The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ringdufferin Nursing Home**

Provider: **Ring Dufferin Care (N.I.) Limited**

Date of Inspection: **16 January 2026**

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 (N.I.) Limited
Responsible Person:	Miss Audrey Murphy
Registered Manager:	Ms Jacqueline Bowen
Service Profile: Ringdufferin Nursing Home is a nursing home which is registered to provide nursing care for up to 64 patients. The Strangford Suite, located on the ground floor, provides care to patients living with dementia. The Dunmore Suite, located on the first floor, provides general nursing care to those over 65 years. Each floor has its own living and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2026 from 9.35am to 4.20pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 25 March 2025; 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 the service was well led. Staff and patient interactions were found to be caring and compassionate.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection all areas for improvement from the previous care inspection were assessed as having been addressed and two new areas for improvement were identified. Details can be found in the main body of the 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "I'm happy here; there is good staff and plenty to eat and drink". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from patients.

Relatives consulted were positive in their feedback on care provision. They spoke positively on staff/patient interactions and on the activity provision in the home. We received no questionnaire responses from relatives.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There was no responses from the staff online survey.

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. Staff told us that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Staff were compliant with mandatory training requirements. Newly employed staff had been recruited safely and inducted effectively into their roles. There was evidence of robust systems in place to manage staffing.

Minutes were available of recent staff meetings to aid communication within the home. Communication with staff was further enhanced with a staff newsletter which was published quarterly.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Patients spoke fondly about the staff.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about patients' needs, especially changes to care. All staff received handover sheets containing pertinent patient details. Handover books in each unit captured any significant changes to patients' care needs. This is beneficial when updating a staff member who is returning from a period of leave away from the home.

Staff read and signed safety brief notes, which were regularly updated to include information from within safety huddles and/or any issues identified with patients following any checks.

Patients who required special attention with skin care were assisted by staff to change their position regularly and care records reflected the patients' assessed needs. Care plans were specific on how to safely move and handle each patient. Staff consulted were aware of the actions to take should they notice any bruising on a patient. Although, an area for improvement was identified during the inspection where pressure management mattresses had not been set in accordance with patients' weights.

Care plans were developed to identify how to meet each patient's continence needs. The care plans were personalised to each patient and detailed any continence aids required. Supplementary records were completed to evidence the continence care given to patients.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with their assessed needs. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious.

Nutritional care records consistently maintained the recommendations of other healthcare professionals, such as, the speech and language therapists and/or dieticians.

A programme of activities was displayed on a wall of the communal corridor. Activity programmes were also displayed in patients' bedrooms. Activities conducted included games, storytelling, hand massages and movie nights. Records of activity engagements were included within the patients' care records. Pictures of patients enjoying activities were on display. A system was in place to ensure that patients, who had not consented to photography, did not have any pictures displayed. The home's social media policy made reference to consent for photography and general data protection regulations.

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 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. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. However, a deficit was identified on evidencing a review of patients' care records on return to the home following a period of time in hospital. This was discussed with the manager and identified as an area for improvement. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery including personal care delivered, food and fluid intakes, continence management, repositioning and any checks made on patients during the day and night.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were no malodours in the home. Patients were kept safe and secure from hazards, such as, chemicals. Externally the home and the grounds were well maintained.

Patients' bedroom doors had unique numbers and different colours from others in each unit. The patient's name was on the door and orientation was further promoted through the use of memory boxes outside patients' rooms.

There were identified quiet rooms in which patients could relax in away from the disruption of televisions or radios.

Fire safety measures were in place to protect patients, visitors and staff. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted. Actions identified at the most recent fire risk assessment had been completed in a timely manner.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. The manager confirmed that, in addition to this, they conducted a daily walk around the home to monitor the environment and practices. Personal protective equipment was readily available throughout the home.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Jacqueline Bowen has been the Registered Manager of the home since 15 October 2020. Staff commented positively about the manager and the management team describing them as supportive and approachable.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. The manager had a suite of audits to complete. Any deficits identified in the audits were action planned and reviewed to ensure completion.

The number of complaints to the home was low. There was a robust system in place to manage any complaints received. All compliments received were logged and shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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	
Area for improvement 1 **Ref:** Regulation 15 (2) (a) (b) **Stated:** First time **To be completed by:** With immediate effect (16 January 2026)	The registered person shall ensure that when a patient returns from hospital, following an extended period of time, all assessments and care plans are reviewed on return to ensure that these remain relevant. Ref: 3.3.3 **Response by registered person detailing the actions taken:** All nursing staff have been reminded to ensure that needs assessments and care plans are reviewed and where necessary, updated, when a resident returns to the home from hospital. In addition to the home's programme of monthly care plan audits, the needs assessments and care plans of residents returning from hospital will be audited by management after the resident has been readmitted to the home and action taken to address any deficits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that pressure management mattress settings, where appropriate, are set in accordance with patients' weights. Ref: 3.3.2

To be completed by: With immediate effect (16 January 2026)	**Response by registered person detailing the actions taken:** An audit of all mattress settings was undertaken on the day of the inspection and where necessary, adjustments were made to reflect the needs of individual residents. All staff nurses have been reminded of their duty to ensure that mattress settings are appropriate and mattress settings have been added to the home's programme of monthly mattress audits.

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

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