed guidance when supporting people with specialist diets and, when required, recorded what people ate and drank.
- People's eating and drinking needs were assessed and kept under review.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of the people who currently lived at the home. People were positive about the environment they lived in. We heard one person say at a meeting, "You are doing a good job with the decorating and the garden has really improved and is now nice to go out in."
- People and relatives had access to different communal rooms and areas around the home, which were more private or quieter than the main communal lounge.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People's rights were upheld because the provider followed the requirements of the MCA and DoLS. People's capacity to make their own decisions was assessed in line with the MCA. One staff member told us the MCA and DoLS were, "To protect them (people) while they're here, when they can't make decisions for themselves."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our previous inspection in April 2018, we had found the service was effective and had rated the effectiveness of the service as good. At this inspection we found this rating continues to be good.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were respectful and polite. One person told us, "The staff are marvellous. They are all so kind and caring to me."
- Throughout the inspection we observed positive and thoughtful interactions between staff and people. One person was worried they would not be able to complete an activity. We saw one staff member encourage the person and reassure them they would stay with them to help them if needed.
- Staff had developed positive relationships with people and knew them well. One staff member said, "We look after their (people's) wellbeing and make sure they have everything they need."

Supporting people to express their views and be involved in making decisions about their care

- People told us they chose how they spent their days, when they got up and when they went to bed. We saw staff offering choices throughout the day. One person said, "They are all very kind to me and very sociable which I appreciate."
- People were involved in decisions about their care and support. We saw staff confirm people's consent and decisions before they supported them. One nurse spoke about talking with one person about their test results. They had discussed if the person had wanted further tests and supported them to make their decision.
- Staff told us where people had any communication difficulties they used body language, simple questions or would write things down. This helped to keep people involved in making decisions throughout the day.
- Relatives were involved, as appropriate and told us they were kept up to date, by staff, about their family member.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy, especially when they supported them with their personal care. One person told us, "I have never been made to feel awkward and they go at my pace. They don't rush me, which must be difficult for them as they are so busy."
- We saw people were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner.
- People were supported to maintain relationships with those who were important to them. Relatives could visit at any time and were welcomed by the staff team.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our previous inspection in April 2018, we had found the service was effective and had rated the effectiveness of the service as good. At this inspection we found this rating continues to be good.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs and preferences were recorded and staff knew how to offer the support people wanted and why it was important.
- Staff responded to changes in people's care and nursing needs. When people's needs and preferences changed, care plans were reviewed and updated accordingly.
- Nursing staff shared information about people's changing health with external healthcare professionals to ensure they were able to respond quickly.
- One staff member said, "We treat everyone as an equal. We treat them with respect, ask what they want or need, how they like things to be done, get to know them so we can support them the best we can."
- People's information and communication needs were identified and recorded in their care records. People were able to access information in alternative formats if needed, in accordance with the Accessible Information Standards.

Improving care quality in response to complaints or concerns

- Residents and relatives had the opportunity to attend regular meetings to raise concerns or complaints. At a recent meeting, some people had commented that they were, on occasion, kept waiting when they rang for assistance. Following the meeting, the registered manager had reminded staff to answer call bells as quickly as they could. Also, to let people know when they would be back, if they could not support them at that time. The registered manager told us they did look at call bell response times if they felt these were not being answered quickly enough. They said, "However, we will now print off twice a week to allow us to investigate and survey why some bells are left a long time. We can then analyse and rectify the amount of time the call bells are ringing for."
- People and their relatives were encouraged and supported to raise concerns or complaints. One relative told us, "I can speak with any of the staff if I have any problems."
- The provider had systems in place to respond to and learn from any complaints received.

End of life care and support

- People were involved in discussions to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or for being resuscitated.
- The registered and deputy manager told us they worked closely with the local community hospice team and the person's GP to help manage their pain and promote their dignity.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our previous inspection in April 2018, we had found the service was not consistently well-led and had rated this as requires improvement. At this inspection we found improvement had been made and we have changed this rating to good.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- Since our previous inspection, improvement had been made to the management of risk and people's medicines. The provider had also ensured there were enough staff to meet people's needs.
- Improvement had been made to audit and quality monitoring systems. These identified any concerns relating to the safety and quality of the service. These included regular checks on the environment, equipment and people's care. All audits were supported by action plans and evidence of positive outcomes.
- The registered and deputy manager told us they were aware of some improvement still needed such as, further improvements to people's care plans, to ensure they were wholly person centred. They told us, "We want this home to be the best in the area."
- People and their relatives were positive about the care they received at The Rylands Nursing Home. The atmosphere at the home was one of friendliness.
- The registered manager and staff accessed information and advice from other organisations to ensure they provided a service based on current best practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us managers at the home were "approachable", "fair" and "cheerful". They felt supported in their role and able to raise concerns if needed.
- The registered manager understood the responsibilities of their role and acted in accordance with them. Where required, statutory notifications had been sent to us to keep us informed of specific events that have happened at the service. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our ongoing monitoring of services.
- The registered manager told us they had been supported by the regional manager, provider and deputy manager to implement the required improvements. The regional manager and provider visited the home regularly to monitor and assess progress against the provider's action plan.
- The rating from the last inspection was on display in the home and on the provider's website in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider took steps to involve people and their relatives in the home, and to invite their ideas and suggestions. People felt their ideas and suggestions were taken on board and used to improve the quality of the service.
- Staff confirmed they had regular meetings with managers where they could raise concerns. They were kept up to date about events at the home and any future improvements planned. Meeting minutes showed evidence of issues being addressed, reminders about best practice and keeping staff involved in what was happening at the home.

Working in partnership with others

- The registered manager and staff worked in partnership with health and social care professionals to achieve positive outcomes for the people who received a service.