



**The Regulation and  
Quality Improvement  
Authority**

## **Secondary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Ringdufferin Residential Suite</b>
<b>Establishment ID No:</b>	<b>11967</b>
<b>Date of Inspection:</b>	<b>29 May 2014</b>
<b>Inspector's Name:</b>	<b>Maire Marley</b>
<b>Inspection No:</b>	<b>16850</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## GENERAL INFORMATION

<b>Name of Home:</b>	Ringdufferin Residential Suite
<b>Address:</b>	36 Ringdufferin Road Killyleagh BT30 9PH
<b>Telephone Number:</b>	(028) 4482 1333
<b>E mail Address:</b>	marykirk@hotmail.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr John Miskelly M Care Ltd
<b>Registered Manager:</b>	Ms Kathleen Patricia Lee
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Kathleen Patricia Lee
<b>Categories of Care:</b>	NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE
<b>Number of Registered Places:</b>	64 in total 32 nursing beds 32 residential beds
<b>Number of Residents Accommodated on Day of Inspection:</b>	32 in residential suite and 1 resident in hospital
<b>Scale of Charges (per week):</b>	£462 - residential
<b>Date and type of previous inspection:</b>	24 June 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	29 May 2014 2.30pm - 5.00pm
<b>Name of Inspector:</b>	Maire Marley

## **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 residential care homes. A minimum of two inspections per year are required.

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

## **PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **METHODS/PROCESS**

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## **INSPECTION FOCUS**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

**STANDARD 25 – STAFFING**

**The number and ratio of staff at all times meet the care needs of residents.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## PROFILE OF SERVICE

Ringdufferin is conveniently located on 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 provides care for up to 64 patients/residents.

Strangford Suite on the ground floor supports the care of thirty two residential category patients with dementia. (RH - DE). This suite has been adapted to meet the specialised needs of the residential client with a dementia.

Dunmore Suite on the first floor supports the care of thirty two nursing patients within the categories of frail elderly, physical disability under and over 65 years and terminally illness. (NH-I, NH-PH, NH-PH (E), NH-TI)

Each patient/resident has his or her own bedroom all of which have ensuite shower facilities. The bedrooms are tastefully decorated and finished to a very high standard with built in furniture, profile beds and a leather effect armchair.

There are dining facilities, lounge areas on the ground and first floor areas. A hairdressing room is located for use by all patients/residents on the ground floor. A large activity room is available on the first floor.

There is ample car parking to the front of the home.

## SUMMARY

This secondary unannounced inspection to the residential suite in Ringdufferin nursing home was carried out by an inspector from RQIA on Thursday 29 May 2014 between the hours of 2.30pm and 5.30pm. This summary reports on the position of the home at the time of inspection.

The inspector was met by the senior care assistant in charge, Ms Margaret Brown, who was able to assist with discussion. The registered manager, Ms Kate Lee joined the inspection to provide assistance and support. At the conclusion of the inspection the findings were discussed with Ms Kate Lee.

The previous care inspection to the residential suite was an announced inspection on 9 April 2013 and resulted in two requirements and four recommendations. Observations and discussion demonstrated that the requirements and recommendations had been addressed. The detail of the action taken by the registered manager can be viewed in the section following this summary.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards. The inspector focused on one standard outlined in the DHSSPS Residential Care Homes Minimum Standards (updated August 2011) Standard 25: Staffing

All eight criteria within this standard were examined. Evidence used to assess compliance included examination of staff duty roster, staff records, staff training and discussions with the registered manager and three staff members on duty.

The registered manager is based in the home and is also responsible for the nursing home on the first floor. The registered manager is supported by a team of senior care assistants, care assistants, administrator, housekeeping staff, catering staff and a maintenance staff. The inspector was informed that each staff member is provided with a job description detailing their specific roles and responsibilities.

At the time of this unannounced inspection the findings indicated that appropriate staffing levels were in place to meet the assessed needs of residents. This was evidenced during observations of care practices, discussions with staff on duty and a review of records.

Records of the duty roster were maintained in an accessible manner giving a good account of who specifically was on duty or was planned to be on duty. Staff confirmed that time is allocated for staff to hand over information at the end of each shift.

Staff consulted were satisfied with the training provided and stated they felt supported and valued by the management team.

The eight areas examined within this standard were assessed as compliant.

During the inspection the inspector moved freely around the home. On the afternoon of inspection a visiting musician was entertaining the residents. The inspector observed some residents singing along to the music, some residents dancing and everyone was observed to be relaxed and enjoying the entertainment.

During the inspection the inspector spoke to three residents privately and conversed with two other residents informally. Residents were relaxed in their surroundings and in accordance with their capabilities indicated that they were content with their life in the home and their relationships with the staff team.

The inspector had the opportunity to speak with two visiting relatives, who both spoke with praise and gratitude for the provision of care, the environment and support received from staff.

On the day of this inspection, the home was found to be clean and fresh smelling with suitable heating and lighting. During the tour of the building it was observed that all fire doors were free from obstruction and there were no obvious hazards.

Two recommendations are made within this report and the areas for improvement are detailed in the quality improvement plan for this inspection, which is appended to this report.

The inspector wishes to acknowledge the full co-operation of the registered manager and staff and to thank the residents who spoke with her.

## FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	19 (2) Schedule 4, 6 (g)	The registered person/manager must ensure that the records of staff induction are maintained in the home at all times.	Requested records of induction were available during this inspection.	Compliant
2	27 (4)(a)	The registered person/manager must ensure the fire risk assessment for the home is updated.	The registered manager provided evidence that the fire risk assessment had been updated in July 2013.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.1  Standard 11.1	<p>The registered person/manager should devise a policy to direct and guide staff in regard to the review of residents' circumstances.</p> <p>The policy should define the responsibilities of residential care staff and the care manager in regard to the review process.</p>	<p>The registered manager confirmed that a policy to direct and guide staff in regard to the review of residents' circumstances had been implemented.</p> <p>The referring trust had issued a new format for residential care reviews. The review form outlined the responsibilities of the residential care staff.</p>	Compliant
2	Standard 11.3  Standard 11.3	<p>The registered person/manager should ensure a record of the written review report prepared by residential staff is available for inspection.</p> <p>The registered person/manager should ensure residential care review reports are signed and dated by the person completing the report and there is evidence of the consultation with the resident or their representatives.</p>	<p>The referring trust had issued a new format for residential care reviews. The form is completed at review and retained on the resident's file.</p> <p>Two review reports examined on the day were signed and dated by the person completing the report. A section in the report details the views of the resident or their representatives.</p>	Compliant
3	Standard 11.4	The registered person/manager should ensure residential care review reports incorporate all elements outlined in criterion 11.4.	The two review reports examined on the day of inspection contained the elements outlined in criterion 11.4.	Compliant



4	Standard 16.2	The registered person/manager should ensure the induction records for each member of staff is maintained in the home.	Requested records of induction were available during this inspection.	Compliant
---	---------------	---	---	-----------

**STANDARD 25 - STAFFING**  
**The number and ratio of staff at all times meet the care needs of residents.**

<b>Criterion Assessed:</b> 25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>Staffing at the time of this unannounced inspection consisted of;</p> <ul style="list-style-type: none"> <li>• One registered manager</li> <li>• One senior care assistant</li> <li>• Three care assistants</li> <li>• One domestic support</li> </ul> <p>The registered manager is based in the home and is also responsible for the nursing home situated on the first floor. A number of support staff including administration, catering, laundry and maintenance assist in the day to day running of the home.</p> <p>Review of the staffing levels over the 24 hour period, taking account of general observations of care practices and discussions with staff found that staffing levels were maintained at all times to meet the assessed care, social and recreational needs of residents. Discussion with staff on duty at the time of this inspection, in respect of staffing levels, raised no issues of concerns.</p>	Compliant
<p><b>Criterion Assessed:</b> 25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>The registered manager confirmed that the number and ratio of staff is determined using the guidance produced by the RQIA. Each year the home submits an annual analysis of residents' dependencies on request to the RQIA this is also helps determines the staffing levels.</p>	Compliant

<p><b>Criterion Assessed:</b> 25.3 There is a competent and capable person in charge of the home at all times.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> The registered manager confirmed that a competency and capability assessment is in place for any person who has the responsibility of being in charge of the home in the absence of the registered manager.  A sample of these assessments were reviewed on this occasion, and was found to be very well detailed with associated competencies assessed, including with medication; fire safety and training in respect of meeting residents' assessed care needs.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> The home employs an administrator, on a part time basis. Ancillary grades of staff are in employed in catering, housekeeping and maintenance roles. General observations made at the time of this inspection found that these respective roles were satisfactory.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> Appropriate records were in place detailing each staff member's name date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> Review of the home's duty roster, found it to be maintained in accordance with this standard criterion.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> Staff interviewed during this inspection confirmed that a verbal handover report takes place between each shift change of staff.</p>	Compliant
<p><b>Criterion Assessed:</b> 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - The date of all meetings The names of those attending Minutes of discussions Any actions agreed.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> There was evidence that staff meetings take place. It is recommended that staff meetings are held at least every quarter.</p>	Substantially compliant

## **ADDITIONAL AREAS EXAMINED**

### **Residents' Views**

There were thirty two residents accommodated in the home on the afternoon of this inspection. On the afternoon of inspection a visiting musician was entertaining the residents. The inspector observed some residents singing along to the music and some residents dancing. Everyone was observed to be relaxed and enjoying the entertainment.

During the inspection the inspector spoke to three residents privately and conversed with two other residents informally. Residents were relaxed in their surroundings and in accordance with their capabilities indicated that they were content with their life in the home and their relationships with the staff team. All residents were observed to be suitably dressed and attention had been paid to finger nail hygiene, hair grooming and footwear.

### **Relatives Views**

The inspector had the opportunity to speak with two visitors, who were visiting their relative. The visitors spoke with praise and gratitude for the provision of care, the environment and support received from staff. One relative who was visiting from England stated she found staff very helpful and she was always able to speak to her relative on the telephone. This visitor reported that her relative's physical condition had improved since admission.

### **Care Plans**

Three care plans were reviewed. It is recommended that when advance care plans are in place the multi-disciplinary team should be involved in the initial review. The care plan should be reviewed at least quarterly. It was noted that an oral hygiene assessment had been completed for each resident. This is good practice.

### **Accidents/Incidents**

Records viewed indicated that the last recorded incident occurred on 27 May 2014. The record indicated that appropriate action was taken. The registered manager was aware of the legal requirement to report notifiable events without delay to RQIA. Staff interviewed on the day answered questions on first aid and general accident scenarios competently.

### **Complaint Record**

A record of complaint is maintained. The last recorded complaint was dated 23 March 2014. The record provided details of the complaint, the action taken and outcomes of the action taken.

### **Care Practices**

Observation of staff practice on the day found it to be caring, timely and good humoured. The staff members on duty demonstrated that they were knowledgeable in regard to residents' assessed care needs. Care duties and tasks were found to be organised at a nice unhurried pace, and staff were found to assist with personal care tasks and activities in an appropriate manner.

**Staff Views**

The staff members who spoke with the inspector made positive comments in regard to the training and development opportunities provided by the home. Staff confirmed that the registered manager and senior staff were always available for support and assistance. Staff all expressed how much they enjoyed working in the home.

**Fire Prevention**

Examination of the fire risk assessment found it was reviewed in July 2013. There was evidence that resident's personal emergency evacuation plans (PEEPS) had been completed. A quick guide in regard to the moving and handling requirements for each resident is maintained at the staff station. This is commended. It was noted that action to be taken in the event of a fire was posted at each fire appliance. This is commended.

**Environment**

An examination of the premises found the home to be warm and bright. No mal odours were noted on the day of this inspection. The standard and style of décor in communal areas and bedrooms reflected a nice homely feel.

## QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Kathleen Patricia 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:

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

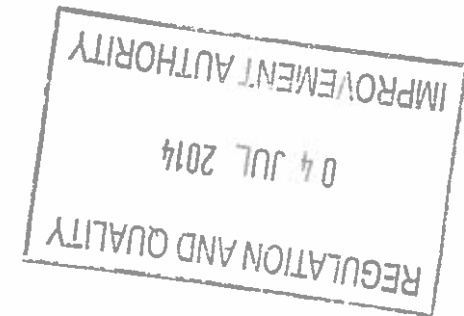
  
\_\_\_\_\_  
**Maire Marley**  
Inspector/Quality Reviewer

18/6/14  
\_\_\_\_\_  
Date



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Secondary Unannounced Care Inspection**  
**Ringdufferin Residential Suite**  
**29 May 2014**



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 registered manager during 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.



<b>Recommendations</b>					
These recommendations are based on The Residential Care 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
1	25.8	<p><b><u>Staff meetings</u></b></p> <p>The registered manager must ensure staff meetings are held at least every quarter.</p>	One	<p>A staff meeting was held following inspection and I shall ensure a meeting is held every three months</p>	No later than 30 June 2014
2	6.6	<p><b><u>Care Plans</u></b></p> <p>The registered manager must ensure that advance care plans are reviewed initially by the multi-disciplinary team and at least quarterly thereafter.</p>	One	<p>Discussion held with Managing officer for Trust &amp; G.P. re advance care planning. Care Plan reviews will identify advance care planning has been reviewed.</p>	No later than 30 June 2014

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: Kathleen P. Lee

NAME: KATHLEEN P. LEE  
 Registered Provider ERR.  
 Manager

DATE 30.06.2014

SIGNED: [Signature]

NAME: John McKelvey  
 Registered Manager-Provider

DATE 30-6-14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	H. Harley	7/7/14
Further information requested from provider			