

Inspection Report

Name of Service: Ringdufferin Nursing Home

Provider: Ring Dufferin Care (NI) Limited

Date of Inspection: 17 & 18 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Ring Dufferin Care (NI) Limited
Responsible Individual:	Audrey Murphy – not registered
Registered Manager:	Ms Jacqueline Bowen
Service Profile – This home is a registered nursing home which provides nursing care for up to 64 patients. The home is designed over two floors; the Strangford Suite is on the ground floor. This is where care is provided to patients over 65 years and living with dementia. On the first floor, the Dunmore Suite is where general nursing care is provided to those over 65 years. Each floor has its own living and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 17 February 2025, from 9.30 am to 4.00 pm and on 18 February 2025 from 9.30 am to 1.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. 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 for example, smiling and laughing.

Regarding Areas for Improvement, full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us "it's very good here", "staff help you" and "I'm very happy here". Other's said that the staff were "great craic, you get a good laugh". Patients spoke well of the staff as a team and felt they had a good relationship with the staff.

Patients told us that staff assisting them are gentle and friendly. It was observed that patients, while enjoying the company of one another, were engaged in their preferred individual activity such as reading a magazine, listening to music, colouring or watching TV. Patients who preferred to spend time in their private room were offered to engage in activities in the communal area.

Relatives said that they felt their loved ones were cared for very well and that staff kept them up to date with any interventions required for example a call to the GP or other healthcare professionals. Relatives spoke of feeling involved; when they visited and asked for support from staff this was readily offered.

Patients explained that they had seasonal parties and it was evident that patients' birthdays were celebrated. The home has a newsletter for relatives and another newsletter for staff.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Patients commented that staff facilitated their independence; 'calling in' ensure patients' wellbeing if they chose to spend time in their room. Staff responded promptly to call bells and there was always enough staff to provide activities. Patients said they had confidence in staffs' ability to provide good care and that staff knew them well and knew how best to help them.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. Staff attended safety briefings such as 'Safety Pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, during the organised activity in the morning, 'Play Your Cards Right', patients who were unable to engage fully were included in the game and were observed to be smiling and cheering with the others. Activity staff knew the patients well enough to offer a range of personal hobbies and interests and communicate effectively with them to establish whether or not they also wished to have company.

The importance of engaging with patients was well understood by the manager and staff. Patients across the home were involved in the planning of the activities to ensure these were meaningful. The weekly plan of activities were available in communal areas and in individual bedrooms. Staff were flexible; using the resources they had to accommodate a change in preference; darts, nail bar, karaoke, puzzles, watching sport, movies and yoga are just a few of the activities on offer. For patients who wished not to engage in a group setting, effort was made to facilitate the same activity on an individual basis.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff offered patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients wore appropriate footwear and walking aids were personalised to encourage patients to use the aid. However, not all communal spaces such as bathrooms had an accessible call bell. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing if patients wanted this, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a 'Safety Pause' to ensure everyone received the correct diet. Staff made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. For example, staff had planned the mealtime to ensure there was no delay in patients receiving their meal once it was served. Patients were well presented and well supported throughout mealtimes, ensuring they were clean and tidy after their meal. Patients were offered a variety of drinks and condiments and staff were observed to initiate positive interactions with patients; making conversation or making jokes which the patients appeared to enjoy.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care plans were informative, well maintained, regularly reviewed and updated to ensure they continued to direct care as required. Nursing staff recorded regular evaluations about the delivery of care. 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.

Patients care records were not always held confidentially and stored securely. Two areas for improvement were identified.

Patients may require special attention to their skin care; some may require assistance by staff to change their position regularly by staff. Repositioning records did not reflect that the frequency of repositioning was in keeping with the individual assessed needs. An area for improvement was identified.

Where staff were monitoring food and fluid intake for patients, there was evidence of a multidisciplinary approach for example, referrals made to Dietetics for specialist assessment and input.

In the event that a patient experiences a fall, there are times when they are monitored to determine whether they require further medical intervention. These records were completed fully and care plans and risk assessments had been updated accordingly.

For patients who had wounds, monitoring records indicated that the wounds were checked regularly and details to direct the care given were clear. Robust systems were in place to ensure skin was checked regularly.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to them such as ornaments, paintings and artwork from relatives were on display. 'Homely' touches such as flowers, newspapers and various genres of magazines were available in communal areas and there were displays of seasonal decorations and photographs of parties.

The décor in the Strangford Suite was designed to assist people who may have difficulty with feeling orientated to time and place; sections of the wall were decorated as though a post office, or a florist. Patients were observed to respond positively to this.

In the Strangford Suite, there were personal lockable cupboards in the bathroom where patients stored their items for personal care such as razors, deodorants and prescribed creams. These items were potentially hazardous and or harmful to patients. This was discussed with the nurse who agreed to immediately remove all accessible items or ensure the cupboards were locked. The treatment room was also found unlocked in the Strangford Suite. Two areas for improvement were identified.

In the Dunmore Suite, the cleaning trolley was observed to be unattended with cleaning chemicals accessible. An area for improvement was identified.

It was positive to observe staff practice hand hygiene at appropriate times and staff demonstrated good knowledge of Infection Prevention and Control (IPC) in their appropriate use of Personal Protective Equipment (PPE).

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

A robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and they had confidence that any complaint would be managed well. Patients who had raised issues with the manager in the past spoke of her being quick to take action and facilitate a resolution.

The home had regularly received 'Thank You' cards from relatives expressing gratitude to the care given to their loved ones. These were shared with the staff for their encouragement.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Jacqueline Bowen, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2025</p>	<p>The Registered Person shall ensure that all areas of the home accessible to patients is free from potentially hazardous items.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The arrangements for the safe storage of residents' personal care items in their bedroom areas have been reviewed. In the Strangford unit, items that are potentially hazardous are stored securely in locked cabinets in residents' bathrooms or in a secure storage area in the home. All staff have completed COSHH training and have been reminded during team meetings, supervision and the staff newsletter of the importance of maintaining a safe environment for residents. Going forward, compliance will be monitored during routine environmental audits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2025</p>	<p>The Registered Person shall ensure potentially hazardous items are not accessible to patients; the cleaning trolley will not be left unsupervised with chemicals accessible</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff, including domestic staff, have been reminded of their role in ensuring that cleaning and other materials hazardous to the health of residents are not left unsupervised. All staff have completed COSHH training. This will be monitored regularly by management.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2025</p>	<p>The Registered Person shall ensure that all medication is securely stored when not in use.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: All nursing staff have been reminded of their responsibility to ensure that medications are stored securely at all times. Compliance will continue to be monitored by management through routine internal and external audits.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2025</p>	<p>The Registered Person will ensure that patients have access to call bells within reach in communal bathrooms.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: All communal bathrooms have call bells installed and these are regularly checked and maintained. A call bell cord in a communal bathroom has been adjusted to ensure that it is within reach of the WC. Going forward, the appropriate positioning of call bell cords in bathroom will be monitored during routine environmental audits and staff have been made aware of the importance of ensuring that all call bells are within reach.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.8</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The Registered Person will ensure that maintaining confidentiality in record keeping is embedded into practice; all patient records must be stored securely.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: The home's arrangements for promoting and maintaining confidentiality have been reviewed and all records are stored securely. All staff have completed training in record keeping and have received reminders during supervision, team meetings and the staff newsletter regarding confidentiality. Compliance with the home's policies on confidentiality and records management will be monitored regularly.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2025</p>	<p>The Registered Person will ensure that repositioning records reflect that patients are repositioned in line with their prescribed care.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The repositioning records and care plans have been reviewed for all residents and are audited regularly to ensure that care is provided in accordance with assessed needs . Supervisions have been carried out with staff on the completion of repositioning charts</p>

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