

Inspection Report

7 September 2022



Bohill Residential Care Home

Type of Service: Residential Care Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
Tel no: 028 7032 5180

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: Healthcare Ireland (No. 4) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Andrea McCook Date registered: Pending
Person in charge at the time of inspection: Mrs Andrea McCook	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: 17
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 on a first floor level, in the same building as a registered Nursing Home. The Manager for this home manages both these services.	

2.0 Inspection summary

This unannounced inspection took place on 7 September 2022, from 9.30am to 3.30pm by a care inspector.

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

All but one area of improvement from the previous inspection were met. The one area of improvement not met has been stated as an area of improvement in accordance with legislation.

There was safe, effective and compassionate care delivered in the home and the home was well led.

It was established that staff promoted the dignity and well-being of residents.

Two areas requiring improvement were identified. These were in relation to fire safety drills and accessibility of up-to-date information on residents' dietary needs.

Residents said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Bohill Residential Care Home was safe, effective, and compassionate and that the home was well led.

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

3.0 How we inspect

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

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

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

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

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

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

The findings of the inspection were discussed with Mrs Andrea McCook, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke in positive terms about their life in the home, their relationship with staff and the provision of meals.

Staff said that they felt the care provided for was very good and that they were satisfied with staffing levels, training, teamwork and managerial support.

5.0 The inspection

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

The last inspection to Bohill Residential Care Home was a medicines management inspection, undertaken on 29 July 2022. There were no areas of improvement identified from this inspection.

Areas for improvement from the last inspection on 2 & 8 December 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall ensure that the fire risk assessment and fire management plan is revised and actioned when necessary.	Met
	Action taken as confirmed during the inspection: The fire safety risk assessment and fire management plan were in place on an up-to-date basis.	
Area for improvement 2 Ref: Regulation 29 (4) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The views of residents and their representatives were recorded in these monitoring visits.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 13 Stated: Second 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: This area of improvement was not met as detailed in 5.2.4 and has been stated now as an area of improvement in accordance with legislation.	
Area for improvement 2 Ref: Standard 25.6. Stated: Second time	The registered person shall ensure that the duty rota includes the hours worked by the home's Manager.	Met
	Action taken as confirmed during the inspection: The Manager's hours of duty were recorded in the duty rota.	
Area for improvement 3 Ref: Standard 12.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The daily menu was suitably displayed.	
Area for improvement 4 Ref: Standard 35.7 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was good provision of hand sanitisers available for staff and visitors.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment records confirmed that there was a robust system in place to ensure staff members were recruited correctly to protect residents.

Staff members receive a programme of induction on appointment.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager explained that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. It was also 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.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of a staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role. Staff said that they were satisfied with the staffing levels.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis on.

A check is carried out on a monthly basis to ensure all staff members are up-to-date with their registration with the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Two residents made the following statements; "They (the staff) are very good to us. I can't complain about a thing." And "Everybody has been very kind".

5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff interactions with residents were observed to be pleasant, polite, friendly and warm.

Residents' care records were maintained which accurately reflected the needs of the residents. Staff members were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The dinner time meal was appetising, wholesome and nicely presented. Residents commented positively about the quality of meals provided and the choice of meals. Discussions with staff confirmed their knowledge and understanding of residents' dietary requirements. An area of improvement was made to remove out of date dietary assessments in an identified resident's care record so that the current assessment is readily available and reflective of the care plan.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

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 safely and confidentially.

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

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

Daily records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need had corresponding statements of care / treatment given with effect of same.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Residents' bedrooms were in large personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

All staff members were in receipt of up-to-date training in fire safety. An area of improvement was made for staff to receive up-to-date training in fire safety drills, which was not being adhered to by all staff.

Fire safety records were well maintained with up-to-date fire safety checks of the environment. The home's most recent fire safety risk assessment was dated 21 September 2021. There was corresponding evidence recorded of the actions taken in response of the four recommendations made from this assessment.

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

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

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable and at ease in their environment and interactions with staff. One resident said; "It's all very good here. I am very happy. No complaints".

There was no activity provision and the programme displayed was not meaningful or accurate. The Manager explained that the designated hours for an activities person are being recruited. An area of improvement has been made in this regard.

5.2.5 Management and Governance Arrangements

Mrs Andrea McCook is the Manager of the home and is in the process of registering with RQIA as the registered manager. Staff said that they knew how to raise concerns or worries about residents, care practices or the environment and they would have no hesitation. Staff said that the Manager was very supportive and available for advice. Discussions with the Manager confirmed that they had good knowledge and understanding of residents' needs and care delivery.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, care records, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

A review of the record of complaints and discussions with the Manager confirmed that expressions of complaint were taken seriously and managed appropriately.

A review of the record of compliments, found one that contained the following statement; "Thank you for the excellent care, love and companionship you have given my mother".

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Andrea Cook, 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)(f) Stated: First time To be completed by: 7 November 2022	<p>The registered person shall ensure all staff are in receipt of up-to-date training in fire safety drills.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Fire drills have been completed and these will continue on a regular basis to ensure all staff training remains up to date. All new employees will complete fire training during their induction and participate in a fire drill. A fire drill matrix is in place and will be updated following each drill. Fire training compliance will be monitored during each Regulation 29 visit and any actions required will be included in the action plan.</p>
Area for improvement 2 Ref: Regulation 18(2)(n)(i) Stated: First time To be completed by: 7 October 2022	<p>The registered person shall ensure a meaningful and engaging programme of activities is adequately provided for.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: A Bank Activities Leader has now commenced in post and will carry out activities in the Residential Unit. The Activity planner has been developed based on all residents individual preferences, this will ensure all planned activities held are meaningful and person centred.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 9.3 Stated: First time To be completed by: 8 September 2022	<p>The registered person shall remove out of date dietary assessments resident's care records so that the current assessment is readily available and reflective of the care plan, as to avoid any area of confusion.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All assessments on file are current and reflect the assessed needs of each resident. Those noted to be out of date have now been archived. This was completed on the day of the inspection.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care