



# Announced Care Inspection Report

## 30 April 2020



## Ringdufferin Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: 39 Ringdufferin Road, Killyleagh, BT30 9PH**  
**Tel No: 028 4482 1333**  
**Inspector: Julie Palmer**

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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 registered to provide care for up to 64 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> M Care Ltd  <b>Responsible Individual(s):</b> Brenda Frances McKay - acting	<b>Registered Manager and date registered:</b> Caroline Malone - Acting
<b>Person in charge at the time of inspection:</b> Caroline Malone	<b>Number of registered places:</b> 64
<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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 44  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.

### 4.0 Inspection summary

An announced inspection took place on 30 April 2020 from 13.45 hours to 16.55 hours. Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection during the ongoing outbreak of coronavirus (COVID-19) within the home.

During the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in care homes. Due to ongoing concerns identified as a result of daily data returns to RQIA, discussions with the manager, the protracted nature of the outbreak and the level of support required from the local Trust to support the service RQIA decided to undertake an inspection to this home.

Prior to the inspection we had been in regular contact with the manager to provide support and advice. We were aware that a large number of patients and staff had tested positive for COVID-19. Representatives from the South Eastern Health and Social Care Trust (SET) had visited the home on 27 April 2020 to assess how staff were managing the COVID-19 outbreak and determine if additional support or resources were required. The SET had provided additional support with staffing, supplies of personal protective equipment (PPE) and input from district nursing and the acute care at home team.

The following areas were examined during the inspection:

- Staffing
- PPE
- Care delivery
- Governance and management

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.

#### 4.0 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Caroline Malone, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this 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
- The returned QIP from the previous care inspection
- The previous care inspection report
- The duty rota from 20 April to 3 May 2020.

The following records were examined during the inspection:

- A sample of food and fluid intake charts
- A sample of repositioning/skin bundle charts.

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 inspections

An unannounced enforcement compliance inspection was undertaken by the care inspector on 25 September 2019. No new areas for improvement were identified at the inspection; two areas for improvement were carried over for review at the next inspection.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 November 2019. The two areas for improvement carried forward from the previous enforcement compliance inspection were reviewed and met. No areas for improvement were identified at the inspection and a QIP was not required.

### 6.2 Inspection findings

#### Staffing

Prior to the inspection we had reviewed the duty rotas for the period from 20 April to 5 May 2020. We were aware that a large number of the home's staff were off work due to COVID-19 and the manager had worked with representatives of the SET to ensure shifts were covered.

During the inspection we discussed staffing levels and the arrangements for covering shifts. The manager told us that patients' dependency levels were regularly reviewed and every effort was made to cover shifts to ensure the assessed needs of patients were met. The manager told us that the home's own staff had been extremely helpful and had worked additional shifts as able and SET continued to provide staff. Agency and paid volunteer staff were also used following completion of appropriate vetting and employment checks. The acute care at home team had provided support but were currently not required. The district nursing team continued to assist the home to ensure patients' palliative care needs were met effectively.

On the day of the inspection we observed that staffing levels were satisfactory and consisted of a mix of the home's own staff, SET staff, agency staff and paid volunteer staff. The manager and staff spoken with told us that safeguards had been put in place to ensure patients' needs were met safely and according to their assessed needs in view of the current staffing arrangements. These safeguards included:

- a daily team brief for all staff prior to the commencement of their shift.
- provision of an up to date daily handover sheet detailing patients' requirements with regard to, for example, if on a normal diet or any modified food and fluid recommendations, assistance required with moving and handling and COVID-19 status.
- an induction to the home by an experienced member of staff.
- deployment with more experienced staff where possible.
- block booking of agency staff.

We observed that staff answered call bells promptly and were responsive to the needs of patients.

## **Personal Protective Equipment (PPE)**

We observed that there was a supply of PPE and hand sanitisers at the entrance to the home. Signage had been placed at the entrance which provided advice and information about COVID-19. PPE stations were well stocked throughout the home; the manager told us that these were regularly replenished.

Staff were observed to use PPE appropriately during our visit and told us that they had received training in the correct method of donning and doffing of PPE, infection prevention and control (IPC) measures and hand hygiene. Staff were observed to carry out hand hygiene at appropriate times and to be adhering to the home's uniform policy.

We ensured that we donned and doffed PPE and carried out hand hygiene at appropriate times during the inspection.

The manager told us that the SET were supplying the home with additional PPE and observations of staff and the environment confirmed that they were being extremely compliant with the required usage of PPE, hand hygiene and IPC measures.

Patients appeared to be accepting of the need for staff to wear masks. Staff told us that they had explained the need for masks to be worn to patients and offered regular reassurance to those patients who might not fully understand or be alarmed by this.

## **Care delivery**

Patients looked well cared for, they were dressed in clean clothes and were well groomed. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Those patients who were able to have a chat with us told us that they were well looked after and had plenty to eat and drink. Patients' bedrooms were clean, tidy and personalised.

We observed that patients who were being nursed in bed appeared to be very comfortable, content and settled. Staff were attentive; observations and discussion with staff evidenced that mouth care, repositioning and all other care needs were being met in a timely, compassionate and caring manner. A sample of repositioning records reviewed were up to date.

The manager told us that in order to ensure patients' nutritional needs were met effectively and safely she had instructed staff to double check individual patient's care records to determine if they had any modified dietary or fluid requirements prior to providing or assisting them with food and drinks. Staff had also been instructed to take as much time as necessary with those patients who required prompting, assistance and encouragement to eat and drink. Staff recognised the need for patients to have an adequate daily food and fluid intake and arrangements had been made for appropriate dietary supplements to be provided for individual patients, following assessment, if required.

We noted that patients had access to drinks and staff were observed assisting patients who required encouragement with drinks. Food and fluid intake records were maintained for those patients who required them.

The manager told us that visits from families had been suspended prior to the COVID-19 outbreak but maintaining effective communication remained paramount. Families were provided with regular updates via telephone calls from staff and were offered the opportunity to contact their relatives via phone calls and also through social media apps such as Skype and WhatsApp. Some families had called at the home to wave to their relative through the window; staff were happy to facilitate any appropriate means of communication possible to help reduce anxiety and worry.

### **Governance and management**

Staff told us that they felt well supported in their roles and that the manager was approachable and had been a good leader during the COVID-19 outbreak. The manager and staff all commented positively about team work within the home, wanting to do their best for patients and the importance of supporting new or less experienced staff.

The manager told us that a positive culture was promoted within the home and that an emphasis was put on supporting and reassuring staff. A notice board at the entrance displayed compliments and thank you cards; the manager wanted to ensure that all staff were aware of these.

During our visit we looked at a variety of areas including bedrooms, en-suites, lounges and bathrooms; we observed that the home was clean, tidy and hygienic throughout. The manager told us that additional domestic staff had been provided by the SET and that a full schedule of cleaning and deep cleaning was maintained within the home.

Enhanced measures had been put in place to seek to protect patients. This included additional cleaning, isolating patients to their rooms as far as possible and strictly limiting any use of communal areas. Patients were taking meals in their own rooms rather than the dining rooms. The home cares for patients within a variety of categories of care including dementia and this can make effective isolation more difficult as patients might not understand the need for isolation. However, we observed that the majority of patients were in their own rooms. A small number of patients were up and about in one of the lounges but staff monitored these patients and ensured social distancing was maintained as far as possible.

### **Areas of good practice**

Areas of good practice were identified regarding the care provided, treating patients with kindness and compassion, use of PPE, IPC measures and teamwork.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

### 6.3 Conclusion

On the day of the inspection we observed that staffing levels were satisfactory and were being maintained with assistance from the SET. The manager acknowledged that staffing levels had been severely affected by the COVID-19 crisis; however, she had alerted all relevant bodies to this issue immediately and had worked with the SET to ensure shifts were covered. Staff morale was good and new or less experienced staff felt supported.

We observed that patients were well looked after, staff treated them with kindness, care and compassion. Staff took time to ensure patients' needs were met.

The current guidelines on the use of PPE and IPC measures to be employed during an outbreak of COVID-19 were being followed within the home which was clean, tidy and hygienic.

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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