

Inspection Report

2 & 8 December 2021



Bohill Residential Care Home

Type of Service: Residential Care Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Amore (Ben Madigan) Limited Responsible Individual: Sarah Perez - Acting	Registered Manager: Mrs Joy Dougherty – not registered
Person in charge at the time of inspection: Andrea McCook – covering manager from another Amore (Ben Madigan) Limited service.	Number of registered places: 18
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 18 residents. The home is located within the same building as a registered nursing home which is also managed by Amore (Ben Madigan) Limited. The Residential Care Home is situated on the first floor and provides care for people living with dementia. The same registered manager has managerial oversight of both services. Within the Residential Care Home, residents have access to communal lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 2 December 2021 from 10.00am to 5.10pm by a care inspector; an unannounced finance inspection also took place on 8 December 2021 from 11.00am to 12:30pm pm by a finance inspector. The findings of both inspections are referenced within the body of this report.

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

It was evident that staff promoted the dignity and well-being of residents and were compassionate and patient in their response to requests from residents.

Residents were observed to be well presented, neat and tidy. Those residents able to engage in conversation spoke positively about the care they received.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Bohill Residential Care Home was safe, effective and compassionate. Addressing the areas for improvement will further enhance the quality of care and services in the Bohill.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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

We spoke to seven residents directly and observed other residents in their bedrooms. We also spoke to four members of staff.

Those residents who were unable to clearly express their views appeared well presented, neat and tidy. Those residents who were able to engage in conversation told us:

- "I like it here....the people are good".
- "I love it here...the food is very good".

Staff told us the 'the Bohill' is a good place to work. They expressed the challenges they have faced, namely in relation to maintaining staffing levels during the ongoing COVID-19 pandemic. This is further discussed in Section 5.2.1.

Staff told us:

- “The care here is brilliant....the teamwork is very good”.
- “The management team are approachable and do their best to resolve issues”.
- “We receive good direction from Jerry (team leader)”.

No questionnaires were returned from staff, residents or relatives.

A record of compliments received about the home was kept and shared with the staff team. The following comments were recorded on thank-you cards:

- “Just a note to say a huge thanks to all the staff. In these tough times you have been exceptional...It has been a comfort to know (resident) has been cared for as you all know her ways”.
- “It takes a special type of person to do the job you do and you all have a special place in our hearts”.

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 12 August 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 13 Stated: First time	The registered person shall ensure that the home provides activities which are flexible and responsive to residents' changing needs. Residents should be enabled to participate in the programme through support from staff or others.	Not Met
	Action taken as confirmed during the inspection: Discussion with staff highlighted that there was no schedule of activities. Care staff told us that they provide activities but only when time allows. This is further discussed in Section 5.2.4.	
This area for improvement is not met and has been stated for a second time.		

<p>Area for improvement 2</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>Action taken as confirmed during the inspection: A review of two residents' files evidenced that up to date written agreements were retained within both files. The agreements reviewed also showed the current amount of the third party contributions paid on behalf of the residents.</p>	<p>Met</p>
<p>Area for improvement 3</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>Action taken as confirmed during the inspection: Discussion with staff and a review of records confirmed that reconciliations of the residents' bank account were undertaken at the home's head office at least quarterly.</p> <p>The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Met</p>
<p>Area for improvement 4</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>Action taken as confirmed during the inspection: A review of records and discussions with staff confirmed that residents' comfort fund monies were identified separately from residents' personal allowance monies. Records showed that comfort fund monies were reconciled at the home's head office on</p>	<p>Met</p>

	a monthly basis.	
Area for improvement 5 Ref: Standard 8.7 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: A review of two residents' property records evidenced that the records had been updated and reconciled at least quarterly.</p> <p>The records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p>	
Area for improvement 6 Ref: Standard 25.6 Stated: First time	<p>The registered person shall ensure that the duty rota includes the hours worked by the home's manager.</p>	Not Met
	<p>Action taken as confirmed during the inspection: A review of the duty rota did not clearly reflect the hours worked by the manager over a 24 hour period.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
Area for improvement 7 Ref: Standard E7 Stated: First time	<p>The registered person shall ensure that there is clear and pictorial signage in the home to promote a dementia-friendly environment.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the Home's environment evidenced that this area for improvement has been met. Signage was clear throughout the home and residents appeared familiar in their environment.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment records evidenced that an enhanced Access NI had been sought, received and reviewed prior to any new staff member commencing employment. A structured orientation and induction programme was also in place. However, it was unclear if one member of staff had finalised their induction; this was highlighted to the team leader who agreed to address this.

A system was in place to ensure staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). Clarification was required for a number of identified staff which was provided to RQIA post inspection. We discussed the importance of maintaining accurate and up to date information regarding a staff member's registration with NISCC. This will be reviewed at a future inspection.

Staff stated that a matrix is retained of all training activity in the home, however, this information could not be accessed by the person in charge on the day of inspection. Assurances were received from Tracey Henry, Operations Manager regarding staffs compliance with mandatory training. This area will be reviewed at a future inspection.

Staff said there was good team work and good direction and support from the management team. Some members of staff told us that maintaining staffing levels can be challenging particularly in light of the ongoing COVID-19 pandemic. Staff also told us that the needs of residents within the residential care home has increased. Through discussion with staff and the management team, it was positive to note that an additional carer was now rostered to work each morning / early afternoon as a response to this to meet the needs of residents. Staff told us they were encouraged by this and viewed it to have a positive effect for both staff and residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. It is important that full names of staff are recorded on the duty rota which the manager agreed to action. The duty rota must also reflect the hours worked by the manager over a 24 hour period. An area for improvement was stated for a second time.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents were observed to be in the lounge or having a nap in their bedrooms and staff were available to support them.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly and in a caring and compassionate manner.

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 and were observed to be friendly, polite, warm and supportive.

Staff advised that they meet at the beginning of each shift to discuss any changes to the needs of the residents; staff presented as knowledgeable of individual resident's 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' 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.

Care records were generally well maintained with a monthly evaluation provided of the care delivered. One care plan was identified to require an update to accurately reflect a resident's changing needs. This was acknowledged by staff and assurances were provided to RQIA post inspection that this had been actioned. Residents' individual likes and preferences were reflected throughout the records and contained specific information on each residents' care needs and what or who was important to them.

Examination of care records and discussion with staff confirmed that appropriate advice was sought when a resident had a fall; this, at times, included consultation with a GP and the Health and Social Care Trust (HSCT) named worker. The home also maintained a record of observation charts which staff are expected to complete following a resident experiencing a fall.

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.

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. The dining experience was an opportunity for residents to socialise and the atmosphere was observed to be calm, relaxed and unhurried. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

It was noted that the menu which was displayed was in a locked area and did not accurately reflect the food which was available; it was also printed in very small font making it potentially difficult to read. It is important that the daily menu is displayed in a suitable format and at an appropriate location so residents and their families know what is available. An area for improvement was made.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included a sample of bedrooms, bathrooms and communal areas such as lounges and the dining room. The home was observed to be warm, clean, tidy and well-lit.

Residents' bedrooms were personalised with items important to them such as pictures and paintings. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were observed throughout the inspection. A Fire Risk Assessment had been complete on 21 September 2021, however, it was unclear if the actions outlined had been addressed by the manager. This was discussed with the person in charge and RQIA received a copy of the action plan post inspection outlining the actions taken.

A copy of this was shared with RQIA's estate team for further consideration. It is important that the manager ensures this assessment is kept under regular review. An area for improvement has been made.

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). Health declaration and temperature checks were completed for any person entering the home. Staff were observed to carry out hand hygiene at appropriate times and to use Personal Protective Equipment (PPE) in accordance with the regional guidance.

PPE stations were observed to be insufficiently stocked, however, this was addressed by staff and all necessary items were replenished. The importance of ensuring PPE is readily available for staff and visitors was discussed with the management team during inspection. There were also insufficient supplies of hand sanitiser available for staff and visitors throughout the residential care home. The manager agreed to action this. An area for improvement has been made.

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

5.2.4 Quality of Life for Residents

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.

There was a relaxed atmosphere within the communal areas where residents were observed to be chatting to one another, conversing with staff, watching TV and / or relaxing. Other residents were observed in their bedrooms having a nap or watching TV.

Discussion with staff highlighted that there is no schedule in place for activities. Staff advised that they endeavour to engage with residents and commence activities when time permits. While it was encouraging to note that the residents had been availing of a music therapy group for a 6 week period, it is essential that a programme of activities is devised to provide positive outcomes for residents based on their identified needs and preferences. An area for improvement has been stated for a second 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 being noted by staff.

5.2.5 Management and Governance Arrangements

There have been changes in the home's management arrangements since the last inspection. At present, the acting manager is on sick leave. Mrs Andrea McCook has been maintaining managerial oversight within the home and these arrangements are to continue until a new permanent manager is appointed.

Staff were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff described the management team as "approachable" and "supportive." Staff reported that they receive "good direction from Jerry" (Team Leader) on a daily basis.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

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

There was a system in place to manage any complaints and / or compliments received about the service. This information was shared with the staff group as an opportunity to learn and improve.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A number of these visits have been completed remotely and while action plans for improvement were put in place and reviewed, there was no evidence that consultation took place with residents and their representatives. It is necessary that those conducting these visits liaise with residents and their representatives in order to form an accurate and comprehensive opinion of the standard of care provided in the home. An area for improvement was made.

6.0 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) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	2	4*

*the total number of areas for improvement includes two that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrea McCook, person in charge, Jerry Munroe, Residential Team Leader and Tracey Henry,

Operations 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	
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that the fire risk assessment and fire management plan is revised and actioned when necessary.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The annual fire risk assessment plan has been updated and the fire risk assessment remedial works to be carried out by the contractor have been requested via the estates helpdesk. A completion date is to be confirmed.</p>
Area for improvement 2 Ref: Regulation 29 (4) (a) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that residents and their representatives are consulted as part of the home's monthly monitoring visits so as to form an accurate and comprehensive assessment of the standard of care being provided.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Regulation 29 visits will include the contact made with relatives of those in our care, to ensure that feedback from the families is incorporated into the report. This will enable families the opportunity to discuss their opinions of care delivered to their loved one.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 13 Stated: Second time To be completed by: 30 December 2021	<p>The registered person shall ensure that the home provides activities which are flexible and responsive to residents' changing needs. Residents should be enabled to participate in the programme through support from staff or others.</p> <p>Ref: 5.1 & 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: The activity provision has been reviewed and the residential unit has allocated time for activities and therapeutic input daily. A designated area is currently under development and activity equipment is in place. There is also the ability to provide a quiet sensory experience within the room. Activity planners are in place to enable all the residents the opportunity to engage in meaningful activities.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 25.6.</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the duty rota includes the hours worked by the home's manager.</p> <p>Ref: 5.1 & 5.2.1.</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Home Manager is now included on the off duty.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each meal time.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: A menu board is in place which displays the daily meal choices ensuring all residents are aware of the options available to them.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure there is an adequate supply of hand sanitiser for staff and visitors in keeping with Infection Prevention and Control best practice.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Sanitiser availability is checked daily during the Managers Daily Quality Walk Round and refilled by housekeeping staff when required. Replacement dispensers for the sanitiser in use have also been delivered and are in the process of being installed.</p>

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