



Unannounced Care Inspection Report 12 August 2020



Bohill Residential Care Home

Type of Service: Residential Care Home
Address: 69 Cloyfin Road, Coleraine BT52 2NY
Tel no: 02870325180
Inspector: Marie-Claire Quinn

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: Samantha Russell, acting manager
Person in charge at the time of inspection: Samantha Russell	Number of registered places: 18
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 16

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

An unannounced care inspection took place on 12 August 2020 from 11.05 hours to 16.45 hours to assess progress with areas for improvement identified in the home since the last care inspection. In addition, the following areas were examined during the inspection:

- Infection Prevention and Control (IPC) practices
- the home's environment
- care delivery
- recording of care
- management and governance arrangements.

Areas for improvement identified in the home since the last finance inspection were not reviewed as part of this inspection and are to be carried forward to the next finance inspection.

Residents told us they were content living in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*7

*The total number of areas for improvement includes one standard which has been carried forward for review at the next care inspection and four standards which have been carried forward for review at the next finance inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Samantha Russell, manager, and Joy Dougherty, deputy manager of Bohill nursing home, 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.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

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.

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

- staff duty rota from 3 to 23 August 2020
- care records for three residents
- monthly monitoring reports dated 28 February, 21 April, 29 May, and 29 June 2020
- a sample of governance records.

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 last care inspection dated 12 & 17 September 2019

Areas for improvement from the last care inspection		Validation of compliance
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>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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We saw that care being delivered promptly by friendly and efficient staff. Staff ensured to spend time and chat with residents, particularly those who preferred to remain in their bedrooms. Staff were also available to facilitate visits from relatives, which currently take place in the home’s garden.</p> <p>No concerns about staffing levels were reported by residents or staff.</p> <p>When we spoke with staff, they confirmed that additional agency senior care staff were used and additional staff had been recruited. Senior care staff reported they no longer had to routinely work additional shifts and that there were now enough senior care staff available for night shift.</p> <p>This area for improvement has therefore been met; however a new area of improvement was</p>	

	made as the duty rota did not include the hours worked by the manager.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The dining room was bright, clean and tidy. The flooring had been replaced and the room repainted.</p> <p>There was some written and visual information on display, such as the day's date, weather and menu choices.</p> <p>The dining experience had to be adapted in line with covid-19 guidance and tables and place settings were reduced to permit effective social distancing in the home. Residents were provided with a choice of where to enjoy their meals, depending on their individual needs.</p> <p>A selection of brightly coloured plates and cups were now in use. Portion sizes were appropriate and the food provided looked and smelled appetizing. Residents were encouraged and supported by staff to eat their meals, and additional servings or alternatives were offered as required.</p> <p>We did identify that additional pictorial information for menu choices may be beneficial however there had been sufficient progress to meet this area for improvement.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: 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>Carried forward to the next care inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: 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 finance inspection.</p>	<p>Carried forward to the next finance inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: 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 finance inspection.</p>	<p>Carried forward to the next finance inspection</p>

<p>Area for improvement 5</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</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>Carried forward to the next finance inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>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 finance inspection.</p>	<p>Carried forward to the next finance inspection</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>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 finance inspection.</p>		

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices

Signage had been placed at the entrance and throughout the home which provided information and advice about Covid-19, hand hygiene and Personal Protective Equipment (PPE).

On arrival to the home, we were asked to ensure we washed our hands and our temperature was taken; similar checks remained in place with staff and residents, in line with current Covid-19 guidelines for residential homes. The home had also commenced a rolling programme of covid-19 testing of residents and staff.

There were PPE stations throughout the home, and staff told us there was plenty of PPE available to them. We observed staff practice good hand hygiene and change their PPE as required.

Staff and management outlined the arrangements in place to facilitate visits from relatives. The home continues to risk assess this to ensure in person visits were conducted safely and in line with current covid-19 guidance.

6.2.2 The home's environment

The home was clean, warm and tidy.

On a few occasions, residents were unable to locate their bedroom, or became slightly disorientated in their surroundings. Although staff promptly provided redirection and reassurance to good effect, we discussed with management the lack of clear written and pictorial signage to guide residents around the home. This will help to ensure a more dementia friendly environment and support residents with maintaining their independence where possible. An area for improvement has been made.

6.2.3 Care delivery

When we arrived in the home, some residents were sitting in the lounge while other residents were still sleeping. Observation of practice and discussion with residents and staff confirmed that residents were provided with choice and flexibility with their daily routines.

Residents looked comfortable and well cared for; it was clear staff had taken time to support residents to attend to and maintain their personal care and appearance to a high standard. One resident was delighted as staff offered to curl her hair. Staff told us they did their best to take time for pampering sessions with residents who enjoyed getting their hair and nails done.

There were lovely, friendly interactions between residents and staff; residents were relaxed and comfortable when talking to staff. Some residents enjoyed 'banter' with staff and laughed and joke with them throughout the day. Staff ensured to spend time with residents who preferred to stay in their rooms, and outlined how they try and engage residents in activities such as knitting, painting and quizzes. One resident told us, "There is nothing to do, there is no zing!" and this was fed back to management for action and review.

6.2.4 Recording of care

Review of care records was satisfactory. Records were individualised to the needs and preferences of residents. There was sufficient detail to direct staff on the specific care required, for instance in the management of diabetes, nutrition, falls and therapeutic activities.

There were good systems in place to ensure residents received regular multi-disciplinary input even with covid-19 restrictions. For instance, care reviews are now held online. Some residents struggled with this; however staff encouraged and supported residents to engage with this process. The home are also facilitating a Northern Health and Social Care Trust pilot on anticipatory care planning; staff were positive about the benefits this was having on residents health and care.

We did identify that some care records included reference to residential staff taking neurological observations. This was discussed at length with management. Management agreed to review the purpose and need for this in a residential home; to have a clear protocol in place for who is reviewing this data and ensuring concerns are escalated appropriately; and to ensure staff have been fully trained and deemed competent and capable in these tasks. Following the inspection, the manager provided further clarification and written confirmation that additional training had been arranged for staff. An area of improvement was therefore not required on this occasion.

6.2.5 Management and governance arrangements

We met with the home's current acting manager who confirmed that she was receiving a structured induction and orientation to the home.

Staff confirmed that management were supportive, including when the home experienced a covid-19 outbreak:

- "Staffing levels were decimated but we worked together as a team."
- "We work as a team. Tracey (registered manager) was very good."
- "No concerns or complaints. Residents are happy and safe. Management were very good and supportive during the covid-19 outbreak. Jerry (team leader) is great. Sam (manager) seems nice and approachable."
- "Jerry always listens and does what he can. We are busy but always do our best and residents are happy and looked after."

Review of a sample of governance records, including monthly falls audits, was satisfactory. Clear and timely action plans were in place if any deficits were identified, and these were reviewed and actioned as required. Monthly monitoring visits included feedback from residents and relatives, and included compliments such as "staff give 100%."

Areas of good practice

Good practice was identified in the cleanliness of the home, IPC practices and care delivery. Staff gave positive feedback about management arrangements in the home.

Areas for improvement

Two new areas for improvement were identified in relation to the manager's hours being recorded on the rota, and review of written and pictorial signage in the home.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

The home was clean, warm and tidy. Staff adhered to IPC measures and practiced good hand hygiene.

Residents presented as well cared for, with good attention paid to their personal and physical care.

Residents appeared comfortable and relaxed; staff were visible, attentive and responsive to any signs of discomfort or distress.

Management arrangements had recently changed and staff were positive about management support to date.

Areas requiring improvement are to be managed through the Quality Improvement Plan (QIP) below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Samantha Russell, manager, and Joy Dougherty, deputy manager of Bohill nursing home, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: from the date of inspection	<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>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>
Area for improvement 2 Ref: Standard 4.2 Stated: First time To be completed by: 31 October 2019	<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>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 finance inspection.</p>
Area for improvement 3 Ref: Standard 15.12 Stated: First time To be completed by: 27 September 2019	<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>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 finance inspection.</p>
Area for improvement 4 Ref: Standard 20.14 Stated: First time To be completed by: 31 October 2019	<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>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 finance inspection.</p>

<p>Area for improvement 5</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> <hr/> <p>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 finance inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: from date of inspection</p>	<p>The registered person shall ensure that the duty rota includes the hours worked by the home's manager.</p> <hr/> <p>Response by registered person detailing the actions taken: The Residential duty rota has been reviewed and the Home Manager hours worked identified. This area of improvement was addressed on the day of the inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Standard E7</p> <p>Stated: First time</p> <p>To be completed by: from date of inspection</p>	<p>The registered person shall ensure that there is clear and pictorial signage in the home to promote a dementia-friendly environment.</p> <hr/> <p>Response by registered person detailing the actions taken: The signage has been reviewed and pictorial signage has now been ordered and awaiting delivery to promote a dementia-friendly environment within the Residential Unit.</p>

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



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