

Inspection Report

6 March 2023



Bohill Bungalows

Type of service: Nursing Home
Address: 69 Cloyfin Road, Coleraine BT52 2NY
Telephone number: 028 7032 5180

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (No 4) Limited Responsible Individual Ms Andrea Louise Campbell	Registered Manager: Mrs Hazel McMullan – not registered
Person in charge at the time of inspection: Mrs Hazel McMullan – acting manager	Number of registered places: 18 A maximum of 6 patients in categories NH-PH/PH(E) to be accommodated in Bungalow 1. A maximum of 12 patients in categories NH-LD/LD(E) to be accommodated in Bungalows 2 and 3 with a maximum of 6 patients accommodated in each bungalow.
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 18 persons. The home is divided into three bungalows; Dunluce, Causeway and Rathlin. Each bungalow has access to communal living and dining spaces, as well as communal gardens. A fourth bungalow is situated on the same site and this is a registered residential home.	

2.0 Inspection summary

An unannounced inspection took place on 6 March 2023 from 10.35 am to 4.30 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Bohill Bungalows was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Bohill Bungalows. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. One patient said, "I am happy here. We do activities and we made shamrocks and mother's day cards. I am going to the cinema this week to see Creed 3."

Staff spoken with said that Bohill Bungalows was a good place to work. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey within the timeframe for inclusion in this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are consistently recorded.	Partially met
	Action taken as confirmed during the inspection: Review of records evidenced some improvements against this area for improvement. However, further work is required to achieve compliance. This area for improvement has been partially met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: Second time	The registered person shall ensure that the practice of propping /wedging open doors ceases with immediate effect. Other measures must be implemented if the identified door is to remain in an open position.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated. This relates specifically to the locking of the treatment room door and store in the Dunluce bungalow.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for Improvement 1 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure care plans for the management of pain and distressed reactions are updated to include the name of the prescribed medicine(s) and the parameters for the administration are clearly detailed.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 46 Stated: Second time	<p>The registered person shall ensure that the infection prevention control issues as outlined in this report are addressed.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 3 Ref: Standard 38 Stated: First time	<p>The registered person shall ensure the references requested when recruiting an employee includes one from the applicant's present or most recent employer and are fully completed.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

Area for improvement 4 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure the daily evaluations of care include oversight of the supplementary care records by the registered nurses.</p> <p>This is stated in reference but not limited to the daily intake and output for those patients with a urinary catheter.</p>	Met
Area for improvement 5 Ref: Standard 12 Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
	Action taken as confirmed during the inspection: Observation of the dining rooms and discussion with staff confirmed that menus were not appropriately displayed in a suitable format to ensure staff and patients were aware of what the meal options were. This area for improvement has not been met and is stated for a second time.	Not met

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that all pre-employment checks had been completed prior to each staff member commencing in post.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received. They confirmed that staff attended to them in a timely manner. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed.

Management of wound care was examined. Examination of wound management for one identified patient evidenced that wound care was managed in keeping with best practice guidance. Minor deficits in record keeping were discussed with the nurse in charge who agreed to review the patients care file and share any learning with their nursing colleagues.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

Review of the management of three falls evidenced appropriate actions were not consistently taken following these falls in keeping with best practice guidance. This was discussed with the manager who agreed to audit all falls until improvements are sustained. An area for improvement identified at the previous two care inspections was stated for a third and final time. Failure to meet this area for improvement may lead to enforcement action.

It was observed that a menu was not displayed in a suitable format and in a suitable location and staff spoken with were unaware of what the meal options were. This was discussed with the manager who agreed to review the dining experience to ensure the above areas are addressed. An area for improvement was identified at the previous care inspection was stated for a second time.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of care records evidenced that assessments and associated care plans had been developed within a timely manner to accurately reflect their assessed needs.

Daily records were kept regarding the care and support provided by staff to each patient. The outcome of visits from and consultations with any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of personal protective equipment (PPE) were frequently displayed at PPE stations. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Some of the PPE in use was not indicated for use in a healthcare setting. Best practice guidance was shared with the manager by the inspector following the inspection. Assurances were provided by the manager that the use of such PPE would cease immediately.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE while others were not bare below the elbow. This was discussed with the manager who agreed to meet with staff and ensure IPC competencies are reviewed. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music and watching TV, while others enjoyed arts and crafts or played on a tablet device. One patient said, "I am happy here. We do activities and we made shamrocks and mother's day cards. I am going to the cinema this week to see Creed 3."

Staff highlighted recent events and activities that were happening in the home; these included St Patrick's Day events which included a DJ, one to one activities and arts and crafts. Staff said they did a variety of one to one and group activities to ensure all patients had some activity engagement.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Hazel McMullan has been the acting manager in this home since 22 November 2022.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good, although further improvements were required in the oversight of falls management. In order to drive the necessary improvement, an area for improvement was identified.

Examination of the infection prevention and control audit systems identified some shortfalls. Review of audit records and discussion with staff identified additional training was required to ensure that staff completing these audits had sufficient knowledge to be able to do so. This was discussed with the manager who agreed to meet with staff and arrange training as required.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

*The total number of areas for improvement includes one that has been stated for a third time, one that has been stated for a second time and one that has been carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Third time To be completed by: Immediate action required	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are consistently recorded. Ref:5.1 and 5.2.2
	Response by registered person detailing the actions taken: Meeting with all nurses has taken place all staff have been reminded of the importance of recording and documenting neurological observations following an unwitnessed fall / head injury. Staff were reminded that risk assessments and care plans are to be updated in line with any fall. If a resident refuses observation this must be clearly recorded in their notes.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff have online training regarding IPC. Staff advised of importance of hand hygiene and will be monitored going forward.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	

Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 3 October 2022	The registered person shall ensure care plans for the management of pain and distressed reactions are updated to include the name of the prescribed medicine(s) and the parameters for the administration are clearly detailed.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the daily menus are displayed appropriately to ensure staff and patients are aware of what the meal options are.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Daily menus have been printed off and laminated, and are displayed daily in each unit. A new menu board has been requested. Residents are given a choice of 2 options daily and if neither option suits they can have a choice of soup and sandwich.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that a system to monitor the management of falls and associated completion of records is implemented.</p> <p>Ref: 5.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A pack has been made up for management of falls with a matrix to be completed by staff dealing with the associated fall. The manager has oversight and signs off on all falls.</p>

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