



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Ringdufferin Nursing Home
Establishment ID No:	11967
Date of Inspection:	28 August 2014
Inspector's Name:	Linda Thompson
Inspection ID:	20434

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Ringdufferin Nursing Home
Address:	36 Ringdufferin Road Killyleagh BT30 9PH
Telephone Number:	028 44821333
E mail Address:	klodge2010@hotmail.com
Registered Organisation/ Registered Provider:	M Care Ltd Mr John Miskelly
Registered Manager:	Ms Kathleen Patricia Lee
Person in Charge of the Home at the Time of Inspection:	Ms Kathleen Patricia Lee
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE
Number of Registered Places:	32 in Dunmore Suite 32 in Strangford Suite
Number of Patients Accommodated on Day of Inspection:	32 in Dunmore Suite 29 in Strangford Suite
Scale of Charges (per week):	£606.00 per week in nursing unit £486.00 per week in residential suite
Date and Type of Previous Inspection:	30 October 2013, primary unannounced inspection
Date and Time of Inspection:	28 August 2014 07.15 – 18.30 hours
Name of Inspector:	Linda Thompson Kylie Connor

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008) and
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

RQIA were contacted on 25 August and 26 August 2014 by a staff member of Ringdufferin who wished to remain anonymous. The staff member raised a number of concerns in respect of the following;

- **Staffing**, there was insufficient staff available in the home to meet the needs of the patients in Dunmore Suite
- **Linen supplies**, there were insufficient supplies of bed linen, towels and face cloths in Dunmore Suite
- **Restraint and Safeguarding of Vulnerable Adults (SOVA)**, there was inappropriate use of a specialised chair resulting in inappropriate restraint of one identified patient in Dunmore Suite
- **Menu**, the menu choices provided did not suit the patients in Dunmore Suite

Whilst the staff member raised concerns in respect of issues in Dunmore Suite the inspector felt that there may be similar issues in Strangford Suite and therefore it was deemed appropriate for both the nursing and residential care inspectors to inspect all areas.

2.0 Profile of Service

Ringdufferin Nursing home is situated off the Comber – Killyleagh Road, just outside the town of Killyleagh and approximately thirty minutes' drive from both Belfast and Newcastle.

Situated in an area of outstanding natural beauty, on an elevated site, it offers patients/residents the ability to benefit from both the landscape and seascape views overlooking Strangford Lough.

The nursing home is owned and operated by M Care Ltd
The current registered manager is Ms Kathleen Patricia Lee.

Accommodation for patients/ residents is provided over two floors.

The ground floor identified as Strangford Suite supports the care of 32 residents. This suite has been adapted to meet the specialised needs of the residential client with a dementia. It consists of two distinct areas of one ten bedded unit and one twenty-two bedded unit, although dining takes place together.

The first floor identified as Dunmore Suite supports the care of 32 nursing patients within the categories of frail elderly, physical disability under and over sixty five years and terminal illness.

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on both levels and are well located to meet the needs of patients/ residents. The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 64 persons under the following categories of care:

Nursing care in Dunmore Suite to a maximum of 32 patients

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65 years
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

Residential care in Strangford Suite to a maximum of 32 patients

DE	dementia care
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There is ample car parking to the front of the home.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Ringdufferin Nursing Home. The inspection focused on the concerns raised by a whistle blower who made contact with RQIA on 26 and 27 August 2014. The inspection was undertaken by Linda Thompson and Kylie Connor on 28 August 2014 from 07.15 to 18.30 hours.

The inspectors were welcomed into the home by the registered nurse in charge of the home. The registered manager Ms Kate Lee joined the inspection shortly afterwards and was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Lee at the conclusion of the inspection.

During the course of the inspection, which included both the Dunmore and Strangford Suites the inspectors met with patients/ residents, visitors and staff. The inspectors observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 30 October 2013 nine requirements and six recommendations were issued. These were reviewed during this inspection. The inspector evidenced that five requirements and five recommendations have been fully complied with. The remainder are carried forward for compliance assessment at the next inspection.

Details can be viewed in the section immediately following this summary.

The inspection commenced at 07.15 hours to allow inspectors the opportunity to speak with night duty staff prior to the conclusion of their shift. The inspectors worked separately with Linda Thompson inspecting Dunmore Suite and Kylie Connor inspecting Strangford Suite.

The inspectors met with all staff over the course of the inspection in respect of the concerns raised by the whistle-blower. The focus of the inspection included staffing levels, availability of linens, towels and facecloths, the management of restraint and the appropriateness of the menu for elderly patients/residents.

Conclusion

The inspectors can confirm that at the time of this inspection that the delivery of care to patients/residents in both suites was evidenced to be of a good standard.

The home's environment was generally well maintained although improvements have been identified and patients were observed to be treated with dignity and respect.

The issues identified by the whistle-blower have been partially upheld.

- Staffing is considered by the inspectors to be appropriate in numbers however, improvements to the deployment of staff for the morning routine and the adequacy of staffing arrangements must be made by the registered manager.
- The inspectors confirmed there was an insufficient supply of fitted sheets, towels and facecloths. This was required to be actioned by the registered manager immediately.
- Restraint was appropriately used in respect of specialised seating for one identified patient however further training is required for all staff on the management of restraint and for registered nurses in the management of records for restrictive practice.

- The inspectors can confirm that the menu available in the home met the needs of the patients/residents.

Full details of the findings are illustrated in section 5.0 below.

Additional areas for improvement were identified in relation to;

- the recording and reporting of notifiable events
- the management and state of repair of wheelchairs
- the management of the staff duty rota
- the management of staff meetings
- the management of staff formal supervision
- the carpet in the two living rooms of the Strangford Suite
- the décor of the walls in the Strangford suite
- shower and bath records
- the description of behaviours in care plans and agreed responses to be made by staff
- dementia appropriate signage including room identification, directional signage and the format of the menu
- the garden

Therefore, five requirements and three recommendations are stated for the first time. An additional four requirements and one recommendation are carried forward for validation at the next inspection.

These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank the patients/residents, the registered manager, registered nurse, visiting representatives and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 Article 40(1)	<p>40. – (1)The Regulation and Improvement Authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the Regulation and Improvement Authority considers it necessary or expedient to have for the purposes of its functions.</p> <p>The registered provider / manager must ensure that the self-assessment documentation submitted to the Authority prior to inspection, provides comprehensive details of how the home is achieving the required standard,</p>	This requirement has been carried forward for validation at the next inspection.	Carried forward
2.	29(4)(a)	<p>The registered person must ensure that the records of the Regulation 29 visits illustrate the following;</p> <ul style="list-style-type: none"> • The identity of patients interviewed should be recorded using the patient ID number. This will ensure that the opinion of a variety of patients are considered 	This requirement has been carried forward for validation at the next inspection.	Carried forward

3.	29(5)(c)	The registered person should ensure that patients and their representatives are aware of the availability of the Regulation 29 report.	This requirement has been carried forward for validation at the next inspection.	Carried forward
4.	17	<p>The registered person/registered manager must ;</p> <ul style="list-style-type: none"> • prepare an annual quality report • submit a copy of the report to RQIA along with the return of the completed QIP • make patients and their representatives aware of the function and availability of the annual quality report. 	This requirement has been carried forward for validation at the next inspection.	Carried forward
5.	17(1)	The registered manager must ensure that a system of nursing records audit is established to quality assure the record keeping of all registered nursing staff.	The inspector can confirm from nursing records examined that a robust system of audits is ongoing.	Compliant

6.	15(2)	<p>The registered manager must ensure that;</p> <ul style="list-style-type: none"> • patient care is reviewed on a regular basis and at least annually. • The review is meaningful and appropriately recorded • Pain assessment is undertaken both at time of admission to the home and at appropriate intervals throughout the day. Appropriate records should be maintained. 	<p>The inspector can confirm from nursing records examined that patient care is being reviewed on an annual basis plus daily as required.</p> <p>The review assessment is evidenced to be meaningful and comprehensive.</p> <p>Pain assessment is evidenced to be ongoing on a regular and daily basis. A robust system of audits is ongoing.</p>	Compliant
7.	25 (b),(c)	<p>The registered manager must ensure;</p> <ul style="list-style-type: none"> • that staff are supported to meet and maintain the standards and requirements of their relevant codes of practice; and • that appropriate action is taken when staff do not meet the expected standards of conduct in line with relevant codes of practice. 	<p>The inspector can confirm that staff are appropriately supported to meet the standards and requirements of their relevant codes of practice. Staff were able to demonstrate to the inspector the reporting requirements of their various professional bodies in respect of restraint and safeguarding of vulnerable adults.</p> <p>Staff were fully aware that action would be taken by the registered manager were professional standards not appropriately maintained.</p>	Compliant

8.	20(1)	<p>The registered manager must ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of patients.</p> <p>The registered manager must provide RQIA with a copy of the staff duty roster and patient dependency assessment monthly in advance of the incoming month.</p> <p>This should commence with the return of the completed QIP.</p>	<p>The inspector can confirm that the staffing availability in the home is appropriate to meet the needs of the patients/ residents. The inspector however discussed the deployment of staff at length with the registered manager.</p> <p>See section 5.1 below for further details.</p>	Compliant
9.	16(1)	<p>The registered manager must ensure that;</p> <ul style="list-style-type: none"> • care plans are reflective of patient's assessed needs • are comprehensive • include sufficient detail to direct care 	<p>The inspector can confirm from nursing records examined that patient care records are maintained appropriately and are reflective of the patients assessed needs.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	5.6	<p>It is recommended that the registered manager ensures that contemporaneous nursing records in accordance with NMC guidelines are maintained at all times.</p> <ul style="list-style-type: none"> • a record of bowel function of each individual patient should be recorded in the daily progress notes. <p>This will allow for continual evaluation of the effectiveness of laxative therapy by the primary nurse.</p>	The inspector can confirm that nursing care records are maintained appropriately as required.	Compliant
2.	6.4	It is recommended that the registered manager ensure that all treatment given and recommendations made are recorded in care records.	The inspector can confirm from examination of the patient care records that treatment prescribed and recommendations made are recorded.	Compliant
3.	25.11 & 25.13	Ensure that quality assurance systems and processes are further developed to inform reporting on the quality of the service	This recommendation has been carried forward for validation at the next inspection.	Carried forward

4.	30.2	<p>The registered manager should ensure that the number and ratio of staff to patients is calculated using a method that is determined by and agreed with the RQIA.</p> <p>The registered manager should refer to Staffing Guidance for Nursing Homes 2009 available at www.rqia.org.uk.</p>	The inspector can confirm that the staffing requirements of the home are assessed against the patient dependency assessment as recommended in the staffing guidance from RQIA.	Compliant
5.	8.2	The registered manager must ensure that the registered nursing staff completes accurately the Malnutrition Nutritional Screening Tool (MUST).	The inspector can confirm from examination of patient care records that the MUST assessments are accurately completed.	Compliant
6.	12.11	It is recommended that the registered manager ensure that patient records of food and fluids are stored at a convenient location to ease and facilitate accurate record keeping.	The inspector can confirm that patient food and fluids records are appropriately maintained and accessible for record keeping.	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been two contacts made to RQIA regarding whistleblowing. Both contacts were made by the same individual on subsequent days and this contact resulted in the unannounced inspection to which this report refers.

Since the previous care inspection 30 October 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Ringdufferin Nursing Home.

5.0 Inspection Findings

5.1 Staffing in Dunmore Suite

The inspector examined the current dependency of patients in the Dunmore Suite as part of the inspection process. The dependency assessment and staff duty rota demonstrated that the staffing compliment on duty over the 24 hour period was appropriate to meet the needs of patients.

The inspector however raised concerns regarding the deployment of staff and the morning routines.

The established morning routine as described by the staff on duty requires the care staff to deliver personal care to all patients prior to breakfast. There may be some occasions when one of the registered nurses may assist for one or two patients.

The inspector discussed this routine with all staff on duty and no one was able to state who had initiated this routine but all agreed that the routine meant that all 32 patients were being washed and dressed by usually four care staff whilst the registered nurses administer medicines. The care staff therefore have felt understaffed and struggle to give quality care when rushing to complete this work between 08.00am and 09.30am.

The inspector discussed the morning routine with the registered manager and an assurance was given that the morning routine in the home would be reviewed with urgency. The registered manager confirmed that at no time had she required such a routine.

The whistle blower's concerns regarding staffing levels are partially upheld due to deployment of staff during the morning routine.

5.2 Linen supplies

The inspector had been informed by the whistle blower that there were insufficient towels, face cloths and fitted sheets available in the home to meet the needs of the patients.

On arrival at the home at 07.45am the inspector examined the linen cupboard for stock of towels and face cloths. There were no clean towels and facecloths available in the cupboard at this time. The inspector discussed this matter with both the night staff as they were leaving and with the day staff coming on duty and was informed that this would be normal for the home.

The inspector was informed by a number of staff that due to this shortage there may be occasions when the patients would be washed using disposable wipes.

This matter was discussed with the registered manager and whilst the inspector was assured by the registered manager that additional stock had already been ordered the inspector required immediate action to ensure that the patients' needs were met the following day.

The inspector received written confirmation that the required towels, face cloths and fitted sheets were delivered to the home the following day as required.

The whistle blower's concerns regarding insufficient supplies of towels, facecloths and fitted sheets are upheld.

5.3 Restraint and Safeguarding of Vulnerable Adults (SOVA)

The inspector was informed by the whistle blower that an identified patient 'A' in the Dunmore Suite was being placed in a specialised chair which had been designed for another patient. This specialised seating used a lap belt and this belt was used to restrain the identified patient into the chair against his consent.

There was an additional allegation that a member of staff further disguised the lap belt buckle using Velcro straps to make it more difficult for the patient to get out of the chair.

The inspector examined the nursing care records of the identified patient in detail. The records evidenced that the specialised chair was originally required by another patient. However the records of patient 'A' did state that the previous patient no longer required the chair and following assessment by the occupational therapist of the South Eastern HSC Trust it was deemed appropriate that the chair could be used by patient 'A'.

The care plans for patient 'A' in respect of the management of such restraint were in general appropriately maintained. The inspector identified two areas for improvement;

- care plans for the use of lap belts should identify belt release times. Evidence should be maintained to validate that the patient is released from the restraint as planned
- consent in respect of restraint can only be given by the patient. Should the patient be unable to consent then the patient's representative should sign to say they are aware of the need for the particular restraint and the associated risks for such use have been explained by the registered nurse and countersigned by the registered manager.

The inspector examined the training records for all staff in respect of safeguarding of vulnerable adults and the management of behaviours which challenge staff. Compliance levels were well maintained.

The inspector discussed the use of the specialised chair, the management of restraint and the reporting of safeguarding issues with all staff in Dunmore suite, over the period of the inspection. All staff were knowledgeable of the need to report any potential safeguarding issues and the management of behaviours which challenge staff. Staff were adamant that they would never disguise the lap belt buckle and if the patient wanted out of the chair then this would be permitted. Staff were equally knowledgeable that to refuse to allow a patient out of the chair would increase risks to the patient and constitute physical abuse.

A number of staff did identify the individual who had disguised the lap belt buckle. The inspector discussed this issue with the identified staff member and whilst they denied involvement in the matter they did appreciate that they should never disguise the lap belt buckle.

The inspector discussed the management of restraint with the registered manager and a requirement is raised that all staff should be provided with update training on the use of restraint, the records maintained in respect of restraint and the release periods required when using such restraint methods.

The whistle blower's concerns regarding the use of specialised seating and inappropriate restraint is partially upheld.

5.4 Menu choice

The inspector was informed by the whistle blower that the menu available in Ringdufferin did not meet the needs of the patients. It was suggested that the meals were too modern and may be too spicy for the palate of the elderly patients in the home.

The inspector examined the rotational menu available in the home.

The menu provides for a choice of main meal at lunch and at the evening meal. The inspector was informed by staff that whilst two choices are provided should the patient not like either option or would prefer something else then the kitchen would always be willing to oblige.

The meals provided were in the inspector's professional opinion varied and appropriate for the needs of the patients both nutritionally and for an elderly palate. The menu did not include meals that were overly spicy. The wording of the meal however may be considered modern. The inspector identified a number of meals which whilst described in modern terms they were actually simplistic and appropriate plain but wholesome cuisine.

In the inspector professional opinion the menu is worded perhaps beyond the understanding of the patients however staff should be able to describe the meal appropriately for the patients.

The inspector observed the service of the mid-day meal. The meal was well presented and service was managed appropriately. The inspector discussed the menu choices with a number of patients. All agreed that the food was good and that the home would make them something else if required.

A number of patient comments are detailed below;

"I am very happy here. The food is good and I always have plenty to eat"

"The food is good"

"I am very happy here; sometimes I ask for soup instead of a dinner and always get what I want"

The whistle blower's concerns regarding the menu choice are not upheld.

6.0 Additional areas inspected in Dunmore Suite

6.1 Reporting of notifiable incidents

As part of the inspection process the inspector identified an under reporting of notifiable incidents from 1 August 2014.

The inspector has raised a requirement that the registered manager must review the management of notifications in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Further training should be provided for the registered nursing team in respect of what should be reported to RQIA and a retrospective view of all accidents that have occurred in the home since 1 August 2014 should be undertaken and appropriately reported.

6.2 Staff meetings

The inspector discussed the management of staff meetings with the registered manager. It is understood by the inspector that the frequency of staff meetings has not been maintained in keeping with Standard 30.9 of the Nursing Homes Minimum Standards 2008 which recommends that staff meetings take place on a regular basis, and at least quarterly.

In light of the current whistle blowing the inspector recommends that the staff meetings are re-established urgently in order that staff relationships can be strengthened and any other concerns re quality of care or other matters can be easily brought to the registered manager's attention.

7.0 Inspection of Strangford Suite

7.1 Staffing in Strangford Suite

The duty rota was reviewed and discussions took place with day and night staff. Evidence demonstrated that staffing levels were appropriate to meet the needs of residents. However, there was evidence that there are issues pertaining to the adequacy of staffing arrangements being sufficient to provide cover during sick leave, annual leave or any other special leave. Issues were also raised in regard to the pattern of the rota.

There was evidence of senior staff working more than 48 hours per week and working a week without a day off on one or more occasions. The reason provided by staff during discussions was that there was no-one else available to cover when one of the two seniors was on leave. Staff also stated that full-time staff can work nine days in a row, over a two week rota because of the shift pattern. There was evidence during the period examined that the evening shift (5:15pm to 10:00pm) was regularly short and staff confirmed that it is hard to get this shift covered.

Records examined and discussions with staff confirmed that on one occasion, a staff member was re-deployed to work in the Dunmore Suite. This was reflected in the records appropriately and there was evidence that this was facilitated because the Strangford Suite was over-staffed on that shift.

The whistle blower's concerns regarding staffing levels are partially upheld due to the adequacy of staffing arrangements.

7.2 Linen supplies in Strangford Suite

The inspector had been informed by the whistle blower that there were insufficient towels, face cloths and fitted sheets available in the home to meet the needs of the patients in the Dunmore Suite. Findings are outlined in section 5.2 of the report.

Discussions with staff in the Strangford Suite confirmed that the supply of face-cloths and towels was insufficient some mornings if night staff had bathed or showered residents during their shift. No issues were raised in regard to any bed-linen.

The whistle blower's concerns regarding insufficient supplies of towels, facecloths and fitted sheets are partially upheld.

7.3 Restraint and Safeguarding of Vulnerable Adults (SOVA) in Strangford Suite

Review of two care records and discussions with staff and two visitors evidenced that there are no issues of restraint. Staff were knowledgeable in regard to restrictive practices and no issues were identified in regard to SOVA.

7.4 Menu choice in Strangford Suite

A review of the rotational menu evidenced that it provides for a choice of main meal at lunch and at the evening meal. The meals were traditional and not overly spicy in nature. The menu on the wall was in large print but this alone does not make it easily accessible for residents with dementia and a recommendation has been made. Breakfast was discretely observed from a distance. The atmosphere was relaxed, with background music playing. Staff were observed being attentive towards residents, offering choices of food and hot and cold drinks. Portion size was observed to be individualised, presentation was good and a number of residents were asked if they wanted more.

Staff members spoken to raised no concerns in regard to meals or mealtimes. Staff stated that residents regularly gave positive feedback in regard to the food provided and occasionally asked staff to bring the chef up to the dining room, so that they could thank them in person. Staff confirmed that there were no issues regarding provision of meals for residents who may require a mashed or pureed meal or for a resident with diabetes or other nutritional needs.

Residents confirmed that the quality, quantity and variations provided met their expectations. A review of minutes of residents meetings evidenced that residents were consulted about the menu on 24 June 2014. Residents' comments included:

- "The food is lovely."
- "The food is good."
- "Staff are very good, very helpful."

The whistle blower's concerns regarding the menu choice are not upheld.

8.0 Additional areas inspected in the Strangford Suite

8.1 Reporting of notifiable incidents

A review of the daily report and accident and incident notification records evidenced that a number of incidents had not been recorded and reported appropriately in the latter record. The findings reflect those stated in section 6.1 of the report in regard to the Dunmore Suite.

8.2 Staff meetings

Discussions with staff reflected the findings in section 6.2 of the report in regard to the Dunmore Suite.

8.3 The Environment

An inspection of the Strangford Suite included a random number of bedrooms, bathrooms/toilet facilities, dining room and lounges. Both areas of the Strangford Suite were found to be clean, tidy and fresh-smelling. A number of 'settlement cracks' were observed throughout the suite. These require attention and a number of areas are in need of re-painting. Staff confirmed that the carpets in the two lounges are steam cleaned on a regular basis but these were observed to be stained, in poor condition and in need of replacement.

Colour has been used to identify rooms however, there is no pictorial signage and one directional sign observed is in need of improvement in terms of quality and to ensure effective infection control. Staff stated that the secure garden is in need of improvement to encourage residents' to spending time outdoors and engage in gardening activities. It was describes as a space with 'little interest' in it for residents.

A number of wall clocks were observed to be either broken or telling the incorrect time throughout the suite. These issues form part of a requirement made.

8.4 Staff supervision

Discussions with staff confirmed that formal supervision is not taking place and reflects the findings in the Dunmore Suite.

8.5 Wheelchairs

Discussions with staff revealed that the home has a number of wheelchairs for use within the home. Concerns were raised in regard to the condition and safety of these wheelchairs with issues raised in regard to lap belts missing, leg rests/footplates missing and no tyres on the wheels. Staff confirmed that these issues had been raised before and had not been addressed. This issue formed part of an immediate actions letter issued on the day of the inspection and forms part of a requirement made.

8.6 Residents personal care

During the course of the morning staff were observed assisting residents to get up, washed and dressed. Residents were observed to be appropriately dressed with good personal appearance. A staff member was observed asking a resident if they wanted make-up applied. Staff confirmed that a bath/shower rota is in place and that in the main all residents are assisted in this regard. There was confirmation that staff work with residents when they decline any aspect of personal care. The records examined did not reflect baths/showers provided and this was brought to the attention of the registered manager who gave assurances that this would be addressed with staff.

Care plans reviewed did not clearly state how behaviours which challenge presented other than to state the person may become 'agitated'. A care plan examined did not detail a resident's known behaviour regarding refusal of personal care and care plans reviewed did not consistently state how staff should respond. A recommendation has been made.

Two visitors spoken to individually expressed their satisfaction of the care and support their relative receives and further verified that they had no issues in regard to their residents' hygiene. One visitor was aware their relative will decline some aspects of personal care and confirmed that staff respond appropriately.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Kate Lee, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Linda Thompson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**

PP



**Linda Thompson
Inspector/Quality Reviewer**

Date

25/9/14



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Kate Lee either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/F	The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 Article 40(1)	40. – (1)The Regulation and Improvement Authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the Regulation and Improvement Authority considers it necessary or expedient to have for the purposes of its functions. The registered provider / manager must ensure that the self-assessment documentation submitted to the Authority prior to inspection, provides comprehensive details of how the home is achieving the required standard, Ref section 4.0	One	<i>This requirement was actioned since the last inspection. The recently submitted self assessment was comprehensive and detailed how the home achieves the required standard.</i>	From 30 October 2013 and on going
C/F	29(4)(a)	The registered person must ensure that the records of the Regulation 29 visits illustrate the following; <ul style="list-style-type: none"> The identity of patients interviewed should be recorded using the patient ID number. This will ensure that the opinion of a variety of patients are considered Ref section 4.0	One	<i>Monthly Regulation 29 visits, identify patients/residents, using ID numbers to ensure a variety of patients are seen at each visit.</i>	From 30 October 2013 and on going

C/F	29(5)(c)	The registered person should ensure that patients and their representatives are aware of the availability of the Regulation 29 report. Ref section 4.0	One	Signage relating to Regulation 29 reports and annual quality reports, is located on entrance to the home,	From 30 October 2013 and on going
C/F	17	The registered person/registered manager must; <ul style="list-style-type: none">• prepare an annual quality report• submit a copy of the report to RQIA along with the return of the completed QIP• make patients and their representatives aware of the function and availability of the annual quality report. Ref section 4.0	One	The annual quality report, for this period, was completed and submitted to RQIA, on the 12.12.2013.	From 30 October 2013 and on going
1.	30	The registered manager must review the management of notifiable events to ensure that; <ul style="list-style-type: none">• all incidents that have occurred from 1st August 2014 and not reported are actioned immediately• staff are appropriately trained in what must be reported to RQIA• all incidents are recorded in the accident and incident records Ref section 6.1 and 8.1	One	all accidents and incidents, which occurred from 1 st August 2014 have since been forwarded to RQIA all staff are fully aware of what must be reported to RQIA, incidents and accidents records are fully updated and recorded.	From date of inspection and on going

2.	14(4)	<p>The registered manager must review the management of restraint to ensure that;</p> <ul style="list-style-type: none"> all staff have update training on the use of restrictive practice and in particular equipment such as lap belts care plans for the use of lap belts should be updated to reflect belt release times the consent forms must be reviewed and updated to demonstrate that only the patient can give consent to restraint and family representatives may only sign to state that are made aware of the need for restraint. <p>Ref section 5.3</p>	One	<p>¹ Training on the use of restrictive practice is scheduled for the 27th to 29th Oct. all staff will be in attendance.</p> <p>² Any resident requiring the use of a lap belt during transit, will be clearly identified in the care plan</p> <p>³ Consent forms have been reviewed and updated.</p>	From date of inspection and on going
3.	13(1)(b)	<p>The registered manager must ensure that there are always an appropriate supply of bed linens, towels and facecloths available to meet the needs of the patients.</p> <p>Ref section 5.2 and 7.2</p>	One	<p>This requirement was actioned and resolved, on the 29th Aug. 2014 Inspector informed via e-mail.</p>	From 30 October and on-going
4.	20 (1) (a) (2)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents -</p> <p>ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of</p>	One	<p>A recent recruitment drive, has been successful in recruiting any deficits relating to care staff. We are continuing to aim at recruiting registered nurses</p>	From 30 October and on-going

		<p>residents;</p> <p>The registered person shall ensure that persons working at the home are appropriately supervised.</p> <p>Ref section 7.1 and 8.4</p>		<p><i>Clinical Supervision is on going,</i></p>	
5.	27 (1) (2) (a) (b) (c) (d)	<p>Fitness of premises</p> <p>Subject to regulation 3(3), the registered person shall not use premises for the purposes of a residential care home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.</p> <p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>the physical design and layout of the premises to be used as the home meets the needs of the residents;</p> <p>the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally;</p> <p>equipment provided at the home for use by residents or persons who work at the home is in good working order, properly maintained in accordance with the manufacturer's guidance and suitable for the purpose for which it is to</p>	One	<p><i>A rolling programme of redecoration has commenced. Work has commenced with repainting. Some of the common areas, this programme will continue over the next 6 months. Quotes have been obtained for all lounge areas to replace existing carpets with laminate flooring. Large wooden planters have been acquired for the garden, we have also consulted a landscape gardener who recommends we wait for the new planting season</i></p>	<p>From 30 October and on-going</p>

		<p>be used;</p> <p>all parts of the home are kept clean and reasonably decorated;</p> <p>This is in regard to issues in the Strangford Suite regarding:</p> <ul style="list-style-type: none"> • The carpet in the two living rooms • The wall clocks • The décor • The signage • Wheelchairs • The garden <p>Ref section 8.3 and 8.5</p>		<p>New batteries have been put into these clocks that required them.</p> <p>Four new wheelchairs have been purchased.</p> <p>The sign in question has since been laminated for wipe clean purposes.</p>	
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Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/F	25.11 & 25.13	Ensure that quality assurance systems and processes are further developed to inform reporting on the quality of the service Ref section 4.0	One	Monthly audits are maintained to ensure a high standard of safe and effective care is maintained	From 30 October 2013 and on going
1.	30.9	It is recommended that the registered manager ensure that staff meetings are maintained on a regular basis, and at least quarterly. Records should be kept which include; <ul style="list-style-type: none"> • The date of all meetings • The names and signatures of those attending • Minutes of discussions • Any actions agreed Ref section 6.2 and 8.2	One	Staff meetings on both floors have taken place. Strangford - 22.9.14 @ 6pm. Dunmore - 17.9.14 @ 6pm Records of both meetings maintained These meetings will be held at least every 3 months.	By end October 2014
2.	12.4	The daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime. Ref section 7.4	One	Daily menus for both floors are clearly displayed in each dining room for residents to view. any visiting representatives present at mealtimes are invited to view and comment on the menu content	1 December 2014

3.	6	<p>The care plan should specify how behaviours which challenge present and the range of agreed responses/strategies staff should employ to respond.</p> <p>Ref section 8.6</p>	One	<p>Residents who become distressed, resulting in challenging behaviours, have a specific care plan in place, these have been revisited and reviewed, to ensure a person centered approach.</p>	<p>By the end of October 2014</p>
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The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Signed:



Name:


Registered Provider


Date

27.10.14

Signed:



Name:


Registered Manager

Date

20.10.2014

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Linda Thompson	27/10/14
Further information requested from provider			