Unannounced Care Inspection Report
8 and 9 August 2017

Bohill House

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

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 and residential care for up to 80 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Limited **Responsible Individual(s):** Nicola Cooper	**Registered Manager:** Tracey Henry
Person in charge at the time of inspection: Deputy Manager Joy Doherty	**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. Residential Care (RC) DE – Dementia	**Number of registered places:** 80 comprising: 36 - NH-DE (ground floor dementia unit) 26 - NH-I 18 - RC-DE (first floor) Category NH-PH for 1 identified patient only

4.0 Inspection summary

An unannounced inspection took place on 8 August from 09.45 to 16.40 and 9 August 2017 from 10.20 to 14.40.

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 DHSSPS Care Standards for Nursing Homes 2015.

The term ‘patients’ is used to describe those living in Bohill House which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to promoting a culture of teamwork within the home; adult safeguarding; the spiritual care of patients and management of accidents and incidents.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations. Areas for improvement under standards included infection prevention and control (IPC); care records; the management of restraint; the dining experience of patients and governance processes relating to quality assurance and staff management.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection. Comments from relatives and staff in relation to the delivery of care are evidenced further in section 6.6.

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	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Joy Doherty, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 16 August and 6 October 2016.

The most recent inspection of the home was an unannounced care inspection undertaken on 16 August and 6 October 2017. There were no further actions required to be taken following the most recent 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 includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit

The inspector met with ten patients, 11 staff and 10 relatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 31 July to 9 August 2017
- 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 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- 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 deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 August and 6 October 2016

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 16 August and 6 October 2016

There were no areas for improvement identified 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 deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 31 July to 9 August 2017 evidenced that the planned staffing levels were adhered to. Discussion with the deputy manager also confirmed that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. Furthermore, 'Link' nurses were identified throughout the home that had undergone additional training which focused on:

- Moving and handling
- Dementia dignity champions
- Continence advisors
- Wound care and pressure care
- Infection prevention and control
- Palliative care
- Nutrition

These staff members had a degree of responsibility for promoting best practice standards in their identified area of speciality within the home and educating fellow colleagues. This example of good practice is commended.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The deputy manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The deputy manager also confirmed that an 'adult safeguarding champion' was identified for the home.

Discussion with the deputy manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

A number of weaknesses relating to the environment were identified. The inspector identified three areas throughout the home where patients could potentially have had access to harmful chemicals. This was discussed with the deputy manager and an area for improvement under regulation was identified to ensure COSHH regulations were adhered too. The areas identified on inspection were addressed before conclusion of the inspection. In addition, a storage area within the first floor was observed to have several items of housekeeping equipment stored alongside linen designated for patient use. This deficit consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. An area for improvement under standards was made.

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. The interior décor of the home along with the surrounding grounds was maintained to a high standard throughout and helped to promote a comfortable and relaxing atmosphere for patients and visitors. The home also features a lounge for patients' families and friends to use and which contains a 'comfort box' providing spiritual and bereavement support. This holistic approach to the care of patients' and their representatives is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting a culture of teamwork within the home; adult safeguarding and fire safety practices.

Areas for improvement

An area for improvement was identified under regulations in relation to compliance with COSHH regulations. An area for improvement under standards was made with regards to compliance with infection prevention and control best standards.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

Weaknesses were identified with regards to record keeping relating to the nursing management of patients who receive nutrition via percutaneous endoscopic gastrostomy (PEG) tubes. Although the care records for one such patient did evidence comprehensive and holistic care planning, the patient's records also contained two conflicting PEG regimens which had been provided consecutively by the dietitian reflecting changes to the patient's prescribed nutritional care. The patient's corresponding care plans did not clarify which PEG regimen should be currently adhered to. This conflicting information was discussed with the deputy manager and a review of supplementary care records confirmed that staff were adhering to the correct PEG regimen. These deficits were identified as an area for improvement under standards. It was observed that care records did evidence that staff were promoting a high standard of oral hygiene for the patient. This area of good practice is commended.

A deficit was also identified within patient care records in relation to the management of restraint. Care records for one patient, who was assessed as requiring the use of a pressure mat at night, did not evidence that the this decision had been made in collaboration with the patient's next of kin. The patient had been assessed as lacking the mental capacity to give consent to this intervention. While the patient's care records did demonstrate that the decision to use this form of restraint had been discussed with the patient's Trust keyworker to ensure that this intervention was managed in a safe and proportionate manner, none of the patient's care plans referred to any discussion with the next of kin in regards to this issue. This was discussed with the deputy manager and identified as an area for improvement under standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication and multidisciplinary team working.

Areas for improvement

Areas for improvement under standards were highlighted with regards to record keeping and the management of restraint.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"I like it here."
"We're certainly well looked after."
"It's very good here."
"It's quite good - I've no complaints."

Furthermore, feedback received from patients' relatives/representatives during the inspection included the following comments:

"… absolutely delighted with virtually everything."
"The home is marvellous – home from home."

Staff demonstrated a good knowledge of patients' wishes, and preferences as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the registered manager to be supportive and approachable and they felt confident that they could raise concerns if they arose.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report, one relative had returned their questionnaire. The respondent stated that they were 'very satisfied' with the care being provided.

Observation of the lunch time meal within the ground floor 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. The ground floor also encompasses a café area which several patients and staff spoke enthusiastically about. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT assessments. Most patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of patients' dietary requirements.

However, it was observed that staff within the main dining area were decanting milk at patients' lunch tables from disposable milk cartons. This was discussed with the deputy manager and it was agreed that a more suitable container should be used for the purpose of serving patients. The availability of suitable menus within the dining area was also discussed with the deputy manager and these were put in place before the inspection concluded. Three patients were observed to have been waiting within the dining room from 12.25 until 13.21 whenever patients' meals arrived. The first meal was served within the dining room at 13.26. This was discussed with the deputy manager who stated that this delay was due to staff initially serving those patients who chose to eat lunch in the ground floor café. It was agreed that staff should ensure that patients are only assisted to the dining room immediately prior to the serving of meals in order to promote patient comfort and dignity at all times. While staff were observed to encourage and assist a number of patients with eating and drinking, one female patient within the dining room, who displayed a degree of agitation and dissatisfaction, received intermittent assistance from staff. The patient was observed to refuse her main course without any focused attention from staff to encourage her with finishing her meal or to consdier an alternative option. This was discussed with the deputy manager who confirmed that this patient was under the care of the dietitian due to nutritional concerns. An area for improvement under standards in relation to the patients' dining experience was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of and adherence to the dietary requirements/preferences of patients.

Areas for improvement

An area for improvement under standards was made in regards to the patients' dining experience.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Staff spoke positively about a sense of leadership which exists within the home together with the approachability of both the registered manager and deputy manager. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The deputy manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the deputy manager evidenced that the home was operating within its registered categories of care.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Staff recruitment information was available for inspection and records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the deputy manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to the management of falls; the environment; infection prevention and control and the administration of medicines.

The deputy manager confirmed that she conducts a regular care records audit. A review of the auditing records for one patient's care records evidenced that while deficits were clearly identified and brought to the attention of nursing staff, there was no action taken to ensure that the identified deficits had been appropriately addressed within a specified timescale. This was discussed with the deputy manager and an area for improvement under standards was made.

Discussion with the deputy manager evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were also available for patients, their representatives, staff and Trust representatives. However, although the deputy manager confirmed that the monitoring visits during January, March and May 2017 had been carried out, the records for these visits were not available during the inspection. An area for improvement under standards was stated.

The deputy manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Minutes were available in regards to two staff meetings which had occurred on 18 May 2017 and a third staff meeting which had been convened on 15 February 2017. However, staff signatures of attendance for these meetings were not available. The importance of obtaining a record of attendance was discussed with the deputy manager and an area of improvement under standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes relating to the selection and recruitment of staff and complaints management.

Areas for improvement

Areas for improvement under standards were identified in relation to governance arrangements for quality assurance, service delivery and staff management.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joy Doherty, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a)(c) **Stated:** First time **To be completed by:** With immediate effect	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: A supervision was completed with all the housekeeping and domestic staff on the day of the inspection and has been reitereated at the Heads of Department meetings to ensure all chemicals are not accessible when not in use. COSHH training has been organised for all ancillary staff for the 10th October 2017 with Diversey Lever .
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 6 September 2017	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: A supervision was completed on the day of the inspection to address the potential of cross contamination of housekeeping equipment being stored alongside service user linen.
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered persons must ensure that the care records for all patients requiring enteral feeding via a PEG tube accurately reflect the care being prescribed in compliance with legislative requirements and best practice guidance. **Ref: Section 6.5**
	Response by registered person detailing the actions taken: The aformentioned was addressed with immediate effect on the day of inspection and the record that reflecting the flushing regieme of the PEG tube was removed form the care record. This was reiterated with the Qualified staff and highlighted at the staff team meeting.

Area for improvement 3 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 6 September 2017	The registered person should ensure that patients and/or their representatives are involved in decision making prior to restrictive practices being implemented and where possible, consent is obtained. The registered person should also ensure that relevant care plans are in place which reflect this engagement with patients and/or relatives as appropriate. **Ref: Section 6.5**
	Response by registered person detailing the actions taken: The consent form and best interest decision with regard to the service user have been signed and agreed by the next of kin with regard ot the use of alarm mat. A risk assessment and corresponding care plan were already in place and had been discussed with the next of kin prior to use.
Area for improvement 4 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 6 September 2017	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. **Ref: Section 6.6**
	Response by registered person detailing the actions taken: A positive dining experience is promoted throughout the home and has been reiterated to care staff the importance of taking time with service users and offering alternatives that are provided as part of the daily provision of enhancing meal times. On the day of the inspection the Deputy Manager carried out a supervsion with regard to the Inspectors feedback and observations. Stainless steel milk jugs have been ordered for the decanting of milk in the dining area. The above feedback and observations have been addressed at the Qualified and care staff meetings.
Area for improvement 5 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 6 September 2017	The registered persons shall ensure that all governance and audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, care record audits and monthly monitoring visits. **Ref: Section 6.7**
	Response by registered person detailing the actions taken: Regulation 29 visits will be carried out on a monthly basis as per standard 35 and in accordance with legislative requirements. Care plan audits are carried out within the home and a record of follow up of actions will be held with regard to same.

Area for improvement 6 **Ref**: Standard 41 **Stated:** First time	The registered persons should ensure that a record of attendance is obtained in respect of all staff meetings including signatures of attendance. **Ref: Section 6.7**
To be completed by: 6 September 2017	**Response by registered person detailing the actions taken:** A record of attendance will be completed as a seperate record rather than signatures of staff on the back of the agenda .

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk

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