

# Inspection Report

**21 & 22 November 2022**



## Ringdufferin Nursing Home

Type of service: Nursing Home  
Address: 36 Ringdufferin Road,  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> M Care Limited	<b>Registered Manager:</b> Ms Jacqueline Bowen
<b>Responsible Individual:</b> Mrs Caroline Malone – Not registered	<b>Date registered:</b> 15 May 2020
<b>Person in charge at the time of inspection:</b> Ms Jacqueline Bowen	<b>Number of registered places:</b> 64 A maximum of 31 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH(E) & NH-TI) and a maximum of 32 patients in category NH-DE accommodated in the Strangford Suite. There shall be a maximum of 1 named resident receiving residential care in category RC-I accommodated in the Dunmore Suite.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 64 persons. The home is divided into two units, the Dunmore Suite and the Strangford Suite. Patients have access to communal lounges, dining rooms and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 21 November 2022 from 9.30 am to 4.50 pm and on 22 November 2022 from 9.30 am to 3.20 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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.

Staff provided care in a compassionate manner and were observed to be attentive to the needs of the patients.

Areas requiring improvement were identified regarding post fall observations and care recording for restrictive practices.

Addressing the areas for improvement will further enhance the quality of care and services in Ringdufferin Nursing Home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, 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 patients 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 and how staff went about their work was observed.

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 the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Due to the nature of dementia not all the patients were able to share their views and opinions on their experience of living in the home. However, it was observed that the patients looked well cared for and were content in their interactions with staff. Patients who could share their views and opinions said that they felt well looked after. Comments made by patients included “it is good enough, I have no complaints”, “they are looking after me very well”, “I don’t need much help but staff are good when I need them”, “it is excellent, no problems at all” and “they are marvellous here, they come and help when I need them”.

Staff said that teamwork was good, the manager was approachable and they enjoyed their job. Comments made by staff included “I love my job and I love working with the elderly”, “staffing levels are good, no issues”, “we all work as a team” and “Jacqui (the manager) is very flexible and understanding”.

Relatives were satisfied with the care provided and said that they found staff to be helpful and friendly. Comments made by relatives included “the staff are very good and very patient”, “staff are very attentive and keep me well informed”, “communication is very good” and “I have no problems at all”.

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients, staff and relatives were brought to the attention of the manager for information.

#### 5.0 The inspection

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

Areas for improvement from the last inspection on 13 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The responsible person shall ensure that that all accidents/incidents are appropriately notified to RQIA in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records of accidents/incidents evidenced that RQIA were notified appropriately and in a timely manner.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First	The responsible person shall ensure that action is taken to repair/repaint the identified vanity units.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that vanity units were in good condition. There was a system in place to ensure these were cleaned and checked regularly.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First	The responsible person shall ensure that staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff were observed to use PPE appropriately in accordance with best practice guidelines.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First	The responsible person shall ensure that the underside of soap dispensers are regularly cleaned and that there is an effective system in place to monitor cleaning of these.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that soap dispensers were maintained in a clean condition. There was a system in place to ensure these were cleaned and checked regularly.	

## 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 patients.

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

There were systems in place to ensure staff were trained and supported to do their job. Staff completed mandatory training in a range of topics relevant to their role including moving and handling, dementia awareness, deprivation of liberty safeguards and fire safety. The manager maintained an overview of staff compliance with training and staff were reminded when training was due.

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. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff said that teamwork was good and they felt well supported in their role. Staff were satisfied with staffing levels. It was observed that there were sufficient numbers of staff on duty to attend to the needs of the patients in a timely manner.

Patients said that there were enough staff to help them and that the staff were helpful and friendly.

### **5.2.2 Care Delivery and Record Keeping**

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

Patients who are less able to mobilise require special attention to their skin care. Patients were assisted by staff to change their position regularly. Care records included recommendations regarding pressure relieving equipment in use and the frequency of repositioning.

Review of wound care records evidenced that wounds were redressed as required with the recommended type and frequency of dressing. There was evidence that the Tissue Viability Nurse (TVN) had been consulted regarding wounds where required and their recommendations were followed.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Neurological observations were completed in the event of a confirmed or suspected head injury. However, review of records evidenced that the frequency of completion of the neurological observations was not consistent. An area for improvement was identified.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails and alarm mats.

However, an identified risk assessment completed regarding the use of bedrails did not provide a suitable rationale for their use. Care plans should also consistently include details of any restrictive equipment in use, for example, alarm mats, and also additional recommended safety measures, such as, keeping the bed at the lowest level. An area for improvement was identified.

Review of care records evidenced that these were regularly reviewed and updated to ensure that they continued to meet the needs of the patients. Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

A Trust representative, who was in the home carrying out annual reviews of patient's care, said that these were going well and had not identified any issues.

Good nutrition and an enjoyable dining experience are important to the health and social wellbeing of patients. It was very positive to note that prior to serving any meals in the home a 'safety pause' had been implemented. The 'safety pause' provided staff with an opportunity to discuss patients' dietary needs, modified dietary recommendations, the level of support and supervision required and any changes or issues. A folder containing details of patients' recommended modified diets was readily available for staffs' reference. A menu sheet with details of patients' menu choice and modified diet recommendations was also available.

Staff offered patients an opportunity for hand hygiene prior to the meal and ensured that they were comfortably seated in their preferred location. Lunch was well organised, relaxed and unhurried; staff were seen to assist patients with the range of support they required from simple encouragement through to full assistance. The food was attractively presented, smelled appetising and was served in appropriate portion sizes.

Menus were on display in the dining rooms, condiments were available and patients were offered a varied selection of drinks.

Staff were seen to communicate effectively with each other regarding patients food and fluid intake and records were kept of what patients had to eat and drink daily.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients said they enjoyed the food in the home; comments included that "the food is usually very nice and I like the nice sponges", "lunch was very tasty", "they feed me well" and "that was the nicest cottage pie I ever had".

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was observed to be clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, pictures and flowers.

The main communal areas were attractively decorated and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

It was observed that continence products were stored out of their packets in a few bedrooms and items, such as basins and toiletries, were inappropriately stored in identified en-suite bathrooms. This was brought to the attention of the manager who ensured that action was taken to address these minor issues.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Audits completed regarding infection prevention and control (IPC) measures and the environment had been updated to include checking vanity units and soap dispensers. The manager said that any IPC issues noted during the daily walk around the home or during the environmental audits were immediately addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

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 Patients**

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and staff were seen to be attentive to their needs.

Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding what they would like to eat and drink, whereabouts they preferred to spend their time and the option to take part in activities or not.

There was evidence that patients had been consulted regarding their views and opinions on daily life in home and a record of patients' meetings was maintained. Topics discussed at the meetings included the care provided, meals, the environment and activities.

The home produced a monthly newsletter to keep patients, relatives and staff up to date with what was happening and any events that had taken place. Photographs of patients taking part in activities were attractively displayed.

The weekly activity planner was prominently displayed for patients' information. Planned activities included chair exercises, singing, ball games, pamper sessions, poetry readings and a lemonade trolley.

Corridors were attractively decorated with bright murals and themes such as movies and musicals.

It was observed that staff took time to engage the patients in conversation while they went about their tasks and spoke to them in a polite and caring manner.

The weather was wet and windy on the days of the inspection and staff ensured that patients were warm enough and asked if they needed extra blankets. A relative commented that “staff have a lovely, friendly attitude to everyone”.

Staff discussed the importance of maintaining good communication and building good relationships with patients’ relatives. Staff recognised that this was especially important regarding end of life care as being well informed could help to reduce relatives’ anxieties.

Relatives said that communication was good and that staff were helpful and friendly.

Patients said they were satisfied with the activities provided and were also able to do their own thing if they preferred.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Jacqueline Bowen has been the manager in this home since 15 May 2020. 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. Staff commented positively about the manager and said that she was very approachable.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients.

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 to manage the safeguarding and protection of vulnerable adults.

Relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that these would be dealt with. There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

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

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The responsible person shall ensure that all nursing staff are aware of, and adhere to, the recommended frequency of the completion of neurological observations in order that these are completed consistently and in line with best practice guidelines in this area.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            All Nursing staff have been made aware that the completion of neurological observations are recorded consistently and adhere to the recommended frequency in line with best practice guidelines. Supervision has been undertaken with the nursing staff also to address this issue. The post falls procedure was updated to include frequency of observations. This is being monitored by the Home Manager as part of Incident and accident audits and investigation</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The responsible person shall ensure that risk assessments completed regarding the use of bed rails provide a clear rationale for their use which is reflective of the needs of the individual patient. Care plans for restrictive practices should include details of recommended equipment and any other additional safety measures that are required.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> A risk assessment to consider use of bedrails and other equipment is carried out for all residents on admission. The use of bedrails is based upon the individual patient and when other equipment may not be suitable. If it is deemed bedrails to be the best option, a full risk assessment is put in place and a care plan for restrictive practice to include any recommended equipment and any other additional safety measures if required along with documented consent The use of bedrails in the audit is audited monthly.

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



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