Ringdufferin Nursing Home
RQIA ID: 11967
36 Ringdufferin Road
Killyleagh
BT30 9PH

Inspector: Alice McTavish
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Unannounced Care Inspection
of
Ringdufferin Nursing Home

8 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection of the Strangford Suite, which provides residential care to people with dementia, took place on 8 October 2015 from 10.00 to 14.05. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

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1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: M Care Ltd/Brenda McKay and John Miskelly	**Registered Manager:** Kathleen Patricia Lee
Person in charge of the home at the time of inspection: Kathleen Patricia Lee	**Date manager registered:** 5 December 2011
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE	**Number of registered places:** 32 in Strangford Suite, residential unit
Number of residents accommodated on day of inspection: 23	**Weekly tariff at time of inspection:** £480

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the standard inspected had been met.

4. Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan from the last inspection, notifications of accidents and incidents.

We met with six residents, three care staff and the registered manager. We met with two visiting professionals and three resident's visitors/representatives.

We examined the following records during the inspection: care records of four residents, staff training records, accident and incident records, complaints and compliment records, fire safety records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced finance inspection dated 3 September 2015. The completed QIP was returned and approved by the finance inspector.

5.2 Review of requirements and recommendations from the last care inspection in the residential unit

Previous inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 36	It is recommended that the following policy guidance is updated; • Communication policy should include reference to the regional guidance for breaking bad news. • The palliative care policy which incorporates palliative and end of life care, death and dying and breaking bad news, should reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news. • Staff should be encouraged to be familiar with these updated policies.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of documentation confirmed that; • The communication policy included reference to the regional guidance for breaking bad news. • The palliative care policy which incorporates palliative and end of life care, death and dying and breaking bad news, referenced the GAIN	

	Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news. • Staff were encouraged to be familiar with these updated policies and must now sign that they have read the updated policy documents.	
Recommendation 2 **Ref**: Standard 39	It is recommended that the registered manager ensures that the staff induction template is updated to reference end of life care.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of documentation confirmed that the staff induction template was updated and referenced end of life care.	

5.3 Standard 9: The health and social care needs of residents are fully addressed.

Is care safe? (Quality of life)

We inspected the care records of four residents. In all cases the name and contact details of each resident's General Practitioner was present. The registered manager advised us that all residents use the same podiatrist, dentist and optometrist. Staff had ready access to the contact details of these services.

In our discussions with staff they confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.

In our discussions with staff in relation to specific residents' needs, they indicated that they were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training in first aid. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.

In our discussions with staff they confirmed that residents' representatives were provided with information verbally and that this was recorded in the resident's care records. Resident representatives were also kept informed of any follow up care during annual care reviews.

In our inspection of residents' records we could confirm that there were sufficient arrangements in place to monitor the frequency of residents' health screening and appointments and that referrals were made to the appropriate services.

Staff members confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.

The registered manager advised us that no residents had particularly complex continence care needs. Should any resident require specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed four residents' care records which confirmed that a person centred assessment and care plan relating to continence was in place. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. We observed that gloves, aprons and hand washing dispensers were present within the home. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had written policies and procedures relating to continence management and promotion; the policy documents reflected current best practice guidance.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement within the standard inspected. This standard was met.

Number of requirements:	0	**Number of recommendations**:	0

5.4 Additional areas examined

5.4.1 Residents' views

We met with six residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. We observed other residents who appeared comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- "I like it here. They (staff) look after me well."
- "It's great here, I like it."
- "The staff look after me well and they are very good to me."
- "My room is lovely and I have my own bathroom, which I like."
- "They are all good to me."
- "I like it here well enough; you couldn't ask for better."

5.4.2 Staff views

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

5.4.3 Residents' visitors/representatives views

We met with three residents' visitors who paid compliment to the care provided within the home and to the professionalism of the staff team.

Some comments included:

- "We couldn't speak highly enough of the care given in Ringdufferin. The staff are tremendous and treat all the residents like human beings and as individuals and they do it with a smile on their faces. We are very happy with the care provided to our relative."

5.4.4 Visiting professionals' views

We met with two visiting professionals who stated that the care provided to residents appeared to be very good, that the staff were caring and kind in their approach and demonstrated a high level of professionalism in their dealings with the residents, with each other and with visitors to the home.

Some comments included:

- "I would have absolutely no concerns about the care provided to the residents in Ringdufferin. The staff are very familiar with the process of referral to our service and all referrals are made in an appropriate and timely manner. Staff are knowledgeable about the care needs of each resident and they carry out our recommendations to a high standard."

5.4.5 Staffing

At the time of inspection the following staff members were on duty:

1 registered manager
1 senior care assistant
3 care assistants
1 administrative staff
1 cook

2 kitchen staff
1 domestic
1 laundry assistant

One senior care assistant and two care assistants were scheduled to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.4.6 Environment

The home was found to be clean and tidy. Décor and furnishings were of a high standard.

5.4.7 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.4.8 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.4.9 Complaints/compliments

Complaints had been recorded and managed appropriately. Records were retained of investigations, outcomes and lessons learned. The home had received several written compliments. Staff advised us that compliments are usually provided verbally.

5.4.10 Fire safety

The home had a Fire Safety Risk Assessment dated 28 April 2014 and was due for renewal by January 2016. The registered manager advised us that all recommendations arising had been actioned. An examination of the fire safety records confirmed that fire alarms and emergency lighting were tested monthly. Staff training records confirmed that fire training was provided twice annually.

Areas for improvement

There were no areas for improvement within the additional areas inspected.

Number of requirements:	0	**Number of recommendations**:	0

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Kathleen Lee	**Date completed**	05/11/15
Registered Person	Brenda McKay	**Date approved**	05/11/15
RQIA inspector assessing response	Alice McTavish	**Date approved**	6/11/15

Please provide any additional comments or observations you may wish to make below:

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