

# Inspection Report

13 May 2021



## Ringdufferin Nursing Home

Type of Service: Nursing Home  
Address: 36 Ringdufferin Road,  
Killyleagh, BT30 9PH  
Tel no: 02844821333

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> M Care Ltd</p> <p><b>Responsible Individual:</b> Mrs Caroline Malone – Acting Responsible Individual</p>	<p><b>Registered Manager:</b> Ms Jacqueline Bowen</p> <p><b>Date registered:</b> 15 October 2020</p>
<p><b>Person in charge at the time of inspection:</b> Ms Jacqueline Bowen</p>	<p><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) &amp; 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.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill DE – Dementia</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 39</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This 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.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 13 May 2021 from 9.15 a.m. to 6.30 p.m. The inspection was carried out by the care inspector.

The inspection sought 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 culture and ethos in the home, teamwork and ensuring that patients' received the right care at the right time.

Areas requiring improvement which were identified are discussed in the main body of the report.

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.

Comments received from patients, relatives and staff are included in the main body of this report.

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 patients their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards 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.

At the end of the inspection the Registered Manager was provided with details of the findings.

## 4.0 What people told us about the service

During the inspection we spoke with 14 patients, both individually and in small groups, two patients' relatives and seven staff. Patients told us that staff were helpful and friendly, they felt well looked after and enjoyed the food. Both relatives said that their loved ones were well looked after. Staff said that staffing levels were good, teamwork was great and they felt supported.

Following the inspection we received one completed questionnaire from a relative who indicated that they were very satisfied the care provided was safe, effective, compassionate and well led.

## 5.0 The inspection

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

The last inspection to Ringdufferin Nursing Home was undertaken on 25 August 2020 by a care inspector and a pharmacist inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients, this also included agency or temporary staff. The manager recognised that safe staffing begins at the point of recruitment and said that recruitment for additional care staff was ongoing.

There were systems in place to ensure staff were trained and supported to do their job, for example, staff completed mandatory training in a range of topics and regular staff meetings were held. Staff said that their training needs were met and they felt well equipped to carry out their roles and responsibilities effectively. Due to the COVID-19 pandemic training was provided mainly online but some face to face training had resumed. Training provided included, for example, moving and handling, first aid and infection prevention and control (IPC).

Staff said that teamwork was very good and that the manager was approachable. Staff confidently discussed the needs of the patients and the importance of maintaining flexibility in the daily routine of the home in order to respect patients' wishes and preferences.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Patients had call bells in reach where this was appropriate and it was noted that there was enough staff in the home to respond to the needs of the patients in a timely way.

Staff treated patients with respect and kindness; they respected patients' privacy and were seen to knock on doors before entering bedrooms and bathrooms. One patient said that staff were helpful but sometimes they "could do with more" although another patient said there were "plenty of staff, I just have to ring the bell". Overall patients said that they were satisfied with staffing levels.

There were safe systems in place to ensure staff were recruited and trained properly and also to ensure that patients' needs were met by the number and skill of the staff on duty.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

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.

Review of staff training records confirmed that all staff were required to complete mandatory training on adult safeguarding. Staff told us they were confident about reporting concerns regarding patients' safety and poor practice.

Review of the home's record of complaints confirmed that the outcome of these was used as a learning opportunity to improve practices and/or the quality of services provided by the home. The manager said that staffs' training in record keeping and complaints management had recently been updated following the conclusion of an investigation into a complaint.

Some patients may be required to use equipment, for example, bed rails and alarm mats, that can be considered to be restrictive. Review of patient records and discussion with staff confirmed that the correct procedures were followed if restrictive equipment was required. Staff confirmed they had attended specialised training to ensure they were aware of what restrictive practices could be avoided and how to ensure if they could not be avoided that best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions. Care records contained evidence of consultation with patients and/or their relatives regarding the use of restrictive practices.

Staff were observed to effectively communicate with patients and to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. An example of this was observed in how staff cared for a patient who was upset. It was positive to see that they reassured the patient, offered cups of tea and favourite snacks and took time to chat and carry out regular checks throughout the day. Staff were respectful, understanding and sensitive to the patient's needs.

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping patients safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a selection of bedrooms, en-suites, treatment rooms, storage areas, dining rooms, lounges and bathrooms. The manager said that all the required safety checks and measures were in place and regularly monitored. There was evidence that the environment was clean, tidy and well maintained.

An environmental audit was completed on a regular basis and an action plan was created to ensure remedial action, such as redecoration, was completed. This was kept under review to ensure required actions were undertaken in a timely manner. However, it was observed that identified vanity units in en-suites showed signs of wear and tear; an area for improvement was identified.

Patients' bedrooms were attractively personalised with items that were important to them, for example, family photos, flower arrangements, cushions and ornaments. Bedrooms and communal areas were well decorated, suitably furnished, clean, tidy and comfortable. Patients said that the home was kept clean and tidy.

Throughout the home there were pleasant and considerate touches such as magazines, books, games and drinks available. Patients' arts and crafts were on display. Patients could choose to spend time in their room or in the communal areas as they preferred and staff assisted them in their choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were clear of clutter and obstruction.

There were systems in place to ensure that patients were comfortable and safe in the home. Following the inspection the manager confirmed that repainting of the vanity units had been added to the current maintenance plan.

#### **5.2.4 How does this service manage the risk of infection?**

The manager told us that systems and processes were in place to ensure there was effective management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and completed a health declaration when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times. PPE stations were well stocked throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager; audits relating to this were available to view.

It was observed that staff did not always consistently don PPE prior to assisting patients with moving and handling tasks although PPE was used appropriately otherwise; an area for improvement was identified.

It was observed that the underside of various soap dispensers required more effective cleaning; an area for improvement was identified.

There were systems in place to manage the risk of infection in the home. Following the inspection the manager confirmed that all staff had been reminded of the need to wear PPE during moving and handling tasks and this would continue to be reinforced during the daily staff briefing. Additionally, the manager said that the IPC audit had been updated to include checking the underside of soap dispensers.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff assisted patients who were less able to mobilise to change their position regularly. Patients who required assistance to change their position had this clearly recorded in their care records. Patients who had a wound also had this recorded in their care records and contemporaneous recording of wound care was maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, call bells were accessible and floor alarm mats were in use if recommended. Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence that staff sought medical attention for patients if required and completed neurological observations if necessary.

Review of records evidenced that accidents and incidents were notified, if required, to patients' next of kin and their care manager. However, it was apparent that RQIA was not always appropriately notified in the event of an accident or incident; an area for improvement was identified.

At lunchtime it was observed that there was choice of meals offered, the food was attractively presented and smelled appetising. There was a variety of drinks available and staff were seen to assist patients in a range of ways from gentle encouragement to full assistance with their eating and drinking needs. The majority of patients said that they enjoyed the food and that alternatives were available if required. One patient said they would like salads to be a more regular option on the menu. The manager told us that this had already been brought to the attention of the chef and the menus were being reviewed to include more salad options.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients' care records were kept up to date to ensure that they received the correct diet. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily and those reviewed were up to date.

There were systems in place to ensure that patients' received the right care at the right time. Following the inspection the manager submitted the required notifications to RQIA retrospectively.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

Care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Care plans were detailed and contained specific information on each patients' care needs. Patients' individual likes and preferences were reflected throughout the records, for example, preferred times to go to bed and get up in the morning. An informative daily record was kept of the care and support provided by staff for individual patients. The outcome of visits from any healthcare professional was recorded.

There were systems were in place to ensure that care records were regularly evaluated, updated to reflect any changes in patients' needs and to ensure that staff were aware of any changes.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

It was observed that staff offered choices to patients throughout the day which included, for example, when they wanted to get up and have their breakfast, what clothes they wanted to wear, what they wanted to eat and drink and where in the home they wished to spend their time. Staff were seen to treat patients with kindness and respect and to be attentive to their needs.

There was a range of activities provided for patients by the activity person and staff. An attractive and colourful activity planner for the month of May 2021 was on display in both suites. Patients' needs were met through a range of individual and group activities, such as, painting, gardening, singing, movie afternoons and one to one hand massage. The activity person was helping patients with a crafting activity in the morning, music was playing, there was a calm and relaxed atmosphere and patients were obviously enjoying the activity.

The activity person said that activities were planned in consultation with the patients and the schedule was flexible, for example, if the weather was good a gardening activity might be arranged in place of an inside activity.

The manager said that all staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Communication was maintained between staff and families via email and telephone calls. The activity person also assisted families with visiting bookings and patients with making phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said that they felt listened to by staff who were helpful and friendly. Relatives said that communication about their loved one's care was good. One relative said they felt the manager could have communicated with them more effectively in relation to an issue they had raised directly with the manager. This was brought to the attention of the manager for information and in order that action could be taken.



Staff said that they enjoyed looking after the patients; one member of staff told us that “it is great to see when you make a difference to someone’s day”.

There were suitable systems in place to support patients to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

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. There has been no change in the management of the home since the last inspection. Staff commented positively about the management team and described them as being approachable and available at any time.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits to review, for example, wounds, falls, the environment and care records. As previously mentioned in Section 5.2.4 the IPC audit was reviewed following the inspection.

A record of compliments received was kept and shared with the staff team. Relatives had commented positively about the care and kindness provided in the home. A record of activities, special events, birthdays and celebrations was also kept; this included lots of photos of patients and staff and was thoughtfully presented.

The home was visited each month by a representative of the registered provider 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. The reports included consultation with patients and staff, however, there was no evidence of recent consultation with relatives. This was discussed with the Acting Responsible Individual who completed the reports; they explained that the lack of consultation was due to the visiting restrictions which had been in place and assured us that going forward relatives views will be sought by a suitable means and will be included in future reports.

There were systems were in place to monitor the quality of care and services provided and to drive improvement in the home.

## 6.0 Conclusion

Patients in the home looked well cared for and were seen to be comfortable and content in their surroundings. Staff were helpful and friendly and treated the patients with kindness and compassion. The home was clean, tidy and well maintained.

Thank you to the patients, relatives and staff for their assistance and input during the inspection and also to those who returned a completed questionnaire following the inspection.

Based on the inspection findings and discussions held we are satisfied that, whilst areas for improvement were identified, this service is providing safe, effective and compassionate care and that the service is well led by the management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

Four areas for improvement were identified; one under the regulations in relation to notification of accidents/incidents to RQIA and three under the standards in relation to repainting of vanity units, staffs' compliance with PPE use when engaged in moving and handling tasks and ensuring soap dispensers are effectively cleaned.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline Bowen, Registered Manager, Caroline Malone, Acting Responsible Individual, and Monica Costa, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The responsible person shall ensure that that all accidents/incidents are appropriately notified to RQIA in a timely manner.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> The responsible person will ensure that all accidents and incidents are notified to the RQIA in a timely manner as per regulation 30

<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 44 <b>Stated:</b> First <b>To be completed by:</b> 13 July 2021	<p>The responsible person shall ensure that action is taken to repair/repaint the identified vanity units.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The repair and repainting of identified vanity units has been completed. This will continue to be monitored as part of the Home's Environment audits which is completed monthly.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff have completed training on infection prevention and control. Training includes the correct and effective use of PPE. The use of PPE is included in staff induction and is monitored as part of the monthly Infection prevention and control audit. Staff will use PPE appropriately at all times in order to assure compliance with best practice guidelines in the infection and control measures.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All undersides of soap dispensing units have now been cleaned and there is an effective system in place to monitor this which will include a daily walk around and it has also been included in the Monthly Infection prevention and control audit.</p>

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



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