

# Unannounced Follow Up Care Inspection Report 23 March 2018



## Ringdufferin Nursing Home

Type of Service: Nursing Home  
Address: 36 Ringdufferin Road, Killyleagh, BT30 9PH  
Tel No: 028 4482 1333  
Inspector: Heather Sleator

[www.rgia.org.uk](http://www.rgia.org.uk)

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a nursing home registered to provide nursing care and residential care for up to 64 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> M Care (NI) Ltd  <b>Responsible Individual:</b> John Miskelly	<b>Registered Manager:</b> Kathleen Patricia Lee 'Acting'
<b>Person in charge at the time of inspection:</b> Kathleen Patricia Lee	<b>Date manager registered:</b> 'Acting' – No Application
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places: 64</b> Comprising of : 32 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH(E) & NH-TI) 31 patients in category NH-DE accommodated in the Strangford Suite. 1 named resident receiving residential care in category RC-DE accommodated in the Strangford Suite.

### 4.0 Inspection summary

An unannounced inspection took place on 23 March 2018 from 06.30 to 14.00 hours.

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.

Information was received by the RQIA duty desk on 15 March 2018 alleged the following:

- patients were being woken and dressed by staff from 05.00 hours
- a number of patients displayed distressed reactions and at times there were not enough staff on duty to meet their care needs
- staff were not trained to support patients who displayed distressed reactions
- on occasions staff felt more vulnerable due to a lack of training in the management of distressed reactions
- management have been made aware of the staff concerns and have not responded
- staff were being asked to change/alter/disregard information regarding the behaviours of some patients by management
- staff felt that no-one was listening to them and there had been no staff meetings from November 2017.

The purpose of this inspection was to seek assurances that the care and welfare of patients was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.

On the day of the inspection aspects of the concerns were found to be substantiated as staff confirmed a small number of patients displayed distressed reactions. We were unable to substantiate the remaining concerns raised in the complaint regarding; staff not being trained to support patients who displayed distressed reactions, that there were not enough staff on duty to support the patients, there had been a recent staff meeting and staffing arrangements had been discussed at this time and staff stated that they had not been asked to change or disregard information pertaining to behaviours displayed by some patients.

Areas for improvement were identified in relation to care planning and recording in respect of the management of distressed reactions, management oversight of the daily routines to ensure the delivery of safe and effective care, the recording of incidents whereby staff are involved and/or affected and the complaints record should evidence if a satisfactory resolution was gained in respect of any complaint received.

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.

The term 'patients' is used to describe those living in Ringdufferin Nursing Home which provides both nursing and residential care

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*5

\*The total number of areas for improvement includes one standard which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kathleen (Kate) Lee, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 8 November 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 November 2017.

#### 5.0 How we inspect

Information was received by RQIA on 15 March 2018 which raised concerns in relation to the areas discussed in section 1.0.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of

care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate actions is required; this may include an inspection of the home.

Following discussion with senior management at RQIA, it was agreed that an inspection would be undertaken to review the following areas:

- the staffing levels and arrangements
- the number of patients who were washed and dressed on arrival at the home
- review the needs of patients in respect of distressed reactions
- review the training needs of staff in respect of distressed reactions
- review the accident and incident recording
- review the minutes of staff meetings
- review of the complaints record

The following methods and processes used in this inspection include the following:

- discussion with the manager
- discussion with staff
- observation during the inspection of the delivery of care
- a review sample of staff duty rotas
- a review sample of care records
- a review of accident and incident recording
- a review of the complaints record
- an inspection of the premises

During the inspection the inspector met with seven patients and nine staff.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. One area for improvement (care standard) has been carried forward for review at the next care inspection.

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 inspection dated 8 November 2017**

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 8 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35, 1-7 <b>Stated:</b> First time	The registered provider should ensure that when an audit is undertaken that there is clear evidence that the auditor has reviewed/analysed/evaluated the information obtained through the audit process and that an action plan is devised to address any identified deficits as required.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b>  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time	The registered persons shall ensure that record keeping pertaining to the management of falls is reviewed to ensure records are maintained in accordance with the care standards, best practice guidance and professional requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of the audits of accidents, including falls that had occurred evidenced that a thematic analysis had been completed and remedial action taken, where appropriate.	



## 6.3 Inspection findings

### 6.3.1 Staffing Arrangements

The manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 5 March 2018 to 25 March 2018, evidenced that the planned staffing levels were adhered to, except in circumstances of short notice staff sickness.

On arrival at the home at 06.30 hours we were informed by the registered nurses on duty that a staff member had telephoned to state they would not be completing their scheduled night duty. The registered nurse in Strangford unit stated a care assistant from Dunmore unit was helping them as management had been unable to secure another member of staff to undertake the night duty. Discussion with day staff in Strangford unit confirmed that generally staff felt there was enough staff on duty to meet the needs of patients. However, staff stated that they are being asked to supervise the day rooms. Staff felt this could be problematic and was dependent on the needs of the patients at any given time. Staff stated this was discussed at a recent staff meeting of 21 March 2018 and that they were informed that a staff member from Dunmore unit could come down to assist in Strangford at peak times. Whilst this may be beneficial to Strangford unit and an indication of teamworking it may lead to a culture of this being the accepted practice. Using staff from the other unit should only be in times of an emergency and not as general planned duty. This was discussed with the manager who stated that as the majority of patients in Dunmore unit were on bed rest staff could be deployed to Strangford when needed. Staffing arrangements for each unit need to be in accordance with patient need, other factors should also be taken into consideration, for example; the time of day, staff workload, the layout of the units and the level of supervision needed by patients. The daily routine should be reviewed to ensure that there is evidence of management oversight regarding the deployment of staff and delegation of duties and to ensure that safe and effective care is being delivered. This has been identified as an area for improvement under the care standards.

#### Areas of good practice

There were examples of good practice found in relation staffs knowledge of the safe delivery of care.

#### Areas for improvement

The manager should review the daily routine to ensure that there is evidence of management oversight regarding the deployment of staff and delegation of duties in accordance with the needs of the patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.3.2 Care Practice

At the start of the inspection we observed the number of patients who were up and dressed in the home. There were two patients up, one patient in Strangford unit and one patient in Dunmore unit. Staff stated that one of the patients had been unsettled during the night and refused to go to bed when encouraged to by staff. The other patient tended to get up early and was independent of staff in most aspects of care. Both units were quiet at the time of arrival and staff were observed undertaking personal care duties with a small number of patients in their bedrooms.

The atmosphere within the home was calm and staff did not appear to be rushed in any manner. There were no malodours evident and the environment presented as clean and tidy. Staff, particularly in the Strangford unit spoke compassionately in respect of the patients and had a good knowledge of their patients and their individual circumstances.

In discussion with staff regarding the specific needs of the patients, staff confirmed there were a small number of patients who displayed distressed reactions. The patients were identified and their care records were reviewed. Prior to the review of care records staff discussed the presentation of the patients behaviours and how they supported each patient during these times. Staff stated that one of the patients identified to RQIA, did not present management difficulties due to their behaviour. Staff were knowledgeable and sensitive to the needs of each patient and stated that they felt the patients were well cared for in the home. The review of the care records for the identified patients evidenced that distressed reactions had been assessed and care interventions were present. However, two of the care records reviewed did not evidence that the behaviour/s were as well defined as evidenced in the remaining patient's care record. This care record should be used as the best practice example for developing care plans for distressed reactions. This was discussed with the manager.

The review of the patients' daily progress records evidenced generalised statements, for example; "mild aggression observed" and "remains very aggressive towards other service users and staff". The recordings did not specify how the behaviours presented, how staff supported the patients during these times, how staff were supported and the patients response to care interventions. Care planning and progress recording in relation to the management of distressed reactions has been identified as an area for improvement under the care standards.

Training in respect of distressed reactions was discussed with staff who stated that they had been in receipt of dementia training which included behaviour management. Staff stated that they felt confident responding to patients at times of distress and staff were insightful regarding each patient's behaviours in respect of triggers and how to provide the appropriate support. Staff stated that further training was scheduled for the following week and indicated the training information displayed on the notice board at the nurses' station. The manager was confident that the arranged training would provide and/or refresh staffs' skillset regarding the management of distressed reactions; however the manager also agreed to consider other staff training that focused solely on the management of behaviours that challenge staff and the service. Staff stated that not all staff were confident in responding to distressed reactions and at these times the remaining staff supported both the patients and the less confident staff members. This was discussed with the manager who agreed to review the issue regarding staffs' strengths and support that may be needed.



Staff confirmed that on occasions they have been affected by some behaviours displayed by patients and in most incidences they did not record this. Staff felt that the patients were not personalising the behaviours to them and that the distressed reaction was due to their dementia. Staff stated that they had not been asked by management to withhold or change any information on patients' behaviour. Staff were informed of the importance of recording all interactions with patients as the information can assist in ensuring patients receive the appropriate support not only from staff in the home but from other professionals. This has been identified as an area for improvement under the care standards.

### Areas of good practice

There were examples of good practice in relation to staffs knowledge of the individuality of their patients and sensitivity in respect of supporting patients who display distressed reactions.

### Areas for improvement

Areas for improvement were identified in relation to; care planning and progress recording in respect of the management of distressed reactions and the recording of the incidence of staff being affected by the distressed reactions displayed by patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3.3 Management and governance arrangements

A new manager had been appointed to the home at the beginning of March 2018 and was undergoing a three month period of induction and mentoring by the previous registered manager, both of whom were present during the inspection and for feedback at the conclusion of the inspection.

The review of accident and incident recording included the cross referencing of accidents or incidents which had been detailed in the patient care records selected for review. Evidence was present of the nature and detail of the accident/incident which had been stated in the patients care records. However, as previously stated in section 6.3.2 incidents involving patients and staff are not always being recorded and this has been identified as an area for improvement. A review of accident audits evidenced that the information was analysed to identify patterns and trends, on a monthly basis and an action plan was in place to address any deficits identified

Discussion with the manager and review of the home's complaints record evidenced that complaints were generally managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The exception was that the records did not always clearly state if resolution had been gained. The manager stated that they were aware of the need to state if a satisfactory resolution was gained and where it had not been stated it was an oversight. However, this has been identified as an area for improvement under the care standards.

### Areas of good practice

There were examples of good practice in relation to the mentoring arrangements in place to support the newly appointed manager.

## Areas for improvement

An area for improvement was identified in relation to ensuring the complaints records details if a satisfactory resolution was gained in respect of any complaint received by the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kate Lee, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35 1-7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection</p>	<p>The registered provider should ensure that when an audit is undertaken that there is clear evidence that the auditor has reviewed/analysed/evaluated the information obtained through the audit process and that an action plan is devised to address any identified deficits as required.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: Section 6.2</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41, 1 and 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2018</p>	<p>The registered person shall ensure that the daily routine is reviewed to be assured that there is evidence of management oversight regarding the deployment of staff and delegation of duties, to validate that safe and effective care is being delivered.</p> <p><b>Ref: Section 6.3.1</b></p> <p><b>Response by registered person detailing the actions taken:</b> The number of staff on duty at each shift, including skill mix has been reviewed and are appropriate in meeting the needs of residents to ensure care is safe, effective, compassionate and well led.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 17, 1-4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2018</p>	<p>The registered person shall ensure that care planning and progress recording in respect of patients who display distressed reactions is in accordance with best practice guidance and the DHSSPS Care Standards for Nursing Homes 2015</p> <p>Ref: <b>Section 6.3.2</b></p> <p><b>Response by registered person detailing the actions taken:</b> Care plans have recently been audited, all nurses made aware a more comprehensive person centred approach to be included in all assessments, evaluations and progress notes. Lengthy discussion took place, staff advised to ensure a detailed account of incidents recorded, including triggers, action and follow up plans.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection.</p>	<p>The registered person shall ensure that any incident/interaction where staff are affected is recorded and reported, as necessary</p> <p><b>Ref: Section 6.3.2</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff are now aware that all incidents are to be recorded and countersigned by the Nurse in Charge of the unit.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 16.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2018</p>	<p>The registered person shall ensure that the complaints record includes details as to whether the complainant was satisfied with the outcome of any investigation taken in respect of concerns brought to the attention of management.</p> <p><b>Ref: Section 6.3.3.</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Management will ensure the outcome of any investigation including the complainant is satisfied with the resolution.</p>



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