



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 January 2019



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.

1.0 What we look for



2.0 Profile of service

Bohill is a residential care home with 18 beds that provides care for residents living with dementia. The home is a separate unit located in the same building as Bohill nursing home.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Limited Responsible Individual: Nicola Cooper	Registered Manager: Mrs Tracey Henry
Person in charge at the time of inspection: Mrs Tracey Henry	Date manager registered: 13 August 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 18

4.0 Inspection summary

An unannounced care inspection took place on 10 January 2019 from 11.35 to 16.55.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified 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 cleanliness of the home, care records and staff training.

Residents said that they were content living in the home, and described the staff as nice.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Tracey Henry, registered manager and Jerry Munroe, team leader, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent type care inspection

No further actions were required to be taken following the most recent inspection on 9 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with the registered manager, team leader, five residents, three staff and one resident's visitor. Residents who declined to speak to the inspector, or who could not fully verbalise their feelings in respect of their care, were observed to be relaxed and comfortable in their surroundings.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow residents and/or their representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Two questionnaires were returned by residents' representatives. One resident's representative shared mixed views regarding the care delivered in the home. Another resident's representative made critical comments regarding the approach of some staff to their relative. These issues were discussed in depth with the registered manager following the inspection and the inspector was provided assurance that this would be addressed. The registered manager outlined several existing measures in place for residents and relatives to provide feedback directly to the home, to ensure that any concerns could be immediately addressed. This included environmental audits; internal care reviews; trust reviews; resident meetings; and relatives meetings.

One survey was completed by a member of staff, who was satisfied that care was compassionate in the home; however they were not satisfied with other aspects of care within the home. When this feedback was discussed with the registered manager, they advised that a staff meeting had been held very recently; staff handovers, supervisions and annual appraisals could also be used to discuss feedback and address any concerns expressed by staff. We also agreed on the importance of openness and transparency between staff and management.

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

- Induction programme for two members of staff
- Staff supervision schedules
- Staff competency and capability assessments
- Staff training schedule
- Three residents' care files

- Complaints and compliments records
- Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints, Infection Prevention and Control (IPC), NISCC registration
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors.
- Programme of activities

There were no areas for improvement identified at the last care inspection.

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 most recent inspection dated 10 September 2018

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvements made as a result of this inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 August 2018

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

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met, using the STAN dependency tool.

No concerns were raised regarding staffing levels during discussion with residents. Some concerns were raised by a resident's visitor and staff, who felt an additional care assistant was needed, particularly to supervise the lounge area. This was discussed with the registered manager and team leader, who were aware of these concerns, and described how audits of accidents and incidents, and review of residents' dependency levels are used to ensure that the home is appropriately staffed. The registered manager reported that any deficits are promptly

addressed; an example was given where the trust had approved funding for additional care staff in the afternoon, to provide one to one care as required. The registered manager understood that the home must ensure they can meet the needs of the residents within the categories of care for which they are registered.

A review of two current induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Schedules of training, supervision and two staff competency and capability assessments were reviewed during the inspection, and found to be satisfactory. Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided.

The registered manager advised that staff recruitment records were retained at the organisation's personnel department. This included AccessNI enhanced disclosures forms, which the registered manager confirmed must be returned before staff commenced employment. The registered manager outlined the system in place to monitor the registration status of staff with their professional body, Northern Ireland Social Care Council (NISCC). This document was reviewed on inspection and was noted to have been last updated in late November 2018. Two members of staff were listed as pending registration. The registered manager was able to update this immediately, confirming that all current staff have up to date registration.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Discussion with the registered manager and review of care records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Where issues were identified, appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns. An area of good practice was identified as the registered manager advised that they, along with the deputy manager and team leader, have completed Level Four Training in Adult Safeguarding.

Systems were in place to make referrals to the multi-professional team, such as the behaviour management team or trust falls team when required. Audits of accidents/falls and incidents were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. The home maintains regular contact with the dementia home support team to develop clear plans to minimise risks to residents, staff and others. These plans are further reviewed during team safety huddles.

The registered manager reported that there had been no outbreaks of infection within the last year. Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Observation of staff practice identified that staff adhered to IPC procedures. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home, and used by staff when required. IPC compliance audits (for example, monthly audits of hand hygiene, kitchen and environment) were undertaken and action plans developed to address any deficits.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Good standards of hand hygiene were observed to be promoted within the home among residents,

staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home's environment was undertaken and found to be maintained to a high standard; it was fresh- smelling, clean and appropriately heated. Dementia friendly décor was incorporated throughout the home, with pictorial signs for bathrooms and the dining room. The entrance to the home was brightly decorated, painted with nature scenes. Each resident's bedroom door was styled to look like the front door of a house, with brick patterned wallpaper, different coloured doors and both the room number and resident's name. The residents' bedrooms were found to be individualised with photographs, memorabilia and personal items.

The registered manager advised that a system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. Review of care records evidenced that any relevant alerts were maintained within residents' care plans, to ensure appropriate risk management. Control of Substances Hazardous to Health (COSHH) training was being arranged for later this year.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, staff and one resident's visitor spoken with during the inspection made the following comments:

Residents:

- "I'm ok here."
- "I like it here."
- "Yes, I'm ok."
- "It's nice."
- "Keep my room clean? They do surely!"

Staff:

- "Sometimes staffing levels could be better, for example, we have to have someone in the lounge all the time, but it's a good team, we all work together....we've all spoken to the manager about it, and I know it's being addressed."
- "There's usually enough staff on, but it can be very busy, like at breakfast time. It's great when there's three care assistants and a senior on, it's lovely to have more time for one to one with the residents."
- "We all think we need more staff at certain times, it can be a stretch to make sure there is someone in the lounge and on the floor, and then help residents to the bathroom... Jerry (team leader) knows and does what he can. Care is safe, 4 out of 5."

Resident's visitor:

- "There's not always enough staff...they need more staff in the lounge area."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents. The registered manager reported close collaboration with the Dementia home support team, which they felt ensured a dynamic and appropriate response to resident's needs, depending on their mood and presentation. In addition, the registered manager reported that regular environmental walkabouts enabled further monitoring, audit and review of the effectiveness and quality of care delivered to residents.

The registered manager advised that systems were in place to ensure effective communication, including multi-professional team reviews, staff meetings and staff shift handovers. The home also holds daily flash meetings, attended by each head of department, ensuring staff have a thorough overview of the priorities for the day.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR); staff had received training on this earlier in the year. Compliance is monitored through environmental audits.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (for example manual handling, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred and incorporated multi-professional input into the residents' health and social care needs. Care plans included the views and signatures of the resident and/or their representative.

Observation of practice evidenced that staff interactions with residents were generally timely, compassionate and caring. The registered manager advised that staff had received additional training in communication from the dementia care homes support team. The Priory also provides 'Creative Minds' training, which provides staff with further training on communication skills, including responding to distress and de-escalation techniques.

Discussion with the registered manager and staff confirmed that nursing needs, such as wound care and administration of diabetes medication was managed by community nursing services.

The Braden scale was used to monitor residents' wound pain. All senior care assistants had received specific training to take residents' temperature, blood pressure and pulse. Discussion with the staff and registered manager confirmed that they did not complete any specialist nursing tasks, and referrals were made to the appropriate service when required.

There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments. Staff had received training on the updated International Dysphagia Diet Standardisation Initiative (IDDSI) guidelines.

The inspector observed the lunchtime meal in the home. Staff encouraged and supported residents to the dining room. There was a calm atmosphere, and residents were encouraged to take their time and make their own way to the dining room, if able. The dining area was clean and included a board with the day, time, date, weather and meal choices visible for the residents. The radio was playing classic music. Residents chose where they wished to sit, and had a choice of diluted juice, orange juice, milk or water to drink. Staff greeted each resident by name and spoke to them directly, to check they were content with their meal. Residents were offered stew, or mince beef and potatoes. The food was well presented, and including a portion of vegetables. If residents did not like the options, or did not enjoy their meal, they were offered an alternative. Some residents preferred a lunch of sandwiches and this was served alongside the main meal. The residents appeared to enjoy their meal.

The team leader stated that he was keen to continually drive improvement within the area of person centred care, providing examples of how he has addressed this with staff. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home, confirming that a person centred approach underpinned practice. For example, some residents preferred eating in their rooms; some liked to rest in the lounge after lunch, others in their bedrooms. A person centred approach to care was further enhanced by the home's "resident of the day" system; each resident had one day a month where they received additional one to one contact with all staff, including detailed discussion and review of care records. This is a holistic system, for example, the home's cook will discuss the menu with them, and get suggestions for their favourite meals. The date is arranged in advance, encouraging and enabling residents and their families to be more fully involved in the review process.

Minutes of residents meetings were reviewed during the inspection. Residents meetings were held four times a year, and the dates were arranged and advertised in advance. While this is good practice, it was noted that these meetings are held jointly with residents from both the nursing and residential home. This was also the case for residents' representatives meetings. This was discussed with the registered manager, who agreed to ensure there were separate meetings for the two homes. This may be reviewed at the next care inspection.

Residents, staff and one resident's visitor spoken with during the inspection made the following comments:

Residents:

- "I got a bit of my memory back here...If I don't know (something), I ask them (staff)."
- "Well, I get my bed made for me. I'm staying in here (my bedroom) for lunch."
- "Oh, the food is lovely."

- “Yes I suppose it’s clean and tidy.”
- “The food’s lovely. If I don’t like it, I get something else. I get lots of tea.”

Staff:

- “We get supervision around four times a year...plenty of training...there’s information on the notice board...there’s good communication here.”
- “The residents can need different things every day, some days are better than others...we all work hard here.”
- “Yes, residents get what they need, but another care assistant would be good.”

Resident’s visitor:

- “I think residents mostly get what they need...sometimes they have to wait when it’s busy...I think my relative could do with more help sometimes, around mealtimes.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between staff and other interested parties.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The registered manager and staff described how consent was sought in relation to care and treatment. Discussion with staff and observation of social interactions demonstrated that residents were treated with dignity and respect. Staff described how they ensured the residents’ rights, independence, dignity and confidentiality were protected. For example, knocking bedroom doors before entering; closing bathroom doors when personal care being provided; offering support with personal care in a discreet manner.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. On the day of inspection, staff appeared patient, responsive and calm towards the residents, with any signs of distress or agitation attended to. This was further evidenced in care records, where care plans for the identification and management of pain, falls, infection and nutrition were regularly reviewed; this included action taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were consulted with, at least monthly, on the quality of care and environment, through the 'Resident of the Day' system. Residents were encouraged to attend quarterly residents' meetings. Residents could also provide general feedback through the Annual Quality Review report. The findings from the 2018 consultation were displayed in the home. Improvements made as direct result of the resident consultation included: changing the meeting times to better suit families; having more church services; new chairs; the possibility of building a conservatory.

Discussion with staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities; for example, religious services were held in the home. The home shares an activity therapist with the nursing home, and they have a dedicated 10 hours per week for the residential home. The activities board listed a range of events for residents throughout the week, including a music afternoon, arts and crafts, bingo and nail and hand care. This information was also provided in a pictorial format. The home retained an ample supply of CD's, word games, DVDs, books, cuddly toys and copies of the trust's dementia friendly newsletter. During the inspection, the residents were offered pet therapy, and the residents appeared to enjoy this contact with a dog and its owner. This was described as a weekly highlight for one resident.

Arrangements were in place for residents to maintain links with their friends, families and wider community; some residents were able to visit family in the nursing home, and relaxing with friends and family was included as a planned activity three times a week. The home had a café area for those who preferred a change of environment for visitors, as well as a secure garden area which had won the Priory "In Bloom" award for best garden. The home had held several fundraising events with residents this year, and received several letters of gratitude from local charities which were involved, including Prince's Trust, Marie Curie and Royal Belfast Hospital for Sick Children.

Residents, staff and one resident's visitor spoken with during the inspection made the following comments:

Residents:

- "They (staff) are all nice here."
- "She's (care assistant) awful good to me...There's plenty on...I like music and bingo."

Staff:

- "We used to do the one to one stuff, but we have an activities co-ordinator now...everyone is good to the residents, everyone does the best they can do....we try and discourage dependence, let the residents do what they can for themselves."
- "There's something on for the residents every day...we make sure the residents have privacy at all times, like if they are asking to use the bathroom, making sure the doors are closed."
- "It's a good team...Staff can always come and talk to me...I would have no problem challenging staff if I need to, I'm straightforward."

Resident's visitor:

- "I'm here every day...I always talk to the staff... staff can be sharp, but most of the staff are nice...pet therapy is here every week, it's a highlight."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and that residents were listened to and valued.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registered manager outlined the management arrangements and governance systems in place within the home and advised that the service is committed to continued quality improvement. One example of this is nightly medication audits as per the Governance Accelerated Plan which also involves monthly visits at night by the registered manager for additional quality and safety assurance.

The registered manager stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. A range of policies and procedures was in place to guide and inform staff, including policies for whistleblowing, consent, managing distressed reactions and positive behaviour support.

There was a complaints policy and procedure in place which was last updated in February 2018. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Review of training schedules confirmed that staff had received training on complaints management. RQIA's complaint poster was available and displayed in the home. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Feedback, on complaints and compliments, was provided to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. Positive feedback was also provided during the employee engagement survey completed in April 2018.

There were open and transparent methods of working and effective working relationships with resident's and their representatives. One example was the recent reduction in care plan reviews from quarterly to biannually, at the request of residents and their representatives. Feedback from the last annual satisfaction survey report and resident meetings were on display

in the home's notice boards; residents and/or their representatives could also request copies of reports of the visits by the registered provider.

All staff had received equality and diversity training and can review the home's policy via e-learning. The registered manager advised that the home's annual resident feedback questionnaire had recently been updated to capture details of resident's ethnic background. No equality issues have been raised by residents to date.

Residents, staff and one resident's visitor spoken with during the inspection made the following comments:

Residents:

- "Oh, if you weren't happy, you'd have to say to them (the staff)."

Staff:

- "Jerry (team leader) is great."
- "Jerry (team leader) is very understanding, he's brilliant."
- "Management are responsive...some staff might think they could be quicker on certain things."

Resident's visitor:

- "Ninety-nine per cent of staff are fine."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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