

# Unannounced Care Inspection Report 12 December 2016



## Bohill Bungalows

**Type of Service: Nursing Home**  
**Address: 69 Cloyfin Road, Coleraine, BT52 2NY**  
**Tel No: 02870325180**  
**Inspector: Lyn Buckley**

## 1.0 Summary

An unannounced inspection of Bohill Bungalows took place on 12 December 2016 from 10:45 to 15:00.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Following discussion with management, staff and patients and a review of records it was evident that systems and processes were in place and monitored by the registered manager and her senior team to ensure the delivery of safe care. Staffing levels were monitored and adjusted to ensure patient needs were met. Training was provided and the learning from it was monitored to ensure the staff were enabled to provide the right care safely. Refer to section 4.3 for further details.

There were no areas for improvement identified.

### **Is care effective?**

Observation of care practices, review of records and discussion with patients and staff evidenced that there were systems and processes in place to ensure the timely delivery of effective care. Staff consulted were knowledgeable and confident in their role. Patients said they that staff delivered the right care at the right time.

The registered manager implemented systems and processes to ensure effective communication throughout all grades of staff was maintained. Refer to section 4.4 for further details.

A recommendation was made regarding staffs' knowledge of the grading system for pressure ulcers.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

There was evidence of good communication in the home between staff and patients. Patients spoken with were complimentary regarding staff.

There were no areas for improvement identified.

## Is the service well led?

Based on observations, the review of records, systems and processes; and comments from patients and staff it was evident that Bohill Bungalows Nursing Home was well led. The registered manager has consistently demonstrated how she manages and leads her team to ensure the delivery of safe, effective and compassionate care as part of her day to day operational control of the home. The staff team led by the deputy manager on the day of the inspection were commended for how they supported and facilitated the inspection process.

There were no areas for improvement identified.

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with the nurse in charge of bungalow one as part of the inspection process. Discussion, by telephone, with the registered manager, Yvonne Diamond, took place on 21 December 2016. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. There were no further actions required to be taken following the last inspection and enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Parkcare Homes No2 Ltd/Ms Sarah Hughes	<b>Registered manager:</b> Ms Yvonne Diamond
<b>Person in charge of the home at the time of inspection:</b> Hazel McMullan- deputy manager	<b>Date manager registered:</b> 26 February 2016
<b>Categories of care:</b> NH-LD, LD(E), PH and PH(E) A maximum of 6 patients in categories NH-PH and PH(E) to be accommodated in Bungalow 1 A maximum of 12 patients in categories NH-LD and LD(E) to be accommodated in Bungalows 2 and 3; and a maximum of 6 patients accommodated in each bungalow.	<b>Number of registered places:</b> 18

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

Patients and staff were out for a pre-arranged Christmas outing/party, therefore during the inspection we only spoke with two patients individually, three care staff, three registered nurses, two members of staff from housekeeping, and the home's administrator.

In addition questionnaires were provided for distribution by the registered manager; 10 for relatives, five for patients and 10 for staff. None were returned within the timeframe specified. Refer to section 4.5 for details.

The following information was examined during the inspection:

- two patient care records
- staff roster from 21 November to 18 December 2016
- staff training and planner/matrix for 2016
- one staff recruitment record
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance

- records pertaining to consultation with staff, patients and relatives

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 9 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The QIP was followed up during this inspection as detailed on the next section.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 9 June 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 20(1)(a) Stated: First time	The registered provider must ensure that the practice of registered nurses and/or care assistants covering a night duty shift by means of a 'sleep over' ceases immediately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and staff and review of duty rotas from 21 November 2016 confirmed that 'sleep over' shifts had ceased.  This requirement has been met.	
<b>Requirement 2</b> Ref: Regulation 15 Stated: First time	The registered provider must ensure that the needs of patients are kept under review to ensure that the accommodation provided meets the assessed needs of any new patient and those of the existing patients already accommodated in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and observations confirmed that this requirement had been met.	

<b>Requirement 3</b> <b>Ref:</b> Regulation 15 <b>Stated:</b> First time	The registered provider must determine in conjunction with the commissioning trust/s of the named bungalow is to be registered as a residential unit. RQIA must be informed of this decision and an application to register as a residential unit submitted.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Since the last care inspection Bungalow 4 has been registered, separately, as a residential home.		
<b>Requirement 4</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered provider must ensure that relevant staff are aware of the requirements for notifying RQIA in accordance with the Nursing Homes Regulations (Northern Ireland) 2005.  Any notifiable event not reported should be reported retrospectively.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that this requirement had been met.		
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time	The registered provider should ensure that staff duty records are maintained accurately and in accordance with professional standards for record keeping and the DHSSPS Care Standards for Nursing Homes 2015.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Review of duty rotas confirmed that this recommendation had been met.		

#### 4.3 Is care safe?

The deputy manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 21 November to 18 December 2016 evidenced that the planned staffing levels were adhered to. 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.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. New staff were supported through their induction by a dedicated mentor. Review of one staff member's induction evidenced the record to be completed in full and signed/dated appropriately.

Review of the training planner/matrix for 2016 indicated that training was planned to ensure that mandatory training requirements were met. Staff confirmed that they were required to complete mandatory training through the 'e-learning' and by attending 'face to face' training.

Observation of the delivery of care evidenced that training had been embedded into practice.

Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding and the management of restraint. Staff described their role and responsibilities with enthusiasm and said that they were enabled to 'make a difference'.

Review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). Safety and medical alerts were reviewed on a regular basis and relevant notices were 'actioned' and/or disseminated to staff as required.

Review of patient 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. Risk assessments relating to the management of restrictive practices and liberty confirmed that staff were aware of the implications of institutional practices and the impact these could have on patients. Care records evidenced that care planning was appropriate, included consultation with patients and their relatives as appropriate and consultation with relevant healthcare professionals. Care plans and risk assessments were regularly reviewed. One specific area of concern was noted in one patient's care record and this was discussed with a registered nurse at the conclusion of the inspection. The registered manager confirmed on 21 December 2016 that the identified deficit noted in one patient's record had been addressed.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since June 2016 confirmed that these were managed appropriately.

Audits of falls and incidents were maintained and clearly evidenced analysis of the data to identify any emerging patterns or trends and action plans were in place as required. This information also informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas in each bungalow. The home was found to be warm, well decorated, fresh smelling and clean throughout. As patients were out for the day painters had been arranged to redecorate one of the bungalows communal areas.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. Nursing staff confirmed that there were no pressure ulcers or concerns about patients' pressure areas. However, review of care records confirmed that one patient had a "red heel" and their pressure ulcer risk assessment tool confirmed the risk of developing a pressure ulcer to be "high". However, further discussion confirmed that staff would not routinely consider red areas as pressure ulcer development if the skin was intact. Advice was provided regarding pressure ulcer grading which includes a red area as a grade one pressure ulcer. A recommendation was made.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and of regular communication with representatives on a day to day basis as required.

Care charts such as repositioning records and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Patients able to converse with the inspector were confident of the ability of staff to meet their needs effectively and in a timely manner.

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were held, that they contributed to the agenda and that minutes were made available. Minutes of recent staff meeting were available for inspection

Staff stated that there was 'effective teamwork'; this was evidenced through discussion and observation of interactions throughout the inspection process. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge, the deputy manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Effective communication with patients and their representatives was evident on a one to one basis as recorded in the care records and through observations of interactions.



## Areas for improvement

A recommendation was made that staff are aware of and refer to the national grading system for pressure ulcers when describing pressure damage/pressure areas.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

Discussion with the deputy manager and review of records confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. For example, patients were invited to provide feedback on a monthly basis through the "Your Voice Your Say" initiative. An agenda was set which included input from patients and minutes were made available.

Patients spoken with commented positively regarding the care they received and the staffs' caring and kind attitude. In particular the registered manager was mentioned for her calm, quiet, caring and professional attitude. It was evident good relationships had been developed and that there was a good level of confidence in the staffs' ability to deliver care and to address concerns effectively.

It was evident that the home provided a varied and comprehensive programme of activities which was considerate of various levels of participation.

In addition to speaking with patients and staff, RQIA provided questionnaires for distribution by the registered manager. At the time of writing this report none had been returned within the timescale set. Any questionnaires received following the issue of this report will be dealt with under separate cover.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff confidently described their role and responsibility in the home. In discussion, patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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.

Staff were knowledgeable of the complaints and adult safeguarding processes commensurate with their role and function. A review of notifications of incidents to RQIA since June 2016 confirmed that these were managed appropriately. Review of records evidenced that systems were in place to ensure that notifiable events, complaints, and/or potential adult safeguarding concerns were investigated and reported to RQIA or other relevant bodies appropriately.

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 falls, infection prevention and control, environment, complaints, incidents/accidents.

Records also evidenced that the results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Review of reports from October 2016 evidenced that Regulation 29 monitoring visits were completed on behalf of the responsible individual and in accordance with legislative requirements. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

There was an effective system in place to ensure nursing staff were registered with the nursing and Midwifery Council; and that care staff were registered with the Northern Ireland Social Care Council (NISCC). New care staff not registered with NISCC were required and supported to register.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed.

Discussion with the deputy manager and observations evidenced that the home was operating within its registered categories of care.

Based on the inspection findings detailed in the preceding domains, review of records, systems and processes; and comments from patients and staff it was evident that Bohill Bungalows Nursing Home was well led. The registered manager has consistently demonstrated how she manages and leads her team to ensure the delivery of safe, effective and compassionate care as part of her day to day operational control of the home. The staff team led by the deputy manager on the day of the inspection were commended for how they supported and facilitated the inspection process.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Yvonne Diamond, registered manager, on 21 December 2016 by telephone and with the nurse in charge of bungalow one at the conclusion of the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 23

**Stated:** First time

**To be completed by:**  
31 December 2016

The registered provider should ensure that staff are aware of and refer to the national grading system for pressure ulcers.

Ref: Section 4.4

**Response by registered provider detailing the actions taken:**

This has been discussed with staff. Staff Supervision being carried out with all nursing staff in relation to grading of pressure sores. Copy of Grading System displayed in all bungalows. We have also contacted the Trust tissue viability nurse who has agreed to arrange further training for champions to be in the home.



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

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
@RQIANews