



Unannounced Enforcement Care Inspection Report 25 September 2019



Ringdufferin Nursing Home

Type of Service: Nursing Home (NH)
Address: 36 Ringdufferin Road, Killyleagh, BT30 9PH
Tel No: 02844821333
Inspector: Linda Parkes

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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home that provides care for up to 64 patients with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

<p>Organisation/Registered Provider: M Care Ltd</p> <p>Responsible Individual: Brenda Frances McKay - acting</p>	<p>Registered Manager and date registered: Caroline Malone - acting</p>
<p>Person in charge at the time of inspection: Caroline Malone</p>	<p>Number of registered places: 64</p> <p>A maximum of 31 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH(E) & NH-TI) and a maximum of 32 patients in category NH-DE accommodated in the Strangford Suite. There shall be a maximum of 1 named resident receiving residential care in category RC-I accommodated in the Dunmore Suite.</p>
<p>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. DE – Dementia. TI – Terminally ill. A maximum of 31 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH(E) & NH-TI) and a maximum of 32 patients in category NH-DE accommodated in the Strangford Suite. There shall be a maximum of 1 named resident receiving residential care in category RC-I accommodated in the Dunmore Suite.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 51</p>

4.0 Inspection summary

An unannounced inspection took place on 25 September 2019 from 10.50 to 15.15 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 last medicines management and care inspection in the home on 6 June 2019 and 13 June 2019 resulted in four Failure to Comply (FTC) Notices being issued on 24 June 2019.

The four Failure to Comply Notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005; FTC000056 relating to medicines management; FTC000057 relating to health and welfare of patients; FTC000058 relating to governance and FTC000059 relating to staffing within the home. The FTC Notices specified the noncompliance with the regulations, actions required for compliance and the timescales within which they should be made. The date of compliance with the FTC Notices was 18 July 2019.

At the unannounced enforcement care inspection on 18 July 2019, evidence was available to validate compliance with three of the Failure to Comply Notices:

FTC Ref: FTC000056, in respect to breaches in Regulation 13 (4), of The Nursing Homes Regulations (Northern Ireland) 2005.

FTC Ref: FTC000058, in respect to breaches in Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

FTC Ref: FTC000059, in respect to breaches in Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Evidence was not available to validate compliance with:

FTC Ref: FTC000057, in respect to breaches in Regulation 13 (1) of The Nursing Homes Regulations (Northern Ireland) 2005 and the compliance date was extended to 25 September 2019.

In relation to the management of medicines one area for improvement regarding fluid intake charts was stated for a second time and an area for improvement regarding denaturing controlled drugs prior to their disposal was identified during inspection on 18 July 2019. Areas for improvement identified were not reviewed during this inspection and will be validated by the inspector at the next care inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

	Regulations	Standards
Total number of areas for improvement	*1	*1

Two areas for improvement identified at the last care inspection were not validated at this inspection and have been carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement being identified.

Ongoing enforcement action did not result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

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

- recent inspection reports and returned QIPs
- notifiable events since the last inspection
- written and verbal communication received since the last inspection
- the registration status of the home
- the failure to comply notice.

During the inspection we met with five staff, four patients, small groups of patients in the lounges and dining rooms, one patient representative, the manager and the responsible individual (acting).

The following records were examined during the inspection:

- duty rota for all staff for 25 September 2019
- two care records for patients with wounds
- two care records for patients requiring a modified diet
- a selection of patient care charts including personal care records and food and fluid records
- a sample of governance audits/records.

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 last care inspection dated 13 June 2019

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 24 June 2019. Areas for improvement identified at the last care inspection on 13 June 2019 had been included in the Failure to Comply Notice and were reviewed and assessed for compliance with the regulations.

6.2 Inspection findings

FTC Ref: FTC000057

Notice of failure to comply with The Nursing Home Regulations (Northern Ireland) 2005

Health and welfare of patients

Regulation 13.-(1) The registered person shall ensure that the nursing home is conducted so as –

- (a) to promote and make proper provision for the nursing, and health and welfare of patients;
- (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

In relation to this notice the following actions were required to comply with this regulation.

- Patients receive a high standard of personal care.
- Accurate records are maintained to evidence the delivery of personal care.
- The arrangements for the mealtime service are reviewed to ensure that patients' needs are met.
- The provision of activities is reviewed to ensure that patients' needs are met.
- Patients with wounds and/or pressure ulceration have up to date care plans in place to direct staff in the provision of care.
- Patients who require a modified diet have up to date care plans to direct staff in the provision of care.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

A staff member commented: "A lot of positive changes have been made in a short time. We needed direction. It's better than it was."

During the care inspection patients were observed in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Patients were observed throughout the home to be well presented. Review of the bath/shower list and personal care charts of several patients evidenced that they had been well documented to reflect that basic care needs had been met.

Four patients individually and small groups of patients in the lounges and dining rooms spoken with did not raise any concerns regarding care delivery, staff or staffing levels. We also sought patients' opinion on care delivery and staffing via questionnaires. No questionnaires were returned within the timescale specified.

A patient commented: "The staff's great. I couldn't fault them."

We observed the delivery of the lunchtime meal in Strangford Suite. Improvement was observed regarding the arrangements for the serving of the meal, staffing arrangements and the environment to ensure that patients' needs were met. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was appropriately covered on transfer. Strangford Suite had a new heated trolley and food was observed to be provided in the additional dining area that has been introduced for patients who are unable to attend the main dining room. There was adequate seating for the patients and staff and tables were nicely set with condiments and flowers. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. A pictorial menu was displayed on the notice board. We were assured that there were an adequate number of staff to assist patients with their meals and to ensure the safety of the patients. Patients able to communicate indicated that they enjoyed their meal.

A relative commented, "My husband is able to come to the dining room now. I see a lot of changes for the better."

We reviewed the provision of activities and noted that improvement had been made. The colourful programme of activities was observed to be displayed in a suitable format in order for patients and their relatives to be informed of the planned activity for each day. Observation and discussion with staff evidenced that due to revised staffing levels and work patterns, patients' engagement and interaction with staff had improved. The manager advised that patients on both floors of the home now benefit from the provision of activities daily as the activity therapist spends half a day on each floor.

Review of four patient records in relation to wounds and modified diets was undertaken during the inspection. Significant improvements were noted regarding record keeping. Review of records evidenced that care planning was reflective of patients' needs and the multidisciplinary team recommendations. It was noted that patient care records were contemporaneously and accurately recorded to direct staff in the provision of care. Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits observed were completed on a weekly basis regarding wounds, care plans and the patient dining experience.

Review of two patient supplementary charts in relation to food and fluids were observed to be well maintained.

A staff member commented, "We've worked extremely hard but it's been worth it. It's a much better place to work. I'm happier and it's good to see the records and care plans up to date."

Significant improvement was noted in relation to personal care, the mealtime experience, activities provision and in relation to record keeping. Evidence was available to validate compliance with the Failure to Comply Notice.

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice FTC Ref: FTC000057.

7.0 Quality improvement plan

Areas for improvement identified on inspection 18 July 2019 are detailed in the QIP. Details of the QIP were discussed with Caroline Malone, 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 nursing 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 Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last inspection on 18 July 2019 and has returned the completed QIP via Web Portal for assessment by the pharmacist inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: 18 August 2019	The registered person shall ensure that fluid intake charts are accurately maintained and totalled each day to evidence that the recommended fluid intake is achieved.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
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 28 Stated: First time To be completed by: 18 August 2019	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4 (Part1) are denatured prior to their disposal.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

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



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