



The Regulation and
Quality Improvement
Authority

Ringdufferin Nursing Home
RQIA ID: 11967
36 Ringdufferin Road
Killyleagh
BT30 9PH

Inspector: Lyn Buckley
Inspection ID: IN021794

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**Unannounced Care Inspection
of
Ringdufferin Nursing Home**

3 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 3 February 2016 from 11:20 to 15:15 hours.

This inspection was underpinned by **Standard 41 - Staffing**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

There were no actions required to be taken following the last care inspection of the residential unit on 8 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding the wedging/propping open of fire doors and staff training and knowledge regarding fire prevention measures, was issued to the registered manager at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. Refer to section 5.4.2 for details.

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2*

*One recommendation was stated for a second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Kathleen Lee, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: M Care Ltd Brenda McKay – Acting Responsible Person	Registered Manager: Kathleen Lee
Person in Charge of the Home at the Time of Inspection: Kathleen Lee	Date Manager Registered: 5 December 2015
Categories of Care: NH – I, PH, PH(E) and TI RC - DE Maximum of 32 patient accommodated within the Dunmore Suite Maximum of 32 residents in category RC-DE accommodated in the Strangford Suite	Number of Registered Places: 64
Number of Patients Accommodated on Day of Inspection: Nursing 30 Residential 18	Weekly Tariff at Time of Inspection: £511-618

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the care inspection on 17 June 2015 and to determine if the following standard has been met:

Standard 41 - Staffing

4. Methods/Process

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

- discussion with the registered manager
- discussion with the acting responsible person
- discussion with staff on duty
- discussion with patients
- observations of care practices
- review of selected records pertaining to the inspection focus
- observation of the home environment during a tour of the premises
- feedback and discussion at the conclusion of the inspection.

Prior to inspection the following records were analysed:

- notifiable events submitted to RQIA since 17 June 2015
- the registration status of the home
- verbal and written communication received by RQIA since 17 June 2015
- the returned quality improvement plan from the care inspection conducted on 17 June 2015
- the last two care inspection reports
- the inspector's pre inspection assessment.

During the inspection, the inspector met with seven patients individually and with other in smaller groups; one senior care assistant, three care assistants and one registered nurse

The following records were examined during the inspection:

- nursing and care staff duty rotas for the nursing unit from 1 January 2016
- staff induction records and competency and capability assessments
- nurse in charge of the home in the absence of the registered manager competency and capability assessment
- training schedules/planner
- three patient care records
- policies and procedures relating to communicating effectively; palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection of the residential unit dated 8 October 2015. There were no requirements or recommendations made.

This inspection reviewed the recommendations made as a result of the unannounced care inspection dated 17 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Care Inspection 17 June 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
There were no requirements made		
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 36 Stated: First time	<p>It is recommended that the following policy guidance is updated:</p> <ul style="list-style-type: none"> communication policy should include reference to the regional guidance for breaking bad news the palliative care policy which incorporates palliative and end of life care, death and dying and breaking bad news, should reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news staff should be encouraged to be familiar with these updated policies 	Met
	<p>Action taken as confirmed during the inspection: Review of policies named and discussion with the registered manager and staff evidenced that this recommendation had been met.</p>	
Recommendation 2 Ref: Standard 39 Stated: First time	<p>It is recommended that the registered manager ensures that the staff induction template is updated to reference end of life care.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the staff induction template, discussion with the registered manager and with staff evidenced that this recommendation had been met.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>It is recommended that the registered manager ensures the following;</p> <ul style="list-style-type: none"> the assessment of need for the identified patient in respect of administration of medicines should be updated to reflect the changed situation the assessment of need for all patients should be updated as required and <u>at least</u> annually 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of two patient care records evidenced that the first part of this recommendation had been met.</p> <p>In relation to the assessment of nursing needs, discussion with the registered manager and one nurse evidenced that due to a misunderstanding this part had not been met.</p> <p>Discussion clarified the actions needed to address the second part of the recommendation which is stated for a second time.</p>		

5.3 Standard 41 - Staffing

Is Care Safe? (Quality of Life)

The home's Statement of Purpose confirmed the number and qualifications of staff employed by the home to meet the needs of patients and residents.

Review of duty rotas confirmed that the planned staffing for the home, as recorded in the statement of purpose was adhered to.

Discussion with the registered manager and review of a sample of induction templates and competency capability assessments for staff confirmed that the registered manager ensured staff were suitably qualified to work in the nursing home.

Review of records also confirmed that the registered manager ensured that a competent and capable nurse was in charge of the home at all times.

Staff spoken with confirmed that they had completed induction training when they commenced their employment with the home.

Review of training records and discussion with the registered manager and staff evidenced that staff were enabled to attend mandatory and other training necessary for them to fulfil their role and function within the home. Staff spoken with were knowledgeable of their role and function within the home.

Is Care Effective? (Quality of Management)

Review of duty rotas for nursing and care staff from 1 January to 5 February 2016 evidenced that staffing levels were maintained in accordance with the home's statement of purpose and the staffing levels discussed at the commencement of the inspection.

The duty rota indicated the registered nurse designated to be in charge of the home in the absence of the registered manager.

The duty rota included the hours worked by the registered manager and each grade of staff employed.

The registered manager confirmed that she reviewed the staffing levels based on patient's assessed needs using a dependency assessment tool on at least a monthly basis. However, the registered manager confirmed that staffing could be adjusted more frequently and was based on the changing needs of patients or residents.

Staff spoken with confirmed that they were managed and supported appropriately and worked well as a team.

Is Care Compassionate? (Quality of Care)

Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

It was clearly demonstrated that there were good relationships between staff of all grades and patients or residents.

Patients spoken with confirmed that they were treated with dignity, respect, that staff were kind and caring and that they felt safe and well cared for.

Areas for Improvement

There were no areas for improvement identified in relation to staffing.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1. Residential Suite

Residents were enjoying an afternoon of activities which included a singalong. Residents were observed to be relaxed and comfortable in their surroundings and with staff.

Discussion with the senior care assistant in charge of the unit confirmed that planned staffing levels met the needs of the residents accommodated. Residents were accommodated within the larger of the two units on the ground floor.

Staff were supported by the registered manager and the acting responsible person.

5.4.2. Environment

A review of the home's environment was undertaken which included observation of a random sample of bedrooms, bathrooms, lounges, dining rooms and stores on each floor.

The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients were observed relaxing in their bedrooms or in one of the lounges. Patients spoken with were complimentary in respect of the home's environment.

The inspector commended the efforts of the housekeeping staff.

Observations evidenced that staff had propped or wedged open fire doors in corridors. This was immediately brought to the attention of the registered manager and an urgent action record issued as part of the inspection process. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

The registered manager confirmed that repairs to the closure devices for the corridor fire doors had been requested and the engineer was expected. The registered manager agreed to ensure fire doors were not wedged or propped open until repairs could be completed and that she would email RQIA to confirm when the doors were repaired. Email confirmation was received on 8 February 2016. This information was shared with the estates inspector for the home. In addition to the urgent action record issued at the conclusion of the inspection, a requirement was made.

Observation evidenced that a number of poster and or printed instructions/information documents were displayed throughout the home. These posters and documents had been attached to walls or windows/cupboards using 'sticky tape' and the majority of the posters/documents were not laminated. This is not in keeping with infection prevention and control measures. A recommendation was made.

Areas for Improvement

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Kathleen Lee, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be Completed by: urgent action required</p>	<p>The registered person must ensure that fire doors are not propped or wedged open by staff.</p> <p>Ref: Section 5.4.2</p>
<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Repairs to fire doors were scheduled for repair at the time of inspection for 8/2/16, all repairs now complete, issue raised with staff.</p>	

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 32</p> <p>Stated: Second time</p> <p>To be Completed by: 3 March 2016</p>	<p>It is recommended that the registered manager ensures the following:</p> <ul style="list-style-type: none"> • the assessment need for all patients should be updated as required and <u>at least</u> annually. <p>Ref: Section 5.3 (recommendation 3)</p>
<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>We are currently working through all assessments for review.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be Completed by: 3 March 2016</p>	<p>A review of how posters and information is displayed throughout the home should be reviewed in accordance with regional infection prevention and control guidelines and best practice advice.</p> <p>Ref: Section 5.4.2</p>
<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All relevant posters have now been laminated and non relevant posters removed.</p>	

Registered Manager Completing QIP	Kate Lee	Date Completed	14/03/16
Registered Person Approving QIP	Brenda McKay	Date Approved	14/03/16
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	16/03/16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.