

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## The Rylands Nursing and Residential Home

74 Forton Road, Newport, TF10 8BT

Tel: 01952814871

Date of Inspection: 10 February 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Rylands Care Limited
Registered Manager	Mrs. Tracie Peate
Overview of the service	The Rylands Nursing and Residential Home provides accommodation with personal and nursing care for up to 44 people. It is situated close to Newport in Shropshire.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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We carried out this review to check on the care and welfare of people who lived at The Rylands Nursing and Residential Home. The visit was unannounced which meant the provider, manager and staff did not know we were coming.

We spoke with five people who lived at the home and two relatives. People who lived in the home and their relatives told us that they were asked about the care they or their relative needed. We saw that people received the care and assistance they needed. One person said: "I could not be better looked after".

We found the home was clean and there were appropriate arrangements in place to reduce the risk of cross infection. People who lived or visited the home all told us they found the home to be clean.

Appropriate arrangements were in place to store and manage people's medicines.

Staff received training and support to provide people with the care they needed. One relative told us: "I cannot fault them (the staff)". One person said: "The best night staff I have ever come across".

The home had appropriate systems in place to enable people to raise concerns and be confident that their concerns would be investigated and addressed.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

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As part of the visit we pathway tracked five people's care. Pathway tracking is a process where we look in detail at the care and support delivered to people.

People should have an assessment before agreement is made that the service can meet their needs. In the people's care records we looked at, all had a written assessment of their needs before they had come to live at the home. An assessment of people's needs, capabilities and choices is important as this forms the basis of their plan of care.

We found that people had a plan of care that identified their needs, choices and capabilities and provided staff with instructions on how they should be met. We found that care records had been updated when needed and contained the required information about people's individual needs. This meant that staff had the information they needed to ensure that people's needs would be met in a way they preferred.

The home provided palliative and end of life care for people. Four of the five people's care records we looked at had come to stay at the home for palliative and end of life care. We saw that the home used the Gold Standards Framework which provided best practice guidance for people who required end of life care. Records we looked at confirmed that people were consulted about their wishes for care and treatment including resuscitation and when needed admission to hospital. We saw that loved ones were asked if they wished to be contacted during the night if their relatives deteriorated and were able to stay with them if they wished. This meant people received the care they wanted and needed at the end of their life.

We spoke with staff about the care and support requirements of the people whose care plans we had viewed. The staff we spoke with were knowledgeable about the care requirements of each person. We were told that staff had a handover during which people's needs and any changes to their needs were discussed. Staff told us when changes to people's needs were identified they would report it to the nurse on duty. We

were told that this would then be acted upon. This meant that staff were knowledgeable about people's needs and how they should be met.

We saw that each person whose care records we looked at had risk assessments in place. Risk assessments we looked at identified the person's risk of sore skin, poor nutrition, falling and how they should be moved and handled. We saw that risk assessments included information for staff on actions that were needed to minimise any identified risks to people. We saw that staff followed risk assessments and actions required to minimise the risk to the person.

People who lived in the home confirmed that staff gave them assistance when they required it. We observed that staff were helpful and gave assistance when needed. We saw that when staff provided care they explained what they were doing which reassured people.

We saw that care records detailed when health professionals such as doctors, specialist nurses, dieticians and speech and language therapists had visited. The care instructions that they had given were recorded. We saw that staff had followed the advice and care instructions given for example the use of specialist equipment, diet or medication. This meant that people had received the care, support and treatment they needed.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. Systems in place provided assurance that people lived in a clean and pleasant home.

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**Reasons for our judgement**

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When we visited we looked around the majority of the home and found it to be clean. All the people we spoke with told us that they always had found the home to be clean. One person told us: "It's always clean".

The provider told us that they had domestic staff available every day. Policies and procedures confirmed the frequency that cleaning was required. We saw records that regular checks on mattresses and their cleanliness were undertaken and if a mattress was found to be stained it was replaced. Staff we spoke with confirmed these arrangements. Systems in place provided assurance that people lived in a clean home.

We saw that colour coded mops and buckets were available throughout the home. We did not see any written information to confirm which mop and bucket should be used in which area such as the toilets and bathrooms to reduce the risk of possible cross infection. The provider told us that this information was available in the cleaners' cupboard. The provider may wish to consider displaying information about the use of colour coded mops and buckets more widely throughout the home.

There were notices at the front door reminding people not to visit if they had infectious conditions such as vomiting and diarrhoea. Notices also reminded visitors to use hand gels, to protect people who lived in the home against the risk of cross infection. We saw that there were signs at all hand wash sinks reminding staff, people who lived in the home and visitors about effective hand washing. We saw that staff were appropriately dressed in clean, short-sleeved uniforms so they could wash their hands thoroughly to reduce the risk of cross infection. Staff we spoke with told us that gloves and aprons were available at all times to be used whilst providing personal care. This meant that there were systems in place to reduce the risk of cross infection.

The home had an infection control audit undertaken by infection control nurses in July 2013. The home had scored 91%. The home had addressed all requirements at this inspection.

The manager told us that they attended meetings with infection control nurses to ensure they were aware of any updated guidance in infection control practice. Records showed that 43 of the 54 staff employed had received infection control training from infection control specialist nurses. The provider and manager discussed difficulties in arranging infection control training and arrangements that were being considered until further training could be arranged. We found that there were suitable arrangements in place to ensure that staff were aware of minimising the risk of cross infection.

The infection control link nurse told us that six monthly infection control audits were undertaken to ensure that the home was clean and the risk of cross infection was minimised. The manager told us that both they and the link infection control nurse had the responsibility for these checks within the home. We saw that arrangements were in place to minimise the risk of legionella and for the appropriate disposal of both domestic and clinical waste. This meant that the home had systems in place to ensure that the home met required standards for cleanliness and infection control.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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As part of our inspection we spoke with the manager, deputy manager and two qualified nurses about the medication systems and practices of the home. We looked at the storage of medication and checked medication administration records.

We saw that there were appropriate arrangements in place to ensure that medicines were appropriately and securely stored. Records were available to demonstrate that the temperature of the medication fridges was checked and recorded daily. Staff we spoke with told us that a room thermometer was available in each treatment room which they checked daily. They told us during summer months a fan was used to ensure that medicines were stored at temperatures that met manufacturer's guidance. We checked the room thermometers and medication fridge temperature records and found that the temperatures met manufacturer's guidance. Staff told us that no records were available to confirm that the treatment room temperatures met manufacturer's guidelines at other times. The provider and manager told us that they would ensure that the treatment room temperatures were recorded with immediate effect. We will check this again when we next visit the home.

We found that appropriate arrangements were in place for obtaining medicines. Staff we spoke with told us that they checked all prescriptions for accuracy before they were sent to the chemist. Staff told us that copies of prescriptions were not currently retained but agreed this was good practice and they would ensure this was undertaken. The photocopied prescriptions would be used to double check that the correct medication had been ordered and then received into the home. The planned improvements meant that the ordering of people's medicines into the service will be undertaken appropriately.

Staff told us that they checked and recorded all medicines that were received into the home. Records we looked at confirmed this. We saw that sometimes staff had to complete a handwritten record of people's medicines onto the medication administration record (MAR). Staff told us that it was usual practice that two staff checked and signed to confirm the accuracy of the record. We saw that this was not always the situation. The manager told us that medication audits were planned and this would be checked to confirm safe staff practice. We were unable to check people's medicines which were dispensed

separately to the monitored dose medication system. We saw that a record of the amount of medicines carried forward each month or the total balance of medicines available was not recorded. The manager told us that they would ensure that staff recorded the 'carried forward' balance and this would be checked during each medication audit. Arrangements in place protected people against the inappropriate or unsafe use of medicines.

We checked MAR records. We saw that staff confirmed when they had administered people's medicines or the reason why it was not given. We saw that creams and liquid medications which had a short life once opened had a date of opening and a date for disposal recorded. This helped to ensure that out of date medication was disposed of appropriately.

Staff we spoke with told us how they ensured that people were able to take their medication. We were told that they discussed any concerns they had with the person's doctor. Staff told us that sometimes medicines were changed to liquid format which people found easier to take. Staff told us that a best interest's decision was made by the person's doctor to agree actions such as medicine to be given in their food. This meant that appropriate arrangements were in place to ensure that people received the medicines they needed.

We looked at the arrangements in place for controlled medication. Controlled medication has additional requirements for storage, recording and disposal of the medicines. We saw that appropriate arrangements were in place for controlled medication.

We looked at arrangements that were in place when people received medication which was prescribed to be given "as required" (PRN). We discussed arrangements for the use of PRN medication with the staff and looked at care instructions that were in place. In the care records we looked at there were appropriate care instructions or protocols in place to guide staff when to give these medications. The provider may wish to consider a record that demonstrated the effectiveness of prn medication.

We saw that MAR charts also identified any allergies the person had, including allergies to specified medicines. MAR charts also had a photograph of the person on them to help staff recognise them and ensure they gave the right medicines to the right person. This meant that required actions were in place to safeguard people against the risks associated with medicines.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The manager told us about arrangements that were in place for new staff, their training and supervision. The manager told us that staff were employed initially on a probation basis. Records we looked at showed that only when the staff member's conduct was assessed to meet the required standard was their employment made permanent. This meant that suitable arrangements were in place to ensure that staff met the required standard.

Staff we spoke with told us that they had been in addition to usual staff numbers for up to two weeks and were supervised by more experienced staff during this time. Staff told us that they had been given an induction booklet which they worked through with their mentor who was an experienced staff member. We looked at the induction booklet it identified expectations of care staff and the awareness of the needs of people who lived in the home. Records we looked at showed that staff signed to confirm receipt of this booklet. This meant that suitable arrangements were in place to ensure that people who lived in the home received care and support from competent and knowledgeable staff.

The manager provided us with a copy of the staff training matrix, which detailed training that staff had received. We found that the majority of staff had received mandatory training such as infection control, moving and handling training and safeguarding vulnerable adults training. The manager told us about arrangements that had been implemented to ensure that staff received more timely training on an ongoing basis. We were told and saw records that identified staff had received additional training to train other staff in safe moving and handling and fire safety. We saw records that identified that staff knowledge was tested on an ongoing basis to ensure that they continued to be competent to provide care for people who lived in the home. Staff we spoke with told us they received the training they needed. This meant that appropriate systems were in place to ensure that staff had the knowledge and skills to meet people's needs.

We found that staff received regular supervision on a one to one basis. We saw records of staff supervision. Records showed that training needs were discussed alongside people's needs and staff practice and when needed improvements required. Staff told us that they had supervision every eight weeks. This meant that that there were appropriate systems in

place to monitor staff conduct and knowledge.

We spent time talking with staff about the care, treatment and support they gave to people using the service. Staff told us they felt supported by the management team and had been given appropriate training that enabled them to do their jobs. We saw during our visit that staff were caring and spoke in a respectful manner to people who lived in the home.

The service had regular staff meetings. Agenda items include training needs, staff practice and conduct and an update of support needs of people living at the home. This meant that appropriate arrangements were in place to ensure that that the home continued to meet people's needs and keep them safe.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. And comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We saw that a copy of the complaints procedure was displayed on the main notice board in the home. We noted that the complaints procedure on display required updating to correctly identify the address of the Care Quality Commission. The manager told us that when people moved into the home they were given an information booklet about the home, which included information about how to make a complaint or raise any concerns. We saw that these booklets were available in people's bedrooms.

We looked at the record of complaints/ concerns that had been received. We saw that the home had received one complaint. The manager had acted in accordance with their policy regarding the complaint/ concern received. We saw that the manager had investigated the concerns and appropriate actions had been taken. We also saw records that showed that the manager had raised concerns about the care a person who lived in the home had when discharged from another service. This meant that there were appropriate systems in place to assist people to raise concerns when needed.

People we spoke with said that they felt able to raise any concerns with staff and were confident that their concerns would be addressed. One person told us: "The staff are very good. I can go to them with any problem and I know it will be addressed". We saw that the service encouraged people to take their complaint to other agencies should they be unhappy with the response from the service to their complaint. This meant that appropriate systems were in place to raise and respond to concerns that were raised.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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