



# Unannounced Care Inspection Report 12 September 2019



## Bohill Bungalows

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

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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.

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 nursing home which is registered to provide nursing care for up to 18 persons. The home is comprised of three detached bungalows: Dunluce Bungalow, Causeway Bungalow and Rathlin Bungalow.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Amore (Watton) Limited</p> <p><b>Responsible Individual:</b> Mrs Nicola Cooper</p>	<p><b>Registered Manager and date registered:</b> Mrs Andrea McCook – application pending</p>
<p><b>Person in charge at the time of inspection:</b> Upon arrival: Staff Nurse Karen Spence 11.40 onwards: Mrs Andrea McCook</p>	<p><b>Number of registered places:</b> 18 comprising: 6 - NH-PH/PH(E) 12 - NH-LD/LD(E)</p> <p>A maximum of six 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 three with a maximum of six patients accommodated in each bungalow.</p>
<p><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</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 15</p>

### 4.0 Inspection summary

An unannounced inspection took place on 12 September 2019 from 09.50 to 16.10.

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 medicines management and care inspections 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, the management of notifiable incidents, care records and staff communication. Further areas of good practice were also noted in relation to the provision of activities and monthly monitoring reports.

No areas for improvement were highlighted.

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. 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Andrea McCook, manager, as part of the inspection process and can be found in the main body of the report.

#### 4.2 Action/enforcement taken following the most recent inspection dated 29 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 29 November 2018. 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

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
- two patients' care records including relevant supplementary /nutritional care 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
- a sample of medicines records

Areas for improvement identified at the last care and medicines management inspections 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 inspections

Areas for improvement from the last care inspection dated 29 November 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered persons shall ensure the following in relation to the provision of wound care for all patients: <ul style="list-style-type: none"> <li>• that care plan(s) are in place which accurately describe the assessed needs of patients</li> <li>• that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b>                  Discussion with the manager and nursing staff highlighted that no patients within the home required wound care at present. Discussion with nursing staff evidenced that staff possessed a thorough and robust understanding of the principles of effective wound care and how this should be documented.</p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b>                  With immediate effect</p>	<p>The registered persons shall ensure the following in relation to the management of patients following an unwitnessed fall and/or head injury:</p> <ul style="list-style-type: none"> <li>• that nursing staff carry out/record all necessary vital signs, including neurological observations of the patient immediately following the incident and for at least 24 hours following the incident</li> <li>• any deviation from the point above should be recorded with an appropriate rationale documented</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>                  The care records for one patient who was assessed as being at a high risk of falling were reviewed. These care records confirmed that this area for improvement was met. It was agreed with the manager that the home's policy in regard to post fall neurological observations would be posted within each nursing station for ease of reference by nursing staff.</p>	<p><b>Met</b></p>

Areas for improvement from the last medicines management inspection dated 23 May 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 23 June 2018	The registered person shall review the management of liquid medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Medicines records for two patients prescribed liquid medicines were reviewed. The findings were shared with the RQIA pharmacist and it was agreed that this area for improvement was met.	

## 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 staff nurse in charge of Dunluce bungalow. Discussion with staff and subsequently the manager highlighted that there was no clearly designated person in charge of the service in the absence of the manager. While each bungalow did have a nurse in charge (a 'House Manager'), it was agreed with the manager that there must always be a competent and capable nurse in charge of the service (encompassing all three bungalows) in the manager's absence. It was further agreed that the staff duty roster must reflect these arrangements at all times. The manager confirmed before conclusion of the inspection that this had been actioned.

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 in regard to staffing levels. One staff member stated "I love working here ... this is the best place I've worked in ... the staffing levels are so good for residents."

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. Staff described the support they received from the manager in enthusiastic terms; one staff member told us "It's very good to work here ... friendly and good support from management ... a big focus on patient centred care."

The way in which staff are supported in their roles was considered. A review of staff supervision and appraisal records during and following the inspection highlighted that a system was in place and regularly monitored by the manager. It was agreed with the manager that such records should be readily available at all times for inspection by RQIA.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. 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).

Governance 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 were spoken with expressed a good understanding of how to recognise and respond to potential safeguarding incidents. The manager updated us in relation to adult safeguarding incidents which had been notified to RQIA prior to the inspection; it was noted that such incidents had been managed appropriately.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Each bungalow contains en suite bedrooms, a communal lounge, dining room and kitchen. A person centred activities room is also located within one of the bungalows which is used by patients across all three bungalows; this is discussed further in section 6.5. All three bungalows were noted to be attractively decorated, and also neat and tidy throughout. The manager advised that several radiator covers had been replaced since the previous inspection; those which still required replacing/repair were highlighted to the manager. It was further noted that fencing surrounding one of the bungalows had also been repaired. It was agreed with the manager that unused fence panels should be stored securely and in a manner which ensured patient safety at all times.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the internal environment and the reporting of incidents to RQIA.

### **Areas for improvement**

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

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



## 6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients.

Staff who were spoken with stated 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).

Regular contact with patients' families is also a vital aspect of care delivery. Care records which were viewed demonstrated 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. Care records which were sampled in all three bungalows were found to be maintained to a high standard and this is commended.

The management of patients' nutritional needs was reviewed. The care records for one patient who required a modified diet evidenced detailed and person centred care plans. Appropriate nutritional assessments were up to date and the patient's dietary needs had been accurately communicated to kitchen staff in a timely manner.

At times, some patients may require the use of equipment which restricts their movement, or alerts staff when patients try to mobilise unaided. The care records for one patient who required the use of bedrails were reviewed. Care records evidenced that the use of this equipment had been discussed with the patient's family and multiprofessional team. It was also evidenced that the use of this equipment had been regularly reviewed by staff to ensure that it remained necessary and proportionate. Discussion with staff also highlighted a keen awareness of how to recognise restrictive practices and that these should be regularly reviewed. Discussion with the manager highlighted that the use of restrictive practices is not audited by the manager. The manager agreed to implement such an audit into existing governance processes.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, staff interactions with patients were observed to be very 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 comments to the inspector included:

- “I love the residents and the staff ...”
- “I love working here.”

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

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. A fortnightly non-denominational service is held within the home for patients.

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

There was evidence of ongoing commitment to person centred formal and informal activities for patients. Staff who were spoken with demonstrated a good awareness of the need to meet patients’ needs in a holistic way which values their personal preferences, likes and dislikes.

We had opportunity to speak with the home’s activity co-ordinator who is supported by nursing and care staff when providing activities to patients. The activity co-ordinator confirmed that a weekly activities programme was in place which included some regular events which were popular with patients, such as:

- Coffee / chat
- ‘Fit Fun’ (aerobic exercises)
- Ball games
- Hand/Head massage
- ‘Sensory Story’ (involving therapeutic touch)

The activity co-ordinator told us that she has also incorporated art and drama into the activity programme, stating “I realise how therapeutic art can be ... the (activities) room is covered in canvases ... I’ve discovered (the patients) love a bit of drama.”

Observation of the activity room evidenced that it was used regularly throughout the inspection and had an array of artwork created by patients. The room also included a new ‘Sensory Corner’ which included an area with dimmed lighting and various tactile items. Staff commented that this part of the room is used routinely and has proved to be very popular with patients.

We were also told that patients can enjoy a monthly disco at which a range of ‘party style’ food is catered. The activity co-ordinator stressed that staff wanted to promote a “free, come and go” atmosphere within the activity room in which staff “focus on what patients want.” This atmosphere was noted throughout the inspection and is commended.

Staff also informed us of a recently created ‘Family and Relatives’ group which will meet to discuss various fundraising ideas for patients. Staff proudly showed the inspector an activities album containing photographs of patients enjoying previously held events, including:

- World of Owls
- St Patrick’s Day
- Irish dancing
- Residents’ art exhibition

The activity co-ordinator told us: “I try to keep it eventful at all times ...”

Observation of and discussion with staff within each bungalow evidenced a highly motivated team who demonstrated good awareness of and commitment to effectively stimulating and meeting the emotional/social need of patients.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of person centred activities and staff communication with patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

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

We discussed the manager’s current application to register with RQIA. It was agreed that this application will be progressed as soon as possible.

It was confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to the administration of medicines, the internal environment and the dining experience of patients. It was noted that some audits are completed directly by the manager while others are delegated to senior staff. However, it was noted that the August 2019 environmental audit was not available for inspection. The need to ensure that the manager effectively oversees all governance audits within the home was stressed. Following the inspection, it was agreed with the home's Regional Director, Sharon Butler that further training support would be provided to the manager in relation to the audit process.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring reports.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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