

# Inspection Report

## 28 September 2021



### Strand House – Bohill Bungalows

**Type of Service: Residential Care Home (RCH)**  
**Address: 69 Cloyfin Road, Coleraine, BT52 2NY**  
**Tel No: 028 7032 5180**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Amore (Watton) Ltd  <b>Responsible Individual:</b> Mrs Nicola Cooper	<b>Registered Manager:</b> Mrs Lorna King  <b>Date registered:</b> 17 January 2017
<b>Person in charge at the time of inspection:</b> Mrs Lorna King	<b>Number of registered places:</b> 6
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 6
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides social care for up to 6 persons. The residents have their own bedrooms and access to communal living and dining spaces, as well as communal garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 September 2021, from 10.00am to 6.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner. Residents said that living in the home was a good experience.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Four areas requiring improvement were identified in regards to the repair of flooring, completion of regulation 29 visits, staff training records and care records.

RQIA were assured that the delivery of care and service provided in Strand Bungalow was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Residents commented positively on living in the home. One resident spoke of how "the staff are kind, I love living here". Another resident commented on how "I am happy living here, I get to see my relatives and the food is good".

Staff spoke of how rewarding it was to work in the home. They commented positively on the training provided and how they felt there was enough staff on duty. They spoke of how supportive the Manager was, how there was good morale in the team and how they felt that the residents were well looked after.

No comments were received from staff via the online survey. No questionnaires were received from relatives or residents.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 October 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.10  <b>Stated:</b> First time	The registered person shall ensure that supplementary nutritional intake records are completed in full and clearly state the recommendations made by speech and language therapy staff, as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively of the training. A staff training matrix was in place which included staff from both the nearby nursing home and the residential home. Separate records should be maintained; in line with the home's registration. An area for improvement was identified.

In addition, some staff had not completed mandatory training such as manual handling and adult safeguarding. The manager advised that this was due to difficulties with the internal booking system. Following the inspection, the manager provided written confirmation that training in these areas had been arranged for staff.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Observation, discussions and review of records confirmed that there was enough staff in the home to respond to the needs of the residents.

### 5.2.2 Care Delivery and Record Keeping

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

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Review of care records evidenced that skin care was delivered as required. However the care plan of one resident did not reflect the use of pressure relieving equipment. This was discussed with the Manager and identified as an area for improvement.

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

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff spoken with were aware of residents' nutritional needs

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

A staff member spoke of how they loved working in the home because "it was all about the residents, they are well looked after".

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate.

A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and well maintained. A large bright mural of flowers was on the wall in the entrance foyer, and there were pictures and artwork on display in the home.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable.

The joint in the floor covering in one of the communal toilets was coming away from the wall. This was discussed with the Manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

On the day of inspection some residents were out on a bus run with staff. Another resident spoke of how "there was always plenty to do with activities and outings".

Residents were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

There was a book of memories in the foyer, with pictures of residents doing activities that they enjoyed. Residents enjoy helping out with daily tasks such as helping out with laundry. There are planned activities in a nearby building which residents can attend ranging from arts and crafts to music therapy and baking.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Lorna King has been the Manager in this home since 17 January 2017.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

The annual safeguarding report produced by the home contained information for the nursing home and residential home. These reports should be separate for each service. This was discussed with the Manager and is included in the area for improvement as identified in section 5.2.1.

There was evidence of regular planned staff meetings. These however did not have an identified agenda, and were not being signed by staff. This was discussed with the Manager, who agreed to set out an agenda, and ensure staff signs the minutes.

Residents said that they knew how to report any concerns and said they were confident that the Manager would address these. There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care Manager and to RQIA.

Staff commented positively about the Manager. One staff member commented "The Manager leads us; she is supportive and is always open to new ideas".

Examination of the Regulation 29 reports highlighted some of these were being completed respectively. The reports for August and September were also not available. This was identified as an area for improvement.



## 6.0 Conclusion

Residents commented positively on their lived experience in the home. Staff engaged positively and respectfully with the residents. The delivery of care was caring and compassionate.

As a result of this inspection, four areas requiring improvement were identified. Details can be found in the quality improvement plan included.

Based on the inspection findings and discussions held we were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the Manager. Addressing the areas for improvement identified will further enhance this.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Lorna King, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First Time  <b>To be completed by:</b> 31 <sup>st</sup> January 2022	<p>The registered person shall ensure the flooring in the communal toilet is repaired.</p> <p>Ref:5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            A quotation has been requested by the registered manager for this repair and to be forwarded to Regional Director when received for approval.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 are available for review.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager will ensure that the monthly reports are completed in a timely manner and will be made available for review as per the residential regulations.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2021	<p>The registered person shall ensure that separate records are kept for the residential home and Bohill nursing home.</p> <p>Ref: 5.2.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered Manager is in the process of ensuring that all records for Bohill Residential and Bohill nursing Bungalows are retained separately as per registration, to ensure compliance.</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that the named resident's care plan is updated to reflect the use of specialist equipment.</p> <p>Ref 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager has carried out staff supervisions in regard to the named residents care plan and the issue was addressed on day of inspection. The registered manager completes monthly documentation quality audits to ensure compliance is maintained and areas of action identified and updated accordingly.</p>

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



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