

# Unannounced Care Inspection Report 12 February 2018



## Bohill Bungalows

**Type of Service: Nursing Home (NH)**  
**Address: 69 Cloyfin Road, Coleraine, BT52 2NY**  
**Tel No: 028 70325180**  
**Inspectors: Kieran McCormick and James Laverty**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 18 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Parkcare Homes No2 Ltd  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Hazel McMullan (acting manager)	<b>Date manager registered:</b> Hazel McMullan - application received - "registration pending".
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 18 comprising: 6 - NH-PH/PH(E) 12 - NH-LD/LD(E)

### 4.0 Inspection summary

An unannounced inspection took place on 12 February 2018 from 09.45 to 15.15 hours.

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

The inspection assessed progress with any areas for improvement identified 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 the internal environment which was patient centred, staff understanding of patients' assessed needs, staff communication with patients and the dining experience of patients.

Areas requiring improvement under regulation were identified in relation to: reporting of notifiable accidents/incidents and infection prevention and control (IPC) practices. Areas for improvement under the standards were identified in regards to: care records, secure fitting of patients' wardrobes and management of records pertaining to staff meetings.

Patients described living in the home in positive terms, including the following comment:  
 "I am well looked after here."

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.

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>	*3	*5

\*The total number of areas for improvement includes one regulation and two standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Hazel McMullan, acting 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 26 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 26 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

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

During the inspection the inspectors met with six patients individually and others in small groups and with six staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA.

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

The following records were examined during the inspection:

- staff duty rotas
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- notifiable incidents to RQIA
- adult safeguarding records
- one staff recruitment and induction file
- three patient care records
- staff supervision and appraisal planners
- minutes of staff and patient/relatives meetings
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- records for the management of medical equipment and device alerts
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 26 September 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 26 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that all chemicals were stored in keeping with COSHH regulations.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered persons must ensure that all notifiable incidents are reported to RQIA and any relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that an event which was notifiable under the regulation had not been reported to RQIA. This is discussed further in section 6.7.  This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time	The registered persons must ensure that monthly monitoring visits are conducted at least once a month in accordance with legislative requirements and that a written record of such visits is made available within the home upon appropriate request.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of governance records evidenced that monthly monitoring visits since the last care inspection had been conducted and that a written record of these visits were available for review.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Infection, prevention and control deficits identified during the last inspection had been evidenced as addressed. However, other infection prevention and control weaknesses were identified during this inspection and this is discussed further in section 6.4.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that all patients' care plans and risk assessments are signed and dated by nursing staff upon completion.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of patients' care files did not provide assurance that care plans and assessments were being signed and dated by nursing staff in a consistent manner. This shortfall is discussed further in section 6.5.  This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered persons shall ensure that all patients' care plans evidence that they have been written in collaboration with patients and/or their relative/representative.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of patients' care files reviewed did not provide assurance that care plans had been written in collaboration with patients and/or their relative/representative. This deficit is discussed further in section 6.5.  This area for improvement has not been met and has been stated for a second time.	



### 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 acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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

A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A matrix for the planning and completion of staff supervisions was reviewed; this evidenced that staff supervision and appraisal was ongoing.

Observation of the delivery of care evidenced that training had been embedded into practice. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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

Staff clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols. RQIA were notified appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. A number of storage areas were observed to be unlocked and accessible to patients. Immediate action was taken on the day of inspection to address this concern. Two communal bathrooms were observed being used inappropriately for storage. This was brought to the attention of the acting manager and it was stressed that all communal areas should be suitably maintained in order to ensure they meet the needs of patients and are suitable for the activities that take place in that area. An area for improvement under the standards, was made. Inspectors observed a number of wardrobes in patients' bedrooms had not been secured to the wall; this was discussed with the acting manager. An area for improvement under regulation, was made.



Infection prevention and control measures were not observed to be adhered to in accordance with best practice guidance. Observations identified the following areas for improvement in relation to IPC:

- worn and permeable furniture should be repaired/replaced to ensure effective decontamination, specifically bedside tables in patients' bedrooms
- hand sanitiser and PPE equipment should be in working order, available and accessible at all times
- signage and displays should be maintained in such a way to allow for effective decontamination

These findings were discussed with the acting manager and an area for improvement under regulation, was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in regards to governance processes relating to staff management and adult safeguarding.

### Areas for improvement

Two areas for improvement under regulation were identified in relation to the internal environment and compliance with infection prevention and control practices.

An area for improvement under the standards was highlighted in regards to inappropriate storage.

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

### 6.5 Is care effective?

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

We reviewed three patients' care records in relation to the management of enteral feeding, behaviour management and antibiotic therapy. Patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, risk assessments and care plans had not been consistently signed and/or dated by nursing staff upon completion. This deficit was highlighted to the acting manager and an area for improvement under the standards was stated for a second time.

A review of three patients' care records further demonstrated that there was inconsistent evidence that care plans had been written in collaboration with either the patient and/or their relative/representative. This shortfall was discussed with the acting manager and identified as an area for improvement under the standards. This area for improvement has been stated for a second time.

Records indicated that, where appropriate, referrals had been made to healthcare professionals such as the tissue viability nurse (TVN), Speech and Language Therapists (SALT), dieticians, care managers and General Practitioners (GPs). One patient requiring the use of enteral feeding did not have a care plan in place that accurately reflected the nutritional feeding regime as prescribed by the dietician. This deficit was highlighted to the acting manager and an area for improvement, under the standards, was made. On the day of inspection the inspectors were reassured that the patient was receiving the correct prescribed regimen despite the weakness identified within the care records.

We also observed the delivery of care throughout the home and were assured that patients' assessed needs were met in a compassionate and holistic manner. Interaction between staff and patients demonstrated that staff possessed a thorough understanding of patients' assessed needs. Discussion with the acting manager and a review of governance records evidenced that systems and processes were in place to quality assure effective communication with patients, relatives, staff and other healthcare professionals.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and effective communication between patients, staff and other key stakeholders.

### Areas for improvement

Three areas for improvement under the standards were made in regards to care planning of which two have been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 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.**

We arrived in the home at 09:45 hours and were greeted by staff who were helpful and attentive. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Observation of staff demonstrated knowledge of patients' wishes, preferences and assessed needs.

Discussion with the acting manager and a review of records confirmed that there were systems in place to obtain the views of patients, their representatives and staff in regards to service provision and the delivery of care. There was evidence that suggestions made by patients and/or their representatives in regards to service improvement had been considered and used to improve the quality of care provided.

Patients who were able to verbalise their feelings stated that they enjoyed living in Bohill Bungalows and spoke positively about the care that they received. 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. Ten patient questionnaires were issued at the time of inspection.

Comments from patients during the inspection were positive and included the following statements:

- “the staff are ten out of ten”
- “staff are looking after me well here”

There were no relatives available to meet with the inspectors on the day of inspection. Ten questionnaires for relatives were issued at the time of inspection

Five completed questionnaires were returned within the timescale for inclusion in this report. All respondents expressed satisfaction with regards to the delivery of care being safe, effective, compassionate and well led.

We also spoke with six staff. A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

Any comments received from patients, relatives and staff were shared with the acting manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Observation of the lunch time meal in Bungalow 3 and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance processes focusing on quality assurance and service delivery.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 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 acting manager evidenced that there was a clear organisational structure within the home. The registration arrangements for the acting manager were discussed and advice provided on how best to proceed with the registration application.

A review of the duty rota evidenced that the acting manager's hours, and the capacity in which these were worked, were clearly recorded. The inspectors were provided with an assurance of the arrangements for the acting manager's hours of work going forward.

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

Discussion with the acting manager and review of the home's complaints record 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. A copy of the complaints procedure was displayed in the home.

Review of the governance arrangements regarding complaints, registration of staff with NMC and NISCC evidenced that these processes were effective. Records pertaining to accidents and incidents were reviewed. One incident had not been reported to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. This was discussed with the acting manager and an area for improvement, under regulation, was stated for a second time.

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

A review of records evidenced that staff meetings for different grades of staff had taken place. However, records did not consistently include signatures of staff attendance, minutes and/or completion of actions identified from previous meetings. This was highlighted to the acting manager and an area for improvement, under the standards, was made.

Discussion with the acting manager and review of records evidenced that monthly monitoring visits were completed in accordance with legislative and best practice expectations. The written record of these visits contained action plans focusing on service delivery which clearly highlighted matters requiring attention by specific staff within measurable timescales. Copies of the reports were available for patients, their representatives, staff and trust representatives.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and sharing of urgent communications.

## Areas for improvement

An area for improvement under regulation in relation to the notification of incidents was stated for a second time.

An area for improvement under the standards was identified in relation to staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/acting 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 30  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all notifiable incidents are reported to RQIA and any relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p> <p><b>Ref: Section 6.7</b></p> <p><b>Response by registered person detailing the actions taken:</b>            Notifiable incident was sent through retrospectively to RQIA on 5<sup>th</sup> March 2018 following discussion with inspector. Discussion with staff at team meetings. All staff aware of protocol to follow.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2018	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed in accordance with best practice guidance.</p> <p><b>Ref: Section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b>            All tables with wheels replaced and old ones removed and destroyed 26<sup>th</sup> Feb</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all patient wardrobes are secured to the wall.</p> <p><b>Ref: Section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b>            All wardrobes fixed to the wall 13<sup>th</sup> Feb</p>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all patients' care plans and risk assessments are signed and dated by nursing staff upon completion.</p> <p><b>Ref: Section 6.5</b></p> <p><b>Response by registered person detailing the actions taken:</b>            All careplans and risk assessments signed and dated by nursing staff 15<sup>th</sup> Feb</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure that all patients' care plans evidence that they have been written in collaboration with patients and/or their relative/representative.</p> <p><b>Ref: Section 6.5</b></p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> All care plans signed by patients and NOK where possible. Those with no NOK careplans sent to Care managers. However Care Managers continue to refuse to sign off any care plans. Emails sent with attached care plans and same returned. Printed off for evidence.</p> <p>The registered person shall ensure that laundry and activities equipment is not stored within communal bathrooms.</p> <p><b>Ref: Section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b> All communal bathrooms cleared of laundry and activity equipment</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all patients' care plans which relate to enteral feeding accurately describe the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team (or refer to such records if available).</p> <p><b>Ref: Section 6.5</b></p> <p><b>Response by registered person detailing the actions taken:</b> All enteral feeding careplans accurately reflect the prescribed care and treatment of patients with enteral feeding regimens</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following with regards to staff meetings:</p> <ul style="list-style-type: none"> <li>• That minutes are maintained and made available upon appropriate request,</li> <li>• That signatories of attendance are obtained,</li> <li>• That action plans arising from such meetings are reviewed in an effective manner.</li> </ul> <p><b>Ref: Section 6.7</b></p> <p><b>Response by registered person detailing the actions taken:</b> All minutes of meetings kept. All signatures obtained. Action plans reviewed and actioned in a timely manner.</p>

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





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