



# Unannounced Care Inspection Report 15 October 2020



## Bohill House Nursing Home

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

[www.rqia.org.uk](http://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

<b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Tracey Henry 15 August 2011
<b>Person in charge at the time of inspection:</b> 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> 57

### 4.0 Inspection summary

An unannounced inspection took place on 15 October 2020 from 09.30 to 15.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- Environment
- Infection prevention and control (IPC)
- Fire safety
- Care delivery
- Care records
- Governance and management

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
<b>Total number of areas for improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Hazel McMullan and Tracey Henry, 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.

## 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 26 patients and 10 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector provided "Tell us 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. No responses were received in time for inclusion to this report.

The following records were examined during the inspection: the duty rota, competency and capability assessments, professional registration records, IPC records, fire safety records, patients' care records, Regulation 29 reports, complaints records, accident and incident reports, staff training records and quality assurance audits.

The findings of the inspection were provided to the Hazel McMullan and Tracey Henry at the conclusion of the inspection.

## 6.0 The inspection

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

The most recent inspection of the home was an unannounced finance inspection undertaken on 22 February 2020 and 2 March 2020. There were no areas of improvement from this inspection. There were also no areas of improvement from the most recent care inspection on 9 September 2020

## 6.2 Inspection findings

### 6.2.1 Staffing

At the time of this inspection there was no designated manager in charge due to redeployment of the previous manager (s). Hazel McMullan, a peripatetic manager, had been drafted in this week to support the deputy manager who was on annual leave. She was assisted later during the inspection by Tracy Henry, the previous registered manager of the home, who is now the regional manager for the organisation. An area of improvement was identified to address this deficit in a defined manager for the home. Good assurances were received from the regional manager that this would be promptly acted on.

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence. An inspection of a sample of two of these assessments found these to be appropriately in place. Professional registration checks with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) were maintained on a monthly basis.

Staffing levels within the home were reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. However staff in the frail elderly part of the home expressed some concerns that the patient dependencies had increase and subsequent workload. They informed that they felt an additional member of care staff in the mornings would significantly ease the workload pressures. This was raised with the home's management who agreed to examine this matter.

Staff spoke positively about their roles and duties, training, support, teamwork and morale. Some staff expressed apprehensions about the lack of a defined manager in the home which was brought to the attention of management at the end of this inspection. Staff stated that they felt patients received a good standard of care and were treated with respect and dignity.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members. Staff showed good knowledge and understanding of patients' needs and preferences.

### 6.2.2 Safeguarding patients from harm

The peripatetic manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

### **6.2.3 Environment**

The home was clean and tidy with a good standard of décor and furnishing maintained throughout. Patients' bedrooms were comfortable, suitably furnished and nicely personalised. Communal areas were spacious and nicely facilitated with comfortable seating. Bathrooms and toilets were clean and hygienic.

The grounds of the home were very well maintained.

### **6.2.4 Infection prevention and control**

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

### **6.2.5 Fire safety**

The home's most recent fire safety risk assessment was reported to of been on August 2019. A recommendation in respect of fire safety doors remained outstanding. This has been identified as an area of improvement to notify the aligned estates inspector when this work will be completed.

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

### **6.2.6 Care practices**

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. Staff were attentive to patients' needs and any expression of assistance were promptly responded to by staff

Patients were cared for in one of the communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate and as possible.

Feedback from patients in accordance with their capabilities was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- "I am very happy here. Everything's very good and so is the food."

- “I have no problems or complaints with here. The staff are very good.”
- “I am just back from hospital and glad to be back. The staff are lovely and kind.”
- “It’s very good here. I’m treated well.”
- “There are never any problems here.”

Those patients who were unable to articulate their views, confirmed via non-verbal cues and body language that they were happy with the home and their relationship with staff.

Activities were largely being facilitated on a one to one basis, including support with facetime visits and window visits to the home due to the COVID-19 pandemic.

### **6.2.7 Dining experience**

Observations of the supervision and assistance with the dinner time meal found that this was undertaken in a kind, caring manner with patients’ individual needs being catered for. The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for. Patients were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed. Some of the plates and bowls were chipped and stained which was identified as an area of improvement to review and make good.

Patients commented positively throughout this inspection on the provision of meals, both in terms of quality and choice.

### **6.2.8 Care records**

An inspection of a sample of five patients’ care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an assessment of needs, life history, risk assessments and care plans.

Care needs assessment, care plans and risk assessments, such as, safe moving and handling, nutrition, falls, and wound care were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need and effect(s) of same.

The care records also reflected the multi-professional input into the patients’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual patients.

The records inspected had evidence of patient/representative consultation in the care planning and review process, by signatures of participation.

### **6.2.9 Governance**

The three most recent Regulation 29 reports (29 September 2020, 2 September 2020 and 6 August 2020) on the behalf of the responsible individual were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

Records of complaints were well maintained with good evidence that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident reports from 1 April 2020 was undertaken. These events were found to be managed and reported appropriately and audited on a monthly basis to identify any trends or patterns.

The matrix of mandatory and additional training received by staff was maintained on an on-to-date basis. Analysis of this found that staff training was being well maintained other than fire safety training and there was good governance in place to address any deficits.

A selection of audits was inspected in relation to: accidents and incidents, care records, hand hygiene and IPC and pressure care. These were completed regularly and any areas for improvement were identified and addressed.

### Areas of good practice

Areas of good practice were found in relation to staff teamwork, feedback from patients and staff, the pleasant atmosphere and ambience of the home and maintenance of regulatory documentation.

### Areas for improvement

Three areas for improvement were identified during the inspection. These were in relation to notifying of the manager's status in the, a fire safety recommendation and reviewing and making good the cutlery utensils.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

Patients were seen to be well cared for and were at comfort in their environment and interactions with staff. The environment was clean and tidy with a good standard of décor and furnishings in place. Care duties and tasks were organised and unhurried and staff attended to patients' needs in a kind caring manner.

The three areas of improvement identified at this inspection received good assurances from management that these would be duly acted upon.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Hazel McMullan and Tracey Henry, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 8(2)  <b>Stated:</b> First time  <b>To be completed by:</b> 22 October 2020	<p>The registered person shall ensure that there is a defined manager in place and RQIA are notified of same.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> There is now a defined manager in place and RQIA have been notified of this.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 November 2020	<p>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.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> There has been contact with the regional property manager regarding outstanding recommendations and the job will be completed this week.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12(15)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 November 2020	<p>The registered person shall review and make good any plates and bowls that are chipped and stained.</p> <p><b>Response by registered person detailing the actions taken:</b> All chipped/stained bowls and plates disposed of. There are sufficient bowls and plates in place for the residents. New bowls and plates ordered, to be here by end of December.</p>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care