



Unannounced Care Inspection Report 12 March 2019



Ringdufferin Nursing Home

Type of Service: Nursing Home (NH)
Address: 36 Ringdufferin Road, Killyleagh BT30 9PH
Tel No: 028 44821333
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 64 persons.

3.0 Service details

Organisation/Registered Provider: M Care (NI) Ltd Responsible Individual: Brenda Frances McKay	Registered Manager: Beverley Ruddell
Person in charge at the time of inspection: Beverley Ruddell, Registered Manager	Date manager registered: 27 March 2018
Categories of care: 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.	Number of registered places: 64 A maximum of 32 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH (E) & NH-TI) and a maximum of 31 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-DE accommodated in the Strangford Suite.

4.0 Inspection summary

An unannounced inspection took place on 12 March 2019 from 10.20 to 17.25 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to the general cleanliness of the environment, personalisation of the patients' bedrooms, staff provision, training, adult safeguarding, communication between residents, their representatives, staff and other professionals, the patient dining experience, the provision of activities in the home, record keeping and governance arrangements.

Areas requiring improvement were identified to ensure that fire exits are kept clear and free from obstruction and that fire doors are not wedged open. Further areas requiring improvement were found in relation to the safe storage of cleaning agents and the adherence of infection prevention and control policies and procedures and best practice guidance.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The following areas were examined during the inspection:

- the internal environment
- staffing and care delivery
- the patient mealtime experience
- provision of activities
- records and governance

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Beverley Ruddell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

	Regulations	Standards
Total number of areas for improvement	*2	3

*The total number of areas for improvement include one regulation which has been stated for the second time.

4.2 Action/enforcement taken following the most recent inspection dated 1 February 2019

The most recent inspection of the home was an unannounced follow up medicines management inspection undertaken on 1 February 2019. The draft report will be issued in due course by RQIA. This QIP will be validated by the pharmacist inspector at the next medication management inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection

- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with seven patients individually, small groups of patients in the first floor dining room and the lounges in both Strangford and Dunmore Suite, three patients' relatives and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 5 March to 17 March 2019
- incident and accident records from 13 November 2018 to 1 February 2019
- three patient care records
- a sample of governance audits
- two staff administration of medication competency records
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 October 2018

The most recent inspection of the home was an unannounced care inspection dated 18 October 2018. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	<p>The registered person shall ensure that rooms where cleaning agents/chemicals are stored remain locked at all times.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation of a store room containing cleaning agents/chemicals was noted to be unlocked and easily accessible. This area for improvement has not been met and has been stated for the second time.</p>	Not met
Area for improvement 2 Ref: Regulation 27 (4) Stated: First time	<p>The registered person shall ensure that fire safety equipment is available at the designated points in the home at all times and that staff are made aware of the importance of ensuring fire safety procedures are followed.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation of identified areas in Strangford Suite evidenced that fire safety equipment is available at the designated points in the home at all times and staff are aware of the importance of ensuring fire safety procedures are followed. This area for improvement has been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 points 1-7 Stated: Second time	<p>The registered provider should ensure that when an audit is undertaken that there is clear evidence that the auditor has reviewed/analysed/evaluated the information obtained through the audit process and that an action plan is devised to address any identified deficits as required.</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of three care plan audits and one weekly medication audit showed that there is clear evidence that the auditor has reviewed/analysed/evaluated the information obtained through the audit process and that an action plan is devised to address any identified deficits as required. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 4.9 Stated: First time</p>	<p>The registered person shall ensure that any variance to patients' care plans, reasons for the variance and outcomes are clearly recorded. Care records must accurately reflect patients' wellbeing.</p> <p>Action taken as confirmed during the inspection: Discussion with the staff nurse and review of three patients' care records evidenced that any variance to patients' care plans, reasons for the variance and outcomes are clearly recorded. Care records viewed accurately reflected patients' wellbeing. This area for improvement has been met.</p>	Met
<p>Area for improvement 3 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that the dining arrangements for patients are enhanced. This is to include maintaining the cleanliness of the dining tables and enhancing the presentation of dining tables and dining rooms.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the first floor, patient dining experience evidenced that the dining arrangements for patients has been enhanced. This included maintaining the cleanliness of the dining tables and enhancing the presentation of dining tables and dining rooms. This area for improvement has been met.</p>	Met

6.3 Inspection findings

6.3.1 The internal environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety

of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

On inspection of the ground floor it was observed that a store room containing cleaning agents/chemicals was unlocked and easily accessible. This was checked three times during the morning of inspection and was found to be unlocked each time. This was discussed with the registered manager. An area for improvement was identified under regulation for the second time.

Two identified storage cupboards were found to be cluttered and untidy with items including bedding, pillows, clothes, magazines and continence products on the floor restricting access to items on the shelves. This was discussed with the registered manager who advised she will arrange for both cupboards to be tidied and cleaned. The bath enamel was chipped in an identified bathroom in Strangford Suite and needs to be restored. It was noted that under the sink and around the rim of the bin in the ground floor visitor's toilet was unclean. These areas for improvement were discussed with the registered manager as they do not adhere to infection prevention control measures and best practice guidance. An area for improvement under standards was identified.

On observation of wheelchairs, patients' specialised chairs and hoists throughout the home it was noted that they were not effectively cleaned. In an identified ensuite a commode was rusted around the wheels. This was discussed with the registered manager who agreed the commode would be disposed of and replaced with an appropriate shower chair for the patient to use while showering. An area for improvement under standards was identified.

Two fabric chairs and several wheelchairs were inappropriately stored in identified bathrooms in the home. This was discussed with the registered manager. An area for improvement under standards was identified.

The flooring in the corridor on the first floor was found to have two areas of disrepair. Both areas of patched flooring were secured with white adhesive tape which could cause a potential trip hazard. This was discussed with the registered manager who advised the flooring would be replaced soon as this has been discussed with the owner who is aware of the matter.

An identified fire exit on the ground floor had a heated trolley stored that would cause an obstruction should the home need to be evacuated safely. Another identified fire exit had a long box stored on the floor. An identified patient's bedroom had a can of air freshener wedging the door open. This was discussed with the registered manager. An area for improvement under regulation was identified.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to the general cleanliness of the environment and personalisation of the patients' bedrooms.

Areas for improvement

Five areas for improvement were identified to ensure that fire exits are kept clear and free from obstruction and that fire doors are not wedged open. Further areas requiring improvement were found in relation to the safe storage of cleaning agents and the adherence of infection prevention and control policies and procedures and best practice guidance.

*The total number of areas for improvement include one regulation which has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	*2	3

6.3.2 Staffing and care delivery

A review of the staffing rota from 5 March to 17 March 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. A staff member advised that on occasions staffing levels were affected by short notice leave. They also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via the online survey; we had no response within the time scale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ringdufferin Nursing Home. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. None were returned within the timescale specified.

Three relatives said:

"Mum's well cared for. I've no complaints and if I had I'd speak to the manager. She's very approachable."

"I'm generally happy with the care. I'd like to see more staff especially at night, as sometimes it's difficult to find someone if dad needs assistance. The home's clean. Over all they're great and the home's well run."

"I've no concerns. The staff's good and the manager is approachable."

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

On the morning of inspection it was observed that staff responded quickly and appropriately when an emergency call bell was activated to assist and resolve the matter.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thanks for treating...with respect and dignity, for having time for him and looking after him.”

“Thank you for making my stay at Ringdufferin a comfortable and pleasant one.”

The registered manager advised that staff, patient and relatives meetings were held on a regular basis; minutes were available.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staff provision, training, adult safeguarding, and communication between residents, their representatives, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Meal time experience

We observed the serving of the lunchtime meal in the dining room on the first floor. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and flowers. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Two patients said;

“I’m happy with the food here.”

“I can’t complain. We get good food.”

Questionnaires were provided for patients and their representatives across the four domains of safe, effective, compassionate and well led care. We had no responses within the timescale specified.

Staff were asked to complete an on line survey across the four domains of care. We had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and the patient dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Provision of activities

Discussion with patients and staff and review of the activity programme displayed in each suite evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The Ark Open Farm visited the home on the afternoon of inspection. The activity therapist was observed enthusiastically, facilitating patients to pet the animals. Patients were responsive and appeared to be enjoying the experience.

A patient commented; "I love the rabbits. Their fur is so soft."

Areas of good practice

There were examples of good practice found in relation to the provision of activities in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Records and governance

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. The staff nurse advised that a 'Resident of the Day' system is in place which includes a review of an individual patient and an update of their care plan. Two patients are reviewed daily in the home.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in

accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

We reviewed accidents/incidents records from 13 November 2018 to 1 February 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, wound care and the use of thickening agents for patients who require a modified diet.

Discussion with the registered manager and review of records for January and February 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found in relation to record keeping and governance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Beverley Ruddell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time To be completed: Immediate action required	The registered person shall ensure that rooms where cleaning agents/chemicals are stored remain locked at all times. Ref: 6.4
	Response by registered person detailing the actions taken: New keys were acquired and issued to each member of domestic staff. Manager ensures door is kept locked at all times.
Area for improvement 2 Ref: Regulation 27.4 Stated: First time To be completed: Immediate action required	The registered person shall ensure that fire exits are kept clear and are free from obstruction and that fire doors are not wedged open. Ref: 6.3.1
	Response by registered person detailing the actions taken: Hall way to fire exits cleared. Cardboard box removed and heated food trolley now stored in another area, recent fire safety training reiterated importance of fire exits not being obstructed.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed: Immediate action required	The registered person shall ensure that storage cupboards are uncluttered, tidy and items are stored appropriately, the bath enamel is restored and the areas identified in relation to the visitor's toilet are addressed to adhere to infection prevention and control measures and best practice guidance. Ref: 6.3.1
	Response by registered person detailing the actions taken: Sluice room tidied at end of each shift and documented. Linen rooms tidied and all clutter removed from floors. Visitor toilet deep cleaned. Manufacturer of bath contacted regarding maintenance.

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall establish a robust system to ensure wheelchairs, patients' specialised chairs and hoists throughout the home are adequately cleaned and monitored and that the identified commode is replaced with appropriate seating for use in the shower.</p> <p>Ref: 6.3.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>Response by registered person detailing the actions taken: Cleaning schedule and audit available for inspection re: equipment mentioned.</p> <p>The registered person shall ensure that equipment is appropriately stored to minimise that risk of infection.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: Adequate storage facilities are now in place for storage of equipment.</p>

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



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