



Unannounced Care Inspection Report 12 & 17 September 2019



Bohill Residential Care Home

Type of Service: Residential Care Home
Address: 69 Cloyfin Road, Coleraine BT52 2NY
Tel no: 02870325180

Inspectors: Marie-Claire Quinn, James Lavery and Joseph McRandle

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 18 residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Ltd Responsible Individual: Nicola Cooper	Registered Manager and date registered: Tracey Henry 13 August 2018
Person in charge at the time of inspection: Tracey Henry	Number of registered places: 18
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on both days of inspection: 18

4.0 Inspection summary

An unannounced inspection took place on 12 September 2019 from 10.25 hours to 17.40 hours. This inspection was conducted on the same date as an inspection of Bohill Bungalows Nursing home, which maintains separate registration with RQIA. The nursing inspector, James Laverty, joined the residential care home inspection for a short period. An unannounced finance inspection also took place on 17 September 2019 from 11.00 hours to 19.15 hours.

This inspection was undertaken by the care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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 the commitment and dedication of staff, communication between staff and residents, multi-disciplinary care assessment and planning. Residents were given privacy, choice and encouraged to maintain their independence. There was also good practice in relation to complaints management and monthly monitoring reports. The process for reconciling valuables held on behalf of residents and the system for recording transactions on behalf of residents was also well managed.

Areas requiring improvement were identified in relation to staffing, the dining experience, activities, the management of residents' monies, residents' records of personal property and residents' written agreements.

Residents told us they felt looked after in the home, and we observed lovely and kind interactions between residents and staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Tracey Henry, manager, and Jerry Munroe, team leader 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 dated 10 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 January 2019. No further actions were required to be taken following the most recent inspection on 10 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received.

During the inspection a sample of records was examined which included:

- staff duty rotas from 16 to 29 September 2019
- competency and capability assessments for two care staff
- audit of staff's Northern Ireland Social Care Council (NISCC) registration August 2019
- a sample of fire safety records
- the care records of three residents
- dementia quality walk round audit dated 29 August 2019
- complaints records from 10 January 2019 to 12 September 2019

- falls audits for March 2019, April 2019, May 2019, June 2019 and July 2019
- night shift quality walk round audit dated 26 July 2019
- monthly monitoring reports dated 16 May 2019, 25 June 2019, 19 July 2019 and 27 August 2019
- minutes of staff meeting dated 23 January 2019
- two residents' finance files including copies of written agreements
- a sample of financial records including; residents' personal allowance monies, residents' valuables, residents' fees, payments to the hairdresser and podiatrist and purchases undertaken on behalf of residents
- a sample of records of monies deposited on behalf of residents
- a sample of records from the residents' comfort fund and reconciliations of residents' monies and valuables

The findings of the inspection were provided to the manager and team leader at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 10 January 2019

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

There was a quiet atmosphere in the home when we arrived. Staff were visible and supporting residents with their morning routine. Residents told us:

- "I'm okay here."
- "I'm happy."
- "I'm very happy; staff are so good to us."

We spoke with staff who outlined current staffing arrangements in the home. Staff told us:

- "Staffing is the worst it has ever been, in terms of senior care assistants. We don't feel we can take breaks. We are coming in early and staying late to ensure that everything gets done. We ensure residents are being looked after, but some residents get anxious with new faces and changes, so you have to reassure them."
- "We have all worked very hard to make sure all shifts are covered. We couldn't have done it without Gerry (team leader)."

- “I feel we have recently turned a corner, as more staff have been recruited, although they have yet to start.”

Staff were adamant that they ensure residents’ needs were met at all times. While we observed no concerns in regard to care delivery, staff feedback to inspectors highlighted that team morale was particularly poor due to ongoing challenges relating to staffing arrangements.

Feedback from staff and review of the staffing roster also evidenced that there were occasions whenever there was no senior care assistant on night duty. We were informed by the manager/team leader that on these dates, nursing staff from the adjacent Bohill Nursing Home were relied upon to administer residents’ medication if needed. This arrangement is not in keeping with the home’s Statement of Purpose and can negatively impact care delivery in both of the nursing and residential settings.

We discussed these matters at length with the manager, who outlined numerous efforts made to source appropriately qualified senior care staff. Discussion with the manager and registered provider following the inspection confirmed that steps had been taken to ensure that effective staffing arrangements were in place while a recruitment process remained ongoing; an area of improvement has been made.

Staff confirmed they received adequate support through supervision and annual appraisals. Review of competency and capability assessments for two members of staff were satisfactory.

The home was clean, tidy and very warm. We highlighted some minor areas where staff could improve adherence to infection prevention and control procedures; this was addressed by staff immediately. Management also agreed to improve the lock on the visitors’ bathroom door.

Review of fire safety records was adequate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the commitment and dedication of staff.

Areas for improvement

One area for improvement was made in relation to staffing.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

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

Residents were able to express their needs and request support from staff. Residents told us:

- “The staff are good, they let you get on, not on top of you all the time.”
- “Staff will get you something if you have a sore head, or if you want sugar in your tea.”

Staff were attentive and prompt in addressing residents’ needs. Staff engaged with residents in a warm, kind and encouraging way.

Effective communication was facilitated in the home through staff handovers and daily ‘flash’ meetings. When we spoke with staff, they displayed excellent knowledge and understanding of residents’ individual needs, preferences and personalities. This enabled staff to know how and when to provide support in a person centred way; we observed staff skilfully comfort and redirect residents if they showed any signs of distress or discomfort.

There was clear evidence of multi-agency involvement in assessment and care planning, including detailed information on how to best support each individual living with dementia.

While there were set meal times, residents were supported to maintain their own schedule with this. We observed the serving of the lunch time meal. There was a delay between residents being seated and lunch being served. Staff explained this was because the heated food trolley had broken, which was being repaired on the day of inspection. Residents told us they enjoyed their food and that they got plenty to eat and drink. Specific comments included:

- “I’m getting a lovely cup of tea.”
- “I’m enjoying juice for breakfast.”
- “The food is lovely.”

We did identify that the dining room could be improved by making it more dementia friendly for residents. This included the use of colour contrasting plates and cutlery; visual aids and improved written and pictorial information and signage. An area of improvement has been made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between staff and residents, multi-disciplinary care assessment and planning.

Areas for improvement

One area for improvement was identified during the inspection in relation to the dining experience of residents.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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 saw staff treat residents with dignity and respect. Staff knocked doors before entering, offered residents choice where possible, and were flexible in response to residents’ preferred

routines. Staff encouraged residents to be independent where possible, while offering support and reassurance when required, for example, when walking or eating.

We reviewed care records which incorporated consideration of ‘best interests’ to support residents with decision making; this will be further reviewed at a future care inspection following the anticipated implementation of the Mental Capacity Act (NI) 2016.

The home’s part time activities co-ordinator was on leave on the day of inspection. We spoke with residents, some of whom confirmed they preferred their own solitary activities. One resident told us:

- “Nothing’s on in the afternoon, but we’re not bored – no one wants to do anything.”

Staff confirmed that they had access to ample supplies for activities, such as arts and crafts. It was clear that staff made efforts to engage residents socially, such as with the use of the home’s ‘Daily Sparkle’ newsletter as a tool for reminiscence therapy. However, staff confirmed that they did not have sufficient time to facilitate activities in addition to their caring roles and felt that meaningful social interactions could be limited at times. We also observed some residents walking throughout the home for whom meaningful stimulation was limited.

An area of improvement has been made in relation to the provision of activities in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to residents’ privacy, choice and being encouraged to maintain their independence where possible.

Areas for improvement

One area for improvement was identified regarding the provision of activities in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

Staff were very positive about the support they received from the manager and team leader. Staff confirmed that management were available, supportive and understanding of current pressures given the shortage of senior care staff. Staff told us:

- “Jerry (team leader) is amazing. Even if he’s off you can contact him. Tracey (manager) is really good; I’ve never had any issues.”

Review of complaints records was satisfactory.

Discussion with the home prior to and during the inspection confirmed there was a robust response to any whistle blowing or adult safeguarding concerns. Additional safeguards were in place as the home maintained oversight of care staff's professional registration with Northern Ireland Social Care Council.

Accidents, incidents and falls were audited and reviewed on a monthly basis with appropriate action taken to minimise risk where possible.

Management maintained additional oversight through a range of 'Quality Walk Arounds' which were also conducted out of usual office hours.

The team leader had completed a detailed audit of the dining experience in August 2019; however, there was no clear action plan in place to address the issues identified. We highlighted this to the manager in addition to those dining experience improvements recommended in section 6.4. The need to ensure that any audit process includes a robust action plan was agreed.

Monthly monitoring reports were completed with clear action plans in place. These actions plans were noted to be reviewed on a monthly basis.

Management of service users' monies

Financial systems in place at the home were reviewed; these included: the system for recording transactions undertaken on behalf of residents, the system for retaining receipts from transactions, the system for recording the reconciliations of residents' monies and valuables, the recording of fees charged to residents, retaining records of the amount received on behalf of residents for fees, the system for recording residents' personal property and the system for retaining residents' personal monies.

A review of two residents' files evidenced that copies of signed written agreements were retained within one of the files. Discussion with the manager confirmed that the remaining agreement was still to be signed and returned by the resident's representative. The agreement in place did not show the current weekly fee paid by, or on behalf of, the resident. This was discussed with the manager and identified as an area for improvement under the standards.

Discussion with staff and a review of records confirmed that reconciliations between the monies held on behalf of residents and the records of monies held were undertaken on a monthly basis. It was noticed that although residents' monies held at the home were reconciled there were no records of the reconciliations of the bank account used to retain residents' monies. This was discussed with the manager and identified as an area for improvement.

A review of a sample of purchases from the residents' comfort fund evidenced that in line with best practice the purchases were for the benefit of all residents. The details of the purchases were recorded and two signatures were recorded against each of the transactions. Discussion with staff confirmed that the comfort fund monies were held in the same bank account used to retain residents' personal allowance monies.

Discussion with staff also confirmed that the comfort fund monies were coded separately within the bank account. The inspector highlighted that in line with best practice the comfort fund monies should be retained within a separate bank account. This was discussed with the manager and identified as an area for improvement.

A review of a sample of purchases undertaken on behalf of residents showed that in line with the Residential Care Homes Minimum Standards (August 2011) details of the purchases were recorded, two signatures were recorded against each entry in the residents' transaction sheets and receipts were available from each of the purchases reviewed.

A review of a sample of personal property records for two residents evidenced that although the records had been updated with items belonging to the residents, there was no evidence that the records had been reconciled and signed at least quarterly. This was discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management, monthly monitoring reports, valuables held on behalf of residents being reconciled on a monthly basis, and the system for recording transactions on behalf of residents.

Areas for improvement

Four areas for improvement were identified in relation to the management of residents' monies, residents' written agreements and records of residents' personal property.

	Regulations	Standards
Total number of areas for improvement	0	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey Henry, manager, and Jerry Munroe, team leader, as part of the inspection process 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20. – (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall, having regard to the statement of purpose and the number and needs of residents –</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>This is in relation to the provision of senior care staff at night and staffing levels to facilitate activities.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Residential staffing has been reviewed and, as an interim measure, a qualified nurse is covering the night duty shifts in the residential unit until a Senior Care Assistant is recruited and completes training and induction.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall review the dining arrangements in the home specifically in relation to creating a dementia friendly environment and experience for residents. This relates specifically to those recommendations outlined in section 6.4.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The flooring in the residential dining area has been replaced and the area repainted as part of the redecoration programme</p> <p>The signage has been reviewed and dementia friendly crockery purchased.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall ensure that the home provides activities which are flexible and responsive to residents' changing needs.</p> <p>Residents should be enabled to participate in the programme through support from staff or others.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The activity therapist was unfortunately off on the day of the inspection due to illness and, although an activity plan is available, I accept that</p>

	<p>the activity input was minimal. On the occasions that this may occur the residential staff will be allocated to continue with the arranged activity for the day. This will be reviewed to ensure no direct impact on the provision of direct care.</p>
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<p>Area for improvement 3</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that up to date copies of signed written agreements are retained within all residents' files. The agreements should show the current fee paid by, or on behalf of, residents. The agreements should also show the current amount of the third party contribution (where relevant).</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The administrator is actively encouraging families to return agreements and this is in progress.</p> <p>Letters have been forwarded to next of kin in relation to the current fee agreed and a copy held on file.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 27 September 2019</p>	<p>The registered person shall confirm that residents' monies held in the bank account are reconciled at least quarterly. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: As confirmed this is managed at Head Office level with regard to the quarterly reconciliation but a copy of same will be retained at home level for reference.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that residents' comfort fund monies are held in a separate bank account from residents' personal allowance monies.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The management accountant is liaising with RQIA with regard to same and outcome to be confirmed.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that the inventory of property belonging to each resident is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The inventory of property will be reconciled quarterly and signed by a member of residential staff.</p>

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



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