

# Unannounced Care Inspection Report 8 November 2017



## Ringdufferin Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: 36 Ringdufferin Road, Killyleagh, BT30 9PH**  
**Tel no: 028 4482 1333**  
**Inspector: Lyn Buckley**

[www.rqia.org.uk](http://www.rqia.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 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 registered nursing home which is 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> Mrs Brenda Frances McKay – acting, no application required	<b>Registered Manager:</b> Mr Nathaniel Radikgokong
<b>Person in charge at the time of inspection:</b> Mr Nathaniel Radikgokong	<b>Date manager registered:</b> 10 October 2017
<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:</b> 64 comprising:  32 – NH- I, PH and PH(E) & NH-TI, in Dunmore Suite 30 – NH-DE in Strangford Suite  The home is also approved to provide residential dementia care (RC-DE) for 2 named persons in the Strangford Suite.

### 4.0 Inspection summary

An unannounced inspection took place on 8 November 2017 from 10:30 to 17:35.

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.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training and knowledge, the standard of hygiene and cleanliness of the home's environment, effective communication between patients, relatives, staff and other key stakeholders, care delivery, and the culture and ethos of the home which focused on patient outcomes.

An area requiring improvement under the standards was identified in relation to record keeping.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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.

## 4.1 Inspection outcome

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

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

Details of the Quality Improvement Plan (QIP) were discussed with Nathaniel Radikgokong, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 14 August 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients individually and with others in small groups, eight staff and three patients' visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance foyer.

The following records were examined during the inspection:

- duty rota for all staff from 30 October to 12 November 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records

- three patient care charts including speech and language therapist (SALT) recommendations regarding food and fluid consistencies
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 14 August 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 5 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person must ensure that registered nurses and care assistants employed to work in Ringdufferin Nursing Home are registered with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) respectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records and discussion with the registered manager evidenced that this area for improvement has been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2)(d)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that all areas of the nursing home are clean and reasonably decorated. This requirement particularly refers to the ground floor units.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations of the environment and review of records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that suitable arrangements are in place to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations of the environment and review of records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that crash/fall out mats, suitable for the purpose for which they are to be used, must be put into place for those patients identified as requiring this specific equipment to manage their identified care needs.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations of the environment and the use of patient equipment evidenced that this regulation has been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<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>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 taken as confirmed during the inspection:</b> Since the last care inspection the management arrangements for the home have changed. Therefore, 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.</p>	<p><b>Carried forward to the next care inspection</b></p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered provider should ensure that net pants and ladies tights are labelled with each patient's name and not used communally.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations confirmed that this area for improvement has been met.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered 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. A review of the staffing rota from 30 October to 12 November 2017 evidenced that planned staffing levels were adhered to. Short notice sick leave was recorded on duty rotas with evidence of actions taken to cover the shifts. Rotas also confirmed that catering and housekeeping staff were on duty daily.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with during the inspection did not raise any concerns regarding staffing levels or the quality of care delivered. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff, while busy, attended to patients needs in a timely and caring manner.

We also sought patients', relatives' and staff opinion in regards to the quality of care via questionnaires and an online survey. At the time of writing this report four relatives' questionnaires had been returned. The relatives indicated that they were either satisfied or very satisfied. There were no questionnaire responses received from patients or staff.

RQIA were assured from the review of records, observations of the care delivered and discussion with management, staff, patients and relatives that staffing levels were kept under review and adjusted as necessary, to ensure the assessed needs of patients were met.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records confirmed that staff received regular mandatory training such as fire safety and moving and handling, and that additional training was also made available to enable staff to fulfil their role and function in the home. Records reviewed were maintained in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

Observation of the delivery of care evidenced that training, such as moving and handling, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessments were reviewed regularly and informed the care planning process.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Discussion with the registered manager evidenced that the incidence of falls within one unit had reduced during September and October 2017. The registered manager stated that this was as a consequence of monthly accident/incident analysis and subsequent changes made to the supervision of patients within that unit. This is a good example of governance systems and processes improving outcomes for patients. Record keeping in relation to the management of falls is discussed further in section 6.5.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms, stairwells and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Staff spoken with were aware of their role and responsibilities regarding infection prevention and control (IPC) measures in relation to ensuring a clean environment and the use, storage and disposal of IPC equipment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to adult safeguarding, care delivery and the standard of hygiene and cleanliness of the home's environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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



## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We reviewed the management of pressure area care and wounds; nutrition and falls. Patient records evidenced that nursing assessments and care plans reflected the assessed needs of patients and were kept under regular review; except for the records regarding falls. For example, one patient's mobility/falls risk assessment and care plan had not been reviewed since April 2017 despite the patient sustaining a number of falls since April 2017. Details were discussed with the registered manager and it was agreed that a review of record keeping for the management of falls would be undertaken. An area for improvement under the standards was made.

Care records indicated that, where appropriate, referrals had been made to healthcare professionals such as TVN, Speech and Language Therapists (SALT), dieticians, care managers and General Practitioners (GPs). Nursing assessments and care plans in respect of pressure area care, wounds, and nutrition had been reviewed on at least a monthly basis and were reflective of recommendations made by healthcare professionals. There was evidence of improvement work relating to the management of therapeutic diets and in particular the effective communication between SALT and the home.

A contemporaneous record to evidence the delivery of care was recorded for each of the areas reviewed. For example, repositioning and food intake charts were recorded accurately and had been evaluated.

There was evidence of regular communication with patients and/or their relatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided necessary information regarding each patient's condition and ongoing care needs.

Staff spoken with stated that there was effective teamwork and that each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

We also observed the delivery of care throughout the home and were assured that patients' needs were met. Discussion with the registered manager and a review of governance records evidenced that that systems and processes were in place to quality assure effective communication with patients, relatives, staff and other healthcare professionals.

Patients and relatives spoken with expressed their confidence in raising concerns with the home's staff/management.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to effective communication between patients, relatives, staff and the multiprofessional team.

**Areas for improvement**

An area for improvement under the standards was identified in relation to recording keeping for falls.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 10:30 and were greeted by staff who were helpful and attentive. Patients were observed enjoying a morning cup of tea/coffee and snack in either their bedrooms or communal areas in keeping with their personal preference. Some patients were also observed in bed, in adherence with their personal wishes and/or assessed needs. Patients had access to fresh water and/or juice depending on their preferred tastes while staff were observed assisting patients to drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients able to communicate their feelings stated that they enjoyed living in Ringdufferin. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient questionnaires were issued; none were returned within the timescale for inclusion in this report.

We spoke with three relatives during this inspection. All were complimentary of the care their relative received and of the caring attitude demonstrated by staff and management. We also observed interactions between relatives and staff throughout the inspection which demonstrated positive and effective communication. Ten questionnaires for relatives were issued; four were returned within the timescale for inclusion in this report. Relatives indicated that they were satisfied or very satisfied with the care provided across the four domains.

Additional comments recorded included:

- “I have found all the staff whether nurses, carers, cleaners all very friendly, professional and ultimately caring towards my family member and those around [them], in the home.”
- “...from day 1 till now excellent communication and help.”
- “A serious improvement would be daily showers...”

Any comments received from patients, relatives and staff were shared with the registered manager for their information and action as required.

We also reviewed a number of cards and letters received by the home from relatives.

Comments were very positive and included the following:

“...we would like to thank you for all your hard work and kindness shown to us and our ...”

“Thank you so much for all your care, love and attention...it was more appreciated than you will ever know.”

“Thank you so very much for your care of ...It was over and above anything which could have been expected and given with love.”

Observation of the serving of the lunch time meal and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Staff demonstrated their knowledge of the SALT definitions of food textures, consistency of fluids and feeding techniques.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the dining experience of patients including staff awareness of and adherence to their dietary requirements and preferences.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA and a current certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of records and observations confirmed that the home was operating within its registered categories of care

Since the previous care inspection there has been a change in the management arrangements for the home. RQIA were notified of the changes as required. Staff expressed confidence in the sense of continuity arising from the recent appointment of the registered manager.

A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager’s working patterns supported effective communication

and engagement. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the governance arrangements regarding complaints, accidents/incidents, notification of events to RQIA, staff training, registration of staff with NMC and NISCC evidenced that the processes were effective. Additional systems were in place to monitor the management of wounds, patients' weights and compliance with infection prevention and control practices.

An area for improvement to ensure that when any audit was undertaken that there was clear evidence that the auditor had reviewed/analysed/evaluated the information obtained and that an action plan was put in place to address any identified deficits and again reviewed by the registered person for compliance, has been carried forward for review at the next care inspection. Details were discussed with the registered manager during feedback.

We reviewed the reports from the unannounced visit undertaken on behalf of the registered provider. These visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussions with staff confirmed that there were "good working relationships" and they were enthusiastic about the home and believed they were "making a difference."

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff expressed confidence in raising concerns about patient care with the nurse in charge and/or the registered manager if necessary. In discussion patients and relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to team working, staff management and governance systems and processes relating to quality assurance and care delivery.

### Areas for improvement

No new areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nathaniel Radikgokong, Registered 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 nursing 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 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 date of 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>Ref: Section 6.2 &amp; 6.7</b></p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next care inspection.</b></p> <p>When an audit is carried out, should there be any identified deficits the Registered Manager will discuss issues with the Responsible Person to address any identified deficits and retain outcomes as part of the audit process.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2017</p>	<p>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.</p> <p><b>Ref: Section 6.5</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager carries out a monthly accident/ incident audit which includes falls or near misses. These records are analysed and evaluated, any changes required to care plans or assessments is carried out in a timely manner to ensure safe, effective and compassionate care.</p>

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



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