



Unannounced Care Inspection Report 7 February 2019



Bohill House

Type of Service: Nursing Home (NH)
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
Tel No: 028 7032 5180
Inspector: James Laverty

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

This is a registered nursing home which is registered to provide nursing care for up to 62 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Ltd Responsible Person: Mrs Nicola Cooper	Registered Manager: Mrs Tracey Henry
Person in charge at the time of inspection: Mrs Tracey Henry	Date manager registered: 15 August 2011
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 62 A maximum of 36 patients in category NH-DE (ground floor dementia unit) and a maximum of 26 patients in categories NH-I and NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 7 February 2019 from 09.30 to 15.50 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and 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 providing a dementia friendly environment; addressing the spiritual needs of patients/patients' relatives; the dining experience of patients and the provision of compassionate care. Further areas of good practice were also noted in regard to the professional development of staff; commitment to person centred care and collaboration with the multi-professional team. It was also positive to note that an effective and proactive approach was maintained by the registered manager in relation to meeting the social needs of patients and quality assuring the delivery of care.

No areas for improvement were noted during this inspection.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' 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 Mrs Tracey Henry, registered manager, and Joy Doherty, deputy manager, 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 inspection dated 29 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 29 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 11 patients individually and other patients who were sitting within group settings; three patients' relatives/representatives; six staff and two visiting professionals. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/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 informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- compliments records
- complaints records
- three patients' care records
- staff supervision and appraisal governance records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager and deputy manager at the conclusion of the inspection. Feedback was also provided to Sharon Butler, regional director, immediately following the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 & 24 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: Second time	The registered person shall ensure that chemicals/substances are stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that chemicals/substances were stored in keeping with COSHH regulations in the majority of areas. One identified area in which COSHH regulations were not sufficiently adhered to was highlighted to the registered manager. The registered manager immediately addressed this by securing all identified materials appropriately and confirmed that an additional locking mechanism was in place before the inspection concluded.	
Area for improvement 2 Ref: Regulation 12 (1) (a)(b)(c) Stated: First time	The registered person shall ensure the following in relation to the management of patients at risk of falling: <ul style="list-style-type: none"> • that care plan(s) are in place which comprehensively describe the assessed needs of patients (including any risk of falling from bed, where appropriate), • that relevant care plans are reviewed in a timely manner, • that any equipment used is appropriate and fit for purpose, • that all nursing interventions are compliant with prescribed care and contemporaneously/accurately documented. 	Met
	Action taken as confirmed during the inspection: The care records for one patient who was assessed as being at risk of falling were reviewed. All aspects of this area for improvement were satisfactorily met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity, wellbeing and respect at all times, specifically in relation to the dining experience of patients. This includes the effective communication of patients' dietary allergies, where appropriate.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The dining experience of patients was considered and is discussed further in section 6.3.2. This area for improvement was satisfactorily met.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 42</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there are robust governance processes in place which ensure that safeguarding checks are carried out on volunteers before they participate in a volunteering role.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed that there were robust governance processes in place which ensure that safeguarding checks are carried out on volunteers before they participate in a volunteering role.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the delivery of mouth care to patients is compliant with prescribed care and best practice guidance. Supplementary records relating to the provision of mouth care should be completed contemporaneously and accurately.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of supplementary care records for one patient who required regular mouth care evidenced that such care had been provided regularly by staff.</p>		

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.

6.3.1. The internal environment.

Upon arrival to the home, it was noted that access and egress from the building via the front entrance was restricted by means of an electronic keypad. Reception staff were present and ensured that the inspector was welcomed into the setting in a prompt and polite manner. Access to both the ground and first floor were also secured using electronic keypads which were in place to help ensure the safety and wellbeing of patients.

An inspection of the home's environment was undertaken and the inspector viewed a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was encouraging to note that the ground floor featured appropriate colour schemes within patients' bedrooms which had been specifically chosen to promote a dementia friendly environment. A calm and relaxed atmosphere was noted throughout the home on the day of inspection with several patients observed to be enjoying their breakfast within the ground floor dining room during the morning. While this dining room was noted to be spacious, clean and tidy for patients, the registered manager stated that she plans to further refurbish and develop this part of the home with a particular emphasis on the dementia related needs of the patients who use it.

The home also features a 'Reflection room' in which furniture and furnishings help create a relaxed and private atmosphere. Feedback from staff confirmed that this lounge is for the use of patients and their families as the need arises. The religious and spiritual care of patients was also reflected by the provision of helpful bereavement information and spiritual resources which were contained in this lounge.

The registered manager advised that flooring within one area on the first floor was going to be replaced due to 'rippling' being noted. Observation of this area provided assurances that the identified area was being effectively managed so that patients could mobilise safely in that part of the home. It was also agreed with the registered manager that an area in which staff store their personal effects should be appropriately secured at all times so that staff belongings are not inappropriately accessible and do not pose a risk to patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of a dementia friendly environment and to supporting the spiritual needs of the patients and their relatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2. The dining experience.

The provision of the lunchtime meal was observed on the ground floor and evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated Speech and Language Therapy (SALT) dietary requirements. Observation of patient information, which was appropriately kept within an adjacent kitchenette area, provided staff with accurate details concerning patients' dietary needs.

Staff were observed wearing appropriate aprons while serving lunch to the patients, which was carried out in an organised, systematic and efficient manner. All patients within the dining room were served a two course lunch in a timely and polite way. Throughout the lunchtime meal, staff communicated with one another discreetly and unobtrusively in order to ensure that patients' dietary choices and care needs were met in a dignified and respectful manner.

Two care staff were observed within the dining room providing assistance to two patients who were chair bound and unable to eat and drink independently. Both staff displayed and maintained a thoroughly compassionate and tender manner as they conversed with each patient. Their conversational approach with each patient was noted to consist of gentle encouragement and occasional but appropriate humour. Both staff remained focused on the task of assisting the patient they were seated beside after which they promptly assisted colleagues with other lunch time duties. The provision of compassionate and person centred care to this standard is commended.

The registered manager further highlighted that a separate file is maintained by a member of the nursing team in which nutritional risk assessments of all patients is kept under regular review. Feedback from staff confirmed that this helped to promote more effective collaboration with attending dietitians and SALT staff, as appropriate. It was also evidenced that the registered manager regularly reviews any patients who have presented with significant weight loss and uses this file to cross reference and inform her findings. This level of governance is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the dining experience of patients and the provision of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3. Communication.

Feedback from staff indicated a highly motivated workforce who displayed a consistent degree of effective teamwork. All staff who were spoken with provided positive feedback in regard to their commitment to patient care and their sense of support from senior staff within the home. Staff comments included the following:

- “Monica (senior house manager) is excellent.”
- “I have so much support from Joy (deputy manager) ...”
- “I love it here.”

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover and the use of a ‘handover sheet’ provided the necessary information regarding any changes in patients’ conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the registered manager. It was also positive to note that senior staff from all departments meet each morning in order to discuss and review any pertinent issues affecting service delivery to patients. Staff indicated that this ‘flash meeting’ was an important aspect of maintaining effective staff communication within the home.

All grades of staff consulted with clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN) dieticians and speech and language therapists. Regular communication with representatives within the daily care records was also recorded.

Two visiting professionals were spoken with during the inspection. Their feedback evidenced that staff within the home were consistently patient centred in their approach to care and would proactively liaise with members of the multi-professional team. It was encouraging to hear from one of these professionals, that they considered nursing staff to be motivated and committed in regard to developing their professional skills. Comments from the visiting professionals included the following remarks:

- “Bohill (House) is one of our stronger homes ...”
- Monica (senior house manager) was able to keep a palliative patient in the home to “die peacefully” as a result of her professional knowledge and skills
- “Great person centred care.”

A list of scheduled patients’/relatives’ meetings was also on display within the home. It was noted that these had been scheduled for three occasions throughout 2019 and were conducted during both the afternoon and evening to better facilitate those wishing to attend. This flexible approach to promoting engagement with patients and their relatives/representatives is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the professional development of staff, commitment to person centred care and collaboration with the multi-professional team.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4. Activities & patient feedback.

Information about planned activities was clearly displayed throughout the home in an easy to read format. It was evident that a varied and patient centred range of social events and activities were regularly provided to patients. This included items such as:

- Flower arranging
- Walks in the exterior garden
- One to one activity (between the activity therapist and individual patients)
- 'Life stories'

One full time activity organiser is currently employed within the home. Discussion with this staff member confirmed that time allocated for the provision of activities to patients is "protected" so as to ensure that this aspect of care is not compromised in any way. The activity organiser highlighted that a daily newsletter – the 'Daily Sparkle' – is provided to patients. Copies of this were noted throughout the home and included items such as: 'On this day'; reminiscence articles written by patients and quizzes. It was also noted that 'Life story' booklets were being completed with patients; the activity organiser commented that "families love it" as it allows them to actively contribute, giving staff a more holistic knowledge of their loved one. Discussion with the activity organiser highlighted that there was a commitment to ensuring that the social and emotional needs of those patients who prefer not to engage in group activities, are also met.

Throughout the inspection, staff were observed interacting with patients in a caring, compassionate and timely manner. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner. The registered manager stated that she performs a daily walk around the home in order to engage with patients, help motivate staff and monitor various aspects of care delivery. One patient informed the inspector "The Boss (registered manager) does her round about 10am" and went on to describe how the registered manager had helped ease her concerns earlier that morning about preparations she wanted to make about the day ahead. This approach to quality assuring service delivery and patient engagement is commended.

Feedback received from several patients during the inspection also included the following comments:

- "The girls are lovely."
- "The staff are very good."
- "I'm very well looked after."
- "The staff are great."

Discussion with the registered manager and staff also highlighted that the home operates a system in which a 'Resident of the day' is identified. This results in all aspects of that patient's care being reviewed and can include staff from various departments within the home speaking with the patient in order to review their wishes/preferences. The system ensures that all patients will receive this holistic and in-depth approach on a rotating basis in addition to existing reviews by nursing staff.

In addition to feedback received from individuals on the day of inspection, a range of compliments received by the home were also reviewed. One such compliment which had been submitted to the home by the family of a former patient stated:

- "On behalf of our family I would like to pass on our sincere thanks for everything that was done by ... the activities co-ordinator, the kitchen staff, the carers, nurses and everyone involved ... we appreciate very much the patience, understanding and care devoted to ... that we witnessed on every visit."

RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, five questionnaires have been returned within the specified timescales. All respondents indicated a high level of satisfaction with all aspects of care delivery. One relative commented:

- "Very happy with the care provided to my mother. She is happy in the home and well cared for."

All questionnaire comments received before/after specified timescales will be shared with the registered manager, as necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to meeting the social needs of patients and governance oversight by the registered manager.

Areas for improvement

No areas for improvement were identified 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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