

Unannounced Care Inspection Report

14 January 2021



Bohill Bungalows

Type of Service: Nursing Home

Address: 69 Cloyfin Road, Coleraine, BT52 2NY

Tel No: 028 7032 5180

Inspector: Gillian Dowds

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Mrs Nicola Cooper	Registered Manager and date registered: Mrs Andrea McCook – 29 January 2020
Person in charge at the time of inspection: Mrs Andrea McCook	Number of registered places: 18
Categories of care: 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	Number of patients accommodated in the nursing home on the day of this inspection: 17

4.0 Inspection summary

An unannounced inspection took place on 14 January 2021 from 09.30 to 17.30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the internal environment and infection prevention and control (IPC)
- care delivery
- care records
- governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Andrea McCook, 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.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with three patients' and ten staff. Questionnaires were left in the home to obtain feedback from patients and residents. The inspector provided the manager with 'Tell us' cards to allow patients and their relatives the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was displayed for staff inviting them to provide feedback to RQIA online. No responses were received.

The following records were examined during the inspection:

- duty rotas from 4 January 2021 to 15 January 2021
- staff training records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- four residents' care records
- three supplementary care records
- staff induction records
- Covid-19 information file
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 11 September 2019.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by the staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 4 January 2021 to 15 January 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required. The records reviewed were up to date.

Staff spoken to advised us that they were aware of their responsibilities under adult safeguarding, have received appropriate training and knew how to raise concerns under the whistleblowing policies.

Staff spoken with told us that they felt supported by the management and there was a good sense of teamwork in the home and felt that staffing levels were adequate. They did discuss that the staffing levels have been affected at times due to short notice absence to the impact of the COVID -19 pandemic but advised that there were systems in place to manage this. Their comments included:

- "I am enjoying it here."
- "Staffing levels are very good. We have very good support."
- "We are well staffed, I love it."
- "Staffing levels are brilliant, everyone pulls their weight."
- "We have a great team."
- "It's rewarding working here."

6.2.2 Personal protective equipment

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. We observed that PPE and hand washing facilities were readily available.

The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were compliant with wearing their masks however on occasion they were observed not taking the opportunity to wear gloves and aprons when required. This was discussed with the staff and addressed at the time of inspection.

Records evidenced that that the patients and staff were having their temperatures recorded as directed with the current Department of Health (DOH) guidance however we observed that staff were only recording their temperature once daily. This was discussed with the nurse in charge and addressed at the time of inspection.

6.2.3 Infection prevention and control and the environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. The home was fresh smelling throughout. The patients' bedrooms were clean, warm and personalised. We observed in one bungalow work was being undertaken to redecorate the activity room and develop a music/television room for the patients.

We observed some minor infection control issues such as an open pack of continence products in a patient's bathroom this, some pull cords in communal toilets not covered and storage of PPE on a hand rail in one identified bungalow. These issues were all addressed by the manager and maintenance staff prior to the conclusion of the inspection.

Measures had been put in place to maintain social distancing for patients where possible and one of the staff advised that patients' meal times were staggered to ensure social distancing.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. We observed some patients engaging in activities such as board games or watching television. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Staff spoken to were knowledgeable about their patients' needs likes and dislikes. Patients spoken with commented positively about the care they received; they told us:

- "It's good."
- "It's grand."
- "It's ok"

During the serving of the lunch time meal we saw that staff attended to the patients' needs in a prompt, caring manner. Patients were offered a selection of drinks and the food served looked and smelt appetising. One patient spoken to advised us she was enjoying her meal and that it was good.

6.2.5 Care records

A review of four patients' care records evidenced that care plans were in place to direct the care however the care plans in place for two patients who required a modified diet were not reflective of the International Dysphagia Diet Standardisation (IDDSI) terminology. We confirmed with the manager that all patients were receiving the correct diet consistency and that the documentation required to be updated. An area for improvement was identified.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed.

We reviewed the care records in place for a patient who required a prescribed fluid target. Relevant care plans and fluid intake charts were recorded and over sight of this care by the registered nurses was evident in the daily progress notes.

6.2.6 Governance and management arrangements

Following review of a sample of the governance audits which included hand hygiene, PPE compliance and infection control wound care and care records. We discussed with the manager the quality of the care records audit in use and how this could be further developed to assist her in identifying any deficits in the records as found during the inspection. The manager confirmed post inspection a new care plan audit tool had been implemented and this will be reviewed at the next inspection.

While a review of records evidenced that Regulation 29 monthly monitoring reports were available, it was observed that some had been completed remotely via telephone and some were onsite visits

We discussed with the manager that whilst patients and staff consultation was documented there was no evidence of consultation with families. We discussed with the manager how they may consider how this information will be obtained going forward. The progress of how this information is collated will be reviewed at the next inspection.

The manager advised that she had regular support visits from the regional and quality managers from the Amore group however these visits were not recorded. This was discussed with the manager and she advised that a record of these visits would be kept and this will be reviewed at a future inspection.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Records for the management of complaints were reviewed. Complaints received to the home were documented and investigated however the outcome of the investigation/level of satisfaction with the outcome were not recorded. This was discussed with the manager and an area for improvement was made.

Areas of good practice

Areas of good practice were identified in relation to staff interaction with patients, staff knowledge of the whistleblowing policy and fluid management.

Areas for improvement

Areas for improvement were identified in relation to ensuring care records are reflective of IDDSI terminology and complaints recording.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

The patients were well presented and appeared content in their surroundings. Staff were aware of their needs and treated them with kindness and respect. Staff were aware of the procedures to raise concerns and of the whistleblowing policy.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea McCook, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 1 March 2021	The registered person shall ensure that all nutritional records are reflective of the IDDSI terminology. Ref: 6.2.4
	Response by registered person detailing the actions taken: All nutritional records and corresponding support plans have been amended to include the appropriate IDDSI level for each resident. This will also be carried over daily on the nutritional intake charts. IDDSI level pictorial charts also available in each file for easy reference.
Area for improvement 2 Ref: Standard 16 Stated: First time To be completed by: 1 April 2021	The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction is determined. Ref:6.2.6
	Response by registered person detailing the actions taken: The complaints file has been amended to provide a clearer course of actions taken, checklists are in place to ensure no omissions and up to date policy available to ensure process followed.

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



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