

# Inspection Report

14 September 2021



## Bohill House Nursing Home

**Type of Service: Nursing Home**  
**Address: 69 Cloyfin Road, Coleraine, BT52 2NY**  
**Tel No: 028 7032 5180**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Limited  <b>Responsible Individual:</b> Ms Nicola Cooper	<b>Registered Manager:</b> Mrs Hazel McMullan  <b>Date registered:</b> Registration pending
<b>Person in charge at the time of inspection:</b> Mrs Hazel McMullan	<b>Number of registered places:</b> 62
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 56
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 62 patients. The home is divided in two units over two floors.  There is also a Residential Care Home which is in the same building and the manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection was conducted on 14 September 2021, from 9.50am to 4pm by a care inspector.

The inspection assessed progress with the areas of 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.

The three areas of improvement identified at the last inspection were reviewed and met.

The home was clean, tidy, well ventilated and free from malodour.

Staffing levels were found to be in keeping with patient dependencies and the size and layout of the home.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Patients were seen to be well cared for. There was clear evidence of attention to personal care and dressing and assistance with meals and fluids where seen to be attended to by staff in a prompt and compassionate manner.

Feedback from patients indicated that they were satisfied with the care and service provided for in Bohill House Nursing Home.

One area of improvement was identified during this inspection. This was in relation to patients' progress records.

RQIA were satisfied that the delivery of care provided for in Bohill House Nursing Home was safe, effective, compassionate and well-led.

### **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.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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**

Patients told us that they felt safe and that they were satisfied with the care delivery in the home. They described staff as "very good" and "kind" and said that there was enough staff available and that they get help and assistance when they need it. Observation during the inspection indicated that patients' needs were met.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff further advised that they feel supported by the manager.

Responses from four patient/representatives questionnaires were all positive.

## 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 15 October 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 8(2) Stated: First time	The registered person shall ensure that there is a defined manager in place and RQIA are notified of same.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> RQIA were notified of this arrangement.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 48(1) Stated: First time	The registered person shall notify the aligned estates inspector when the outstanding recommendation in the fire safety risk assessment dated August 2019 will be addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This action plan was submitted to the aligned estates inspector.	
<b>Area for improvement 2</b> Ref: Standard 12(15) Stated: First time	The registered person shall review and make good any plates and bowls that are chipped and stained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These items of cutlery have been made good.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing levels begin at the point of recruitment. Review of a sample of two staff members' recruitment records confirmed that staff are recruited in accordance with Schedule 2, 1-7 of The Residential Care Homes Regulations (Northern Ireland) 2005.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff spoke positively about the provision of training and said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Nursing & Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period. The manager's hours were stated on the rota and the senior in charge at each shift in the absence of the manager was highlighted. Staff told us that they knew who was in charge of the home at any given time.

The manager confirmed that safe staffing levels were determined and/or adjusted by on-going monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients.

Patients told us that they were satisfied with the delivery of care and the kindness and support received from staff. Two patients made the following comments; "They (the staff) are lovely here. All the comforts are seen to." and "I can't complain about a thing. They (the staff) are all very good."

Staff told us that they were satisfied with the staffing levels in the home, that the workload was busy but there was good teamwork and there was a supportive management team and described the care as being very good.

Staff were seen to attend to patients' needs in a timely manner and to maintain patients' dignity by offering personal care discreetly and ensuring resident privacy during personal interventions. Patients were offered choices throughout the day, for example, from where and how they wished to spend their time and with nutrition.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be friendly, warm and supportive. Staff were seen to seek patients' consent when delivering personal care with statements such as: "Can I help you with..." or "Would you like to..." and knocking of bedroom doors to seek permission of entry.

Patients' 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 patients' needs. These include any advice or directions by other healthcare professionals. Advice was given in elaborating more detail with patients' spiritual care needs, which the management team agreed to take forward. Patients' care records were held confidentially.

An area of improvement was identified with the recording of patients' progress records. Sufficient details were not always recorded in response to issues of assessed need such as pain. Issues of assessed need have to have a recorded statement of care/treatment given with effect (s) of same.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were in used, where deemed necessary. Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate on-ward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and portions were generous. There was also a variety of drinks available. This resulted in the dinnertime meal being a pleasant and unhurried experience for patients. Two patients made the following comments; "The food is delicious." and "The food is lovely and always a good choice."

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

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that it was well maintained. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was dated 11 December 2019 with a validation date to be reviewed for 11 December 2021. Following this inspection the manager emailed the inspector to confirm that the seven recommendations from this assessment had been actioned.

Fire safety training and fire safety drills were maintained on a regular and up-to-date basis, as were the routine fire safety checks in the environment.

The manager stated that appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment 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.

Visiting arrangements were managed in line with Department of Health guidance, as confirmed by the manager.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

#### **5.2.4 Quality of Life for Patients**

Patients were seen to be able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Patients were observed to be comfortable and at ease in their environment and in interactions with staff. One patient made the following comment; "It's a good home here. The staff are all very kind and caring and that's what matters." Activities were facilitated mostly on a one to one basis or in small groups. Two activity co-ordinators were facilitating activities in the home at the time of this inspection. Patients commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music and television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

## 5.2.5 Management and Governance Arrangements

After the last inspection of the home, Mrs Hazel McMullan has been appointed the manager, registration pending.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. An inspection of some of the recent complements received included one that contained the following comment; "Thank you from the bottom of our hearts for everything you have done. We will never forget you."

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Quality assurance audits were well maintained with actions identified and corresponding actions recorded when addressed.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports.

Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

## 6.0 Conclusion

As a result of this inspection one area of improvement was identified in respect of patients' progress records. Details can be found in the Quality Improvement Plan included.

Based on the inspection findings and discussions held we are satisfied that Bohill House Nursing Home is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.



Patients were seen to be well cared for and were comfortable and at ease in their environment and interactions with staff. Feedback from patients and staff throughout this inspection was all positive.

## 7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Hazel McMullan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19(1)( a ) Schedule 3 (3)(k)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2021</p>	<p>The registered person shall ensure that Issues of assessed need in patients' progress records have to have a recorded statement of care/treatment given with effect(s) of same.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Nursing staff have been advised under supervision that the daily progress notes should be recorded in a meaningful manner with an account of the residents' wellbeing and that the nurse will document the care provided and the effect of same. Reference has been made to the Priory Policy on Resident Records and the NMC code regarding keeping clear and accurate records. The manager will monitor this going forward as part of the documentation audit.</p>

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



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