

Inspection Report

15 August 2024



Bohill Bungalows

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Healthcare Ireland (No 4) Limited Responsible Individual: Ms Andrea Louise Campbell	Registered Manager: Mrs Araceli Flores Date registered: 12 December 2023
Person in charge at the time of inspection: Mrs Araceli Flores	Number of registered places: 18 A maximum of 6 patients in categories NH-PH/NH-PH(E) to be accommodated in Bungalow 1. A maximum of 12 patients in categories NH-LD/NH-LD(E) to be accommodated in Bungalows 2 and 3 with a maximum of 6 patients in each bungalow
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: 16
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 18 persons. The home is divided into three bungalows; Dunluce, Causeway and Rathlin. Each bungalow has access to communal living and dining spaces, as well as communal gardens. A fourth bungalow is situated on the same site and this is a registered residential home with separate management arrangements.	

2.0 Inspection summary

An unannounced inspection took place on 15 August 2024, from 9.45 am to 5.45 pm by care inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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.

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

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

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

RQIA were assured that the delivery of care and service provided in Bohill Bungalows was effective, and compassionate and that the home was well led.

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

3.0 How we inspect

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

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

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients who were able to share their opinions on life in the home said they were well looked after. Patients who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Staff said that they were satisfied with staffing levels, teamwork was good, the Manager was approachable and they thoroughly enjoyed working in the home.

A record of compliments received about the home was kept and shared with the staff team.

One patient completed a questionnaire and the comments included; the care is good and I am happy.

There was no response received from the online staff survey.

5.0 The inspection

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

Areas for improvement from the last inspection on 24 January 2024		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that patients are repositioned in keeping with their prescribed care	Met
	Action taken as confirmed during the inspection: There was evidence that patients were repositioned as prescribed; however, deficits were identified in the patient repositioning documentation. A new area for improvement was identified.	

Area for improvement 3 Ref: Standard 29 Stated: First time	The registered person shall ensure the prescription details on topical administration medication records are verified and signed by two staff members.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment records evidenced that a robust system was in place to ensure staff were recruited correctly to protect patients. All pre-employment checks were in place as required.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected those working in the home on a daily basis. The Manager's hours and capacity worked were clearly stated. Each shift had an identified nurse in charge of the home. Records showed that any nurse taking charge of the home had competency and capability assessments reviewed annually, to ensure they held the knowledge and skills required.

Staff said that they felt well supported in their role and found the Manager accessible and approachable. Staff spoke positively on the teamwork in the home.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover meeting at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable about patients' individual needs, routines, and preferences, and demonstrated how they recognised early signs of patient discomfort or distress. Staff talked about using their skills and techniques for example; distraction or reminiscence to help alleviate patient distress.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and these included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Patient records were held confidentially.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, alarm mats and continuous supervision.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients were repositioned as prescribed. However, the quality and detail of the recording of repositioning by the care staff was inconsistent. An area for improvement was identified.

The management of wounds was reviewed. There was evidence to show that any wounds were well managed and the relevant documentation such as wound assessments and care plans were accurate, detailed, and maintained up to date.

Falls in the home were monitored monthly to enable the Manager to identify if any patterns were emerging which in turn could assist the Manager in taking actions to prevent further falls from occurring. Examination of records regarding the management of falls evidenced that these were generally well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included communal lounges and dining rooms, a sample of patient bedrooms, communal bath/shower rooms, and storage areas. The home was warm and clean. However, within one bungalow identified items of furniture were observed malodorous and in need of either a deep clean or replacement. An area for improvement was identified.

Patient bedrooms were clean, tidy and personalised with memorabilia and items of interest to each patient.

A number of areas throughout the home were noted in need of refurbishment or redecoration; RQIA were advised of an ongoing refurbishment plan and the Manager shared this plan with the inspector. Progress with this will be followed up on the next care inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Fire doors and exits were free from obstruction. Staff were aware of their training in these areas and how to respond to any concerns or risks. The home's most recent fire safety risk assessment was completed on 4 July 2024. There was evidence that the Manager was working through the recommended actions.

Within each of the bungalows the side exit doors were observed unlocked; a number of patients within each bungalow require enhanced supervision and would be at risk if they exited the bungalow unattended; this was discussed with the Manager and an area for improvement was identified.

Concerns were identified in regard to the management of risks to patients; shortfalls were identified in all three bungalows of the home. In addition, a laundry door was also observed open where laundry detergents were observed easily accessible to patients. These matters were discussed with the Manager who took immediate action to remove the risks identified and ensure the laundry room was locked. An area for improvement was identified.

There were systems in place to manage the risk of infection; monthly infection prevention and control (IPC) audits were completed and any identified shortfalls were addressed. Staff were seen to carry out hand hygiene at key moments and to use personal protective equipment (PPE) appropriately.

5.2.4 Quality of Life for Patients

Observation of daily life in the home and discussion with patients confirmed that patients could choose how and where they spent their time. Patients were seen to move freely between communal areas and their own bedrooms.

There was a range of activities provided for patients by activity staff in a large dedicated activity space. The activity room evidenced that it was used regularly and patients' colourful art work was displayed on the walls. The room also included a 'Sensory Corner' which includes an area with dimmed lighting, soft seating and various tactile items.

The range of activities included social, community, cultural, religious, spiritual and creative events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff, and gave non-verbal cues to their wellbeing, such as smiling or hand gestures.

5.2.5 Management and Governance Arrangements

There had been no changes in the management of the home since the last inspection. Mrs Araceli Flores is the registered manager of the home.

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

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

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Manager is the safeguarding champion for the home, it was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care records, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene.

The Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Araceli Flores, Registered Manager and Tracey Henry, Regional Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: 15 August 2024	The registered person shall ensure that exit doors are appropriately secured at all times. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered manager has liaised with all three bungalows and advised that all exit doors be kept closed at all times. The door alarm system is to be reviewed to ensure in activated mode. This will also be reviewed as part of the Home Manager Daily Walkround. A supervision has been completed as shared learning for the team.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 15 August 2024	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access to are free from hazards to their safety. Ref: 5.2.3
	Response by registered person detailing the actions taken: A full review of all resident areas has been completed by the Registered manager. All items deemed a risk will be retained in a locked cupboard. Any use of scissors and or tools that may be of risk will be utilised under supervision of staff and risk assessed within the plan of care.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 16 August 2024	The registered person shall ensure that patient repositioning records are consistently completed in a contemporaneous and accurate manner. Ref: 5.2.3
	Response by registered person detailing the actions taken: A supervision has been completed with the staff in relation to the contemporaneous and accurate manner of recording of position change. To ensure time specific This will be monitored by the Home Manager through the daily walk round and ad hoc checks of respositioning records to ensure compliance.

Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 15 September 2024	The registered person shall ensure the malodour to the identified pieces of furniture is addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: The chair with malodour identified during the inspection has been disposed of and further lounge chairs with impervious material ordered. Awaiting delivery. A sideboard and table have also been ordered to replace the exsisting with laminate lifting.

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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