



Unannounced Care Inspection Report 9 & 17 September 2019



Bohill House Nursing Home

Type of Service: Nursing Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
Tel No: 02870325180
Inspectors: James Lavery and Joseph McRandle

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.

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.

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. The home is comprised of a ground floor where nursing care is provided to patients living with dementia; a first floor in which frail elderly nursing care is provided and a third floor which is used for storage and staff facilities. Bohill Residential Care Home is also located within the same building and is a separately registered service with RQIA. The manager has managerial responsibility for both the nursing and residential services.

3.0 Service details

<p>Organisation/Registered Provider: Amore (Ben Madigan) Limited</p> <p>Responsible Individual: Nicola Cooper</p>	<p>Registered Manager and date registered: Tracey Henry 15 August 2011</p>
<p>Person in charge at the time of inspection: Tracey Henry</p>	<p>Number of registered places: 62</p> <p>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.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 61</p>

4.0 Inspection summary

An unannounced care inspection took place on 9 September 2019 from 09.00 to 15.20 hours. An unannounced finance inspection also took place on 17 September 2019 from 11.00 to 19.15 hours.

This inspection was undertaken by the care and finance inspectors.

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 internal environment, staff training and the notification of incidents. Further areas of good practice were also noted in regard to care records, staff interaction with patients and communication with the multiprofessional team, valuables held on behalf of patients reconciled on a monthly basis and the system for recording transactions on behalf of patients. It was also positive to note that an effective and proactive approach was maintained by the manager in relation to quality improvement and service development.

Areas requiring improvement were identified in relation to the management of patients' monies, patients' records of personal property and patients' written agreements.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in the home and with the 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	5

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Tracey Henry, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 7 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 February 2019. No area for improvement were identified.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home. The following records were examined and/or discussed during the inspection:

- staff training records for the period 2019/20

- accident and incident records
- five patients' care records including relevant supplementary wound care/nutritional care records/medicines records
- a selection of governance audits
- complaints records
- adult safeguarding 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
- annual quality report
- four patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies, patients valuables, patients' fees, payments to the hairdresser and podiatrist and purchases undertaken on behalf of patients
- a sample of records of monies deposited on behalf of patients
- a sample of records from patients' comfort fund and reconciliations of patients' monies and valuables.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall ensure that regular use of benzodiazepine medicines intended "for short term use" or "when required" is referred to the prescriber.	Met
	Action taken as confirmed during the inspection: Review of medicine records and feedback from nursing staff evidenced that the use of "when required" benzodiazepines was closely and regularly monitored. Further feedback	

	from the manager highlighted that the use of such medicines is also reviewed by visiting medical staff – this is referenced further in section 6.6. It was agreed with the manager that nursing staff should consistently document the effects of administered benzodiazepines to patients within relevant care records at all times.	
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall closely monitor the administration records relating to thickened fluids to ensure these are fully completed.	Met
	Action taken as confirmed during the inspection: Review of nutritional records and feedback from staff evidenced that the administration of thickening agents was regularly and effectively monitored and documented. It was agreed with the manager that care staff should ensure that all supplementary care records relating to the use of thickening agents should be comprehensively completed at all times.	

6.2 Inspection findings

6.3 Is care safe?

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

Upon arrival to the home we were greeted by the home administrator and manager. The foyer entrance was neatly and attractively presented and provided keypad access to both the ground floor dementia unit and first floor frail elderly unit.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No patients or staff expressed any concerns about staffing levels. Staff were consistently visible throughout the inspection and consistently attended to any patients who were overheard requesting assistance or using their nurse call lead.

Staff told us that they received regular mandatory training and stated that they felt that this training provided them with the skills and knowledge to effectively care for the patients. Staff were enthusiastic about the support they received from the manager. One staff member told us "I love working here ... there's nothing we can't work through as a team."

All the staff members spoken to displayed an enthusiastic and informed commitment to the provision of person centred care. We were encouraged to hear from the manager that the current compliance rate for staff mandatory training is 92.1 per cent. We also noted that staff training facilities on the top floor allowed for monthly 'live broadcast' training sessions which included subjects such as:

- Diabetes and use of medication
- Spirituality in practice
- Health and Safety – Hazard identification and risk assessment

A review of supervision and appraisal records for staff highlighted that a robust system was in place and regularly monitored by the manager. Governance records also evidenced that staff undergo in-depth competency assessments in areas such as 'pressure ulcer management' and these are closely monitored and reviewed by the manager or deputy manager.

A review of records provided assurance that all notifiable incidents had been reported to RQIA as required. The manager told us prior to and during the inspection that a proactive and analytical approach was maintained in relation to monitoring trends and patterns concerning patients' behaviours. This is commended.

It was further noted 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).

Appropriate arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Staff who spoke to us had an excellent understanding of how to recognise and respond to potential safeguarding incidents. Staff of all grades who we spoke to also demonstrated a clear commitment to safeguarding the dignity, comfort and human rights of patients.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The internal environment of the dementia unit was neat, tidy and attractively decorated throughout. The unit included areas such as a lilac themed 'Namaste Lounge' where patients were observed resting; a 'library' for patient use which included items from a bygone era such as a typewriter/phone/camera at a writing desk; and a 'Man Cave' in which male patients could socialise together if preferred.

Some minor tidying was required within one linen area and an activities room – this was brought to the manager's attention who addressed it immediately. It was also agreed that staff areas should be appropriately safe and secure at all times so as to ensure the safety of patients.

The first floor was also welcoming and clean. Patients were observed socialising with one another in a variety of areas such as communal lounges, dining rooms or their bedrooms. The manager informed us that some 'rippled' vinyl flooring in some parts of the home was being replaced. We agreed that this should be addressed as a matter of priority. The first floor also included well maintained patient areas such as the 'hobbies room' which has a range of board games and other stimulating materials for patients use.

Observation of staff compliance with infection prevention and control (IPC) best practice standards was considered. Staff appropriately wore gloves and aprons (Personal Protective Equipment, PPE) at all times and were seen regularly using hand sanitisers. It was agreed that staff should maintain consistent IPC standards when using clinical waste bags for the disposal of certain items and also when using laundry trolleys. We noticed that wall mounted PPE stations were untidy in some areas with aprons hanging too far down. The manager explained that this was due to the unexpected packaging in which these had been delivered to the home and that the identified areas would be addressed.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices. The fire alarm is tested weekly and this was witnessed during the inspection.

Feedback from maintenance staff and the manager highlighted that repair work to one of the home's two oil fired boilers was required. It was noted that this problem had continued for several weeks despite visits from maintenance staff. The manager agreed to highlight the ongoing issues this as a matter of urgency to her senior manager and keep the RQIA estates team informed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the internal environment, staff training and the notification of incidents.

Areas for improvement

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

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

Staff told us that there was effective communication at the start of each shift which allowed them to discuss and review the ongoing needs of patients. Feedback from various staff also highlighted that should a staff member arrive late for duty, the nurse will ensure they receive a report on patients' needs. When talking about the daily 'handover meetings' one staff member told us "They help us to know the mood of the residents."

The manager meets with all 'Heads of Departments' during a mid-morning 'flash meeting'. This is used to discuss day to day care delivery to patients and any matters of significance. She also holds a monthly governance meeting at which senior staff consider various aspects of patient care and service delivery. Review of minutes from these monthly meetings evidenced detailed and time framed action plans.

Staff told us that that if they had any concerns, they could raise these with their line manager and/or the manager.

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). One visiting professional told us that staff were "approachable" and "proactive" when needing to seek input from the multiprofessional team. The home's participation in a local multiprofessional initiative is considered further in section 6.6.

Regular contact with patients' families is also a vital aspect of care delivery. We read in care records that staff regularly communicated with patients' families or representatives as they used/reviewed a range of risk assessments to help inform the care being provided.

Nursing staff maintain a distinct 'wound care' file alongside patients' own care records. Review of the wound care records for one patient evidenced that these were maintained to a consistently high standard. The wound care plan was well written and provided clear direction for staff. This was also reflected in supplementary wound care records.

It was also encouraging that the management of Healthcare Acquired Infections (HCAs) such as urinary or chest infections was clearly and proactively referenced within several patients' care records. Any patients who may be deprived of their liberty within the home (due to the presence of secured doorways, for example) had the proper safeguards in place and were in keeping with relevant human rights considerations. This approach is commended.

We looked at how patients requiring a modified diet were cared for. The care records for one such patient demonstrated that relevant risk assessments and care plans were maintained in a very accurate and consistent manner. The patient's nutritional information was also appropriately communicated to kitchen staff.

Feedback from nursing staff and the manager highlighted that nursing staff are provided with supernumerary hours to focus on maintaining care records to a consistently high standard. Nursing staff expressed appreciation for this approach by the manager. The overall standard of care records on the day of the inspection was commendable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication with the multiprofessional team.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

Throughout the inspection, we observed staff interactions with patients and found them to be compassionate, timely and caring. Discreet observation of staff highlighted a high level of patient and effective engagement to some patients who were displaying distressed reactions. This is commended.

Staff demonstrated a good knowledge of patients' wishes, and preferences as identified within their care plans. Staff were also aware of the requirements regarding patient information and confidentiality. One staff member stated "I love my job ... it's hard work but I love my wee residents."

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

Staff spoke of the manager as being supportive and approachable and they felt confident that they could raise concerns if they arose.

There was evidence of ongoing commitment to person centred activities for patients. Staff demonstrated a good awareness of how to meet patients' needs in a holistic way which values their individuality, likes and dislikes. Activity signage on both floors was well presented and included items such as:

- Flower arranging
- 'Daily Sparkle' (the home's internally produced newsletter)
- Walk in the garden
- One to One

Discussion with the activity therapist indicated that a sensitive, compassionate and enthusiastic approach to stimulating and engaging with patients was adopted.

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

- “The staff are great ...”
- “The girls are lovely.”

Feedback received from patients’ relatives during the inspection included the following comments:

- “This place is the best ... I’d put my name down for here.”

A culture of engagement with patients and their families was evidenced within the home’s annual quality report which outlined the provision of events/processes such as:

- three monthly residents’ meetings chaired by the social and leisure organiser.
- annual multiprofessional reviews in which patients and relatives are invited – in house care reviews quarterly
- three monthly relatives meetings
- an ‘open door’ policy by the manager to express views and concerns as and when they occur
- provision of a comments and suggestions box

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient activities and staff interaction with patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff told us that management was responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. The manager confirmed that the home was operating within its registered categories of care.

Patients were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them. The manager said that any expression of dissatisfaction should be recorded appropriately as a complaint.

Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives and RQIA on request.

The home's annual quality report was also available and a copy was forwarded to RQIA following the inspection. The report included a range of information including plans for the coming year such as developing a bowling green for patients.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work.

Staff meetings were held on a regular basis and minutes were maintained. This was supported by staff.

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 falls, infection prevention and control, and wound care. All audits which were sampled had been completed in an effective and robust manner and the manager confirmed that their findings helped to inform ongoing quality improvement within the home.

The manager also informed us that the home was currently participating in an 'Anticipatory Care Initiative' which was being trialled within the local Causeway area. This service was described as being led by local doctors with access to the broader multidisciplinary (MDT) team. By participating in the scheme, the manager stated that medical staff visit the home on a weekly basis and are available to review patients' needs with the aim of reducing referrals to hospital emergency departments, 'fast tracking' MDT referrals and considering aspects such as 'best interest' decisions, 'end of life' discussions with patients/families and mental capacity assessments. This commitment to improvement and service development is highly commended.

Management of service users' monies

Financial systems in place at the home were reviewed:

A review of four patients' files evidenced that copies of signed written agreements were retained within two of the files. Discussion with the manager confirmed that the remaining two agreements were still to be signed and returned by the patients or their representatives. The two agreements in place did not show the current weekly fee paid by, or on behalf of, the patients. This was discussed with the manager and identified as an area for improvement under the standards.

Discussion with staff and a review of records confirmed that reconciliations between the monies held on behalf of patients and the records of monies held were undertaken on a monthly basis. It was noticed that although patients' monies held at the home were reconciled

there were no records of the reconciliations of the bank account used to retain patients' monies. This was discussed with the manager and identified as an area for improvement.

A review of a sample of purchases from the patients' comfort fund evidenced that in line with best practice the purchases were for the benefit of all patients. The details of the purchases were recorded and two signatures were recorded against each of the transactions. Discussion with staff confirmed that the comfort fund monies were held in the same bank account used to retain patients' personal allowance monies.

Discussion with staff also confirmed that the comfort fund monies were coded separately within the bank account. The inspector highlighted that in line with the Care Standards for Nursing Homes (April 2015) comfort fund monies should be retained within a separate bank account. This was discussed with the manager and identified as an area for improvement.

A review of a sample of purchases undertaken on behalf of patients showed that in line with the Care Standards for Nursing Homes (April 2015) details of the purchases were recorded, two signatures were recorded against each entry in the patients' transaction sheets and receipts were available from each of the purchases reviewed.

It was noticed that the records of purchases for one patient showed that the patient had insufficient funds to either purchase toiletries or pay for additional services e.g. hairdressing. Discussion with staff confirmed that toiletries and additional services were still purchased on behalf of the patient however; the monies used to make the purchases were taken from patients who had sufficient funds. The inspector highlighted that patients with available funds should not be subsidising patients with insufficient funds even when these patients were refunded once monies were received on behalf of those patients with negative balances. This was discussed with the manager and identified as an area for improvement

A review of a sample of personal property records for two patients evidenced that although the records had been updated with items belonging to the patients, there was no evidence that the records had been reconciled and signed at least quarterly in line with the Care Standards for Nursing Homes, April 2015. This was discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and service development, monthly reconciliations of patients' valuables and the system for recording transactions on behalf of patients.

Areas for improvement

Five areas for improvement were identified in relation to the management of patients' monies, patients' written agreements and records of patients' personal property.

	Regulations	Standards
Total number of areas for improvement	0	5

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey Henry, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 2.2 Stated: First time To be completed by: 31 October 2019	<p>The registered person shall ensure that up to date copies of signed written agreements are retained within all patients' files. The agreements should show the current fee paid by, or on behalf of, patients. The agreements should also show the current amount of the third party contribution (where relevant).</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The administrator is actively encouraging families to return the finance agreements signed and updated. Letters have been forwarded to the next of kin with regard to the current fee rate and third party contribution where relevant. A copy is also held on file.</p>
Area for improvement 2 Ref: Standard 14.25 Stated: First time To be completed by: 27 September 2019	<p>The registered person shall confirm that patients' monies held in the bank account are reconciled at least quarterly. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The reconciliation of the bank account is completed at Head Office level and countersigned by a Senior member of staff on a quarterly basis.</p>
Area for improvement 3 Ref: Standard 14.31 Stated: First time To be completed by: 31 October 2019	<p>The registered person shall ensure that patients' comfort fund monies are held in a separate bank account from patients' personal allowance monies.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Following liaison with RQIA Finance Inspector and Head Office Accounts it has been agreed that the comfort fund monies can be evidenced separately from personal allowance. Reconciliation at home level continues.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p> <p>To be completed by: 4 October 2019</p>	<p>The registered person shall implement a system to ensure that patients' personal allowance monies are not used to either purchase items or pay for additional services e.g. hairdressing, for those patients who have insufficient funds.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The personal allowance account highlighted on the day of the inspection with regard to a negative balance has been addressed and the administrator has forwarded letters to address any further negative balances. This will continue to be monitored through reconciliation of personal allowance accounts.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that the inventory of property belonging to each patient is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The inventory of property has been completed for all patients and signed by a staff member and senior staff member. This will continue to be completed quarterly.</p>

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



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