

Unannounced Care Inspection

Name of Establishment:	Bohill Bungalows
RQIA Number:	12199
Date of Inspection:	16 November 2014
Inspector's Name:	John McAuley
Inspection ID:	20204

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Bohill Bungalows
Address:	69 Cloyfin Road Coleraine BT52 2NY
Telephone Number:	02870325180
Email Address:	marlene featherstone@porygroup.com
Registered Organisation/ Registered Provider:	Priory (Watton) Ltd
Registered Manager:	Mrs Marlene Featherstone
Person in Charge of the Home at the Time of Inspection:	Ms Rita Traynor – Staff Nurse
Categories of Care:	LD, LD (E)
Number of Registered Places:	24
Number of Patients Accommodated on Day of Inspection:	14 of which made up of; <ul style="list-style-type: none"> • Strand House – 2 • Rathlin House – 6 • Causeway House – 6 • Dunluce House – 1 in hospital
Scale of Charges (per week):	As per arrangement of aligned Trust
Date and Type of Previous Inspection:	24 March 2014 / Primary Unannounced
Date and Time of Inspection:	16 November 2014 10am – 2.30pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following: amend as relevant

- Discussion with the Nurses in charge of each of the bungalows
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	14
Staff	6
Relatives	0
Visiting Professionals	0

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Bohill Bungalows Nursing home is situated on the Cloyfin Road a rural location outside the town of Coleraine on the road to Bushmills. The home is adjacent to Bohill Nursing Home.

The nursing home is owned and operated by Priory (Watton) Ltd.

The registered manager is Mrs Marlene Featherstone, who has been in this position for just under one year.

Accommodation for patients is provided over four bungalows;

- Rathlin House
- Causeway House
- Dunluce House
- Strand House

Each of the bungalows are self-contained units on a ground floor level with six ensuite bedrooms.

Communal lounges and a dining area are provided in each of the bungalows.

The home also provides for catering and laundry services.

The home is registered to provide care for a maximum of twenty four persons under the following categories of care:

Nursing care

LD

LD (E)

8.0 Executive Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Bohill Bungalows Nursing Home. The inspection was undertaken by John McAuley on Sunday 16 November 2014 from 10am to 2:30pm.

The inspector was welcomed into the home by Ms Rita Traynor the staff nurse in charge of Strand House bungalow, who was available throughout the inspection. The inspector also met with the staff nurses in charge of Rathlin house and Causeway Houses bungalows. There were no patients residing in Dunluce House bungalow at the time of this inspection. Verbal feedback of the issues identified during the inspection was given to Ms Rita Traynor at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff, observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 24 March 2014 five requirements and five recommendations were issued. The inspector evidenced that these were all complied with within the specified timescale. Details can be viewed in the section immediately following this summary.

The DHSSPS Nursing Homes Minimum Standard 19 on Continence Management was reviewed on this occasion. The review found that there were individualised assessments and care plans pertaining to continence care and staff are in receipt of training in this area. General observations of care practices found that patients' personal care needs were attended to promptly and with privacy and sensitivity. This standard has been overall assessed as substantially compliant.

Discussions with patients were difficult as the majority of patients due to dependencies could not clearly articulate their view. However patients did appear content and comfortable in their environment and interactions with staff and appeared well cared for. Details of these consultations are in 11.0 of this report.

Observations of care practices found that duties and tasks were carried out at an organised, unhurried pace, and patients were treated with dignity and respect. Concern was identified in Causeway House bungalow that none of the staff on duty were in receipt of MAPPA training and dealing with challenging behaviours. Observations at the time of this inspection together with a review of records found that this training is imperative and a requirement has been made for this to be acted upon promptly. A requirement has also been made in respect of notifications of challenging behaviours, as discussed later in the main body of this report.

Discussions with staff on duty, confirmed staff were positive about their roles and duties, the teamwork and managerial support. There was found to be adequate numbers of staff on duty other than the provision of domestic cover, particularly for Causeway House. A requirement has been made for this to be acted on.

The home was clean and tidy with a good standard of décor and furnishings being maintained, other than Causeway House where there were areas that needed thorough and on-going cleaning.

Conclusion

The inspector can confirm that at the time of this unannounced inspection the delivery of care to patients was evidenced to be of a good standard, other than concern identified in lack of training for staff in Causeway House bungalow in challenging behaviours . There were processes in place to ensure the effective management of the issues inspected.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas of improvement are identified in relation to domestic cover and the cleaning schedule in Causeway House bungalow.

Three requirements were made as a result of this inspection. These requirements are detailed throughout this report and in the attached quality improvement plan (QIP).

The inspector would like to thank the patients, staff and Ms Rita Traynor for their assistance and co-operation received throughout this inspection.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	16(1)	The registered person shall ensure that a specific care plan is maintained on the use of a lap strap.	A care plan has been put in place for the use of a lap strap and the use of this restrictive practise is documented in the home's register of same.	Compliant
2.	16(2)	The registered person shall ensure those patients bedrail risk assessments are reviewed monthly or more often if deemed appropriate.	Bedrail assessments are reviewed on at least a monthly basis and the use of this restrictive practise is documented in the home's register of same.	Compliant
3.	14(2)(c)	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated.</p> <p>This requirement is made in regard to the practice of holding external medicines in unlocked cupboards in patients' en-suites.</p>	There was observed to be no external medications left unattended or unlocked in the general environment.	Compliant

4.	20(3)	The registered person shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his/her absence.	A competency and capability assessment has been carried out by all registered nurses with the responsibility of being in charge of the home in the absence of the registered manager.	Compliant
5.	20(1) (c) (i)	<p>The registered person shall ensure that staff as appropriate are trained in the following areas.</p> <ul style="list-style-type: none"> • Preparation and presentation of pureed food • Fortification of food • The Nutritional Guidelines and Menu Checklist for people with a learning disability • Wound Management(registered nurses) • Pressure area care(care assistants) 	A review of staff training records and discussions with staff confirmed that they are in receipt of these areas of training.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	28.6	It is recommended that staff training records be maintained in accordance with Standard	Staff training records are now maintained in accordance with the minimum standard criterion.	Compliant
2.	28.1	It is recommended that pressure area care and prevention be addressed in the template used to undertake care staff induction programmes.	The induction programme has been revised to include pressure area care and prevention.	Compliant
3.	6.3	It is recommended that patients' care plans are dated and signed.	A review of patients' care plans found these to be dated and signed.	Compliant
4.	5.3 10.7	It is recommended that written evidence is maintained in patients care records to evidence that discussions had taken place between the nurse, patient and their representative and multidisciplinary team in regard to restraint and nursing interventions.	Evidence was in place to confirm due consultation between the nurse, patient, their representative and the multi-disciplinary team with restraint and nursing interventions.	Compliant
5.	11.6	It is recommended that the garden and flower beds at the front of the bungalows are tidied and improved upon to enhance the quality of the external environment	The gardens to the home were well maintained.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in 24 March 2014, RQIA have been notified by the home of an investigation in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issue and such have been duly reported to the aligned health and social care trust and remains under investigation.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: A review of patients' care records found that there were individualised assessments in place of continence care needs and management of same. The outcome of these assessments, including the type of continence products to be used, was incorporated into patients' care plans. The care plans had supporting evidence of patient and / or their representative consultation. Added to this, general observations of care practices found that patients' personal care needs were attended to promptly and with privacy and sensitivity. There was also found to be adequate provision of aids and equipment in place to management this area of care.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL**Inspection Findings:**

All staff have received training in continence management and there are guidance, with policies and procedures on continence management, including catheter care and stoma care.

Added to this there was a wide range of policies, procedures, guidance and information in place to direct and support staff on continence management.

Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: This criterion was not reviewed on this occasion.	Not reviewed
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussions with the two nurses on duty confirmed that they are in receipt of up to date training in urinary catheterisation and stoma care management.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Compliant
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11.0 Additional Areas Examined

11.1 Patients' views

During the inspection the inspector met with all the residents in the home. The majority could not articulate their views about the home due to levels of dependencies. However patients were found to be nicely dressed and well cared for. Basic non-verbal cues identified patients as being content and no concerns were expressed or indicated.

11.2 Staff views

The inspector met with six members of staff of various grades on duty at the time of this inspection. All spoke positively about their roles and duties, the teamwork and managerial support. Staff informed the inspector that they felt a good standard of care was provided for. No concerns expressed other than the lack of training in challenging behaviour for staff in Causeway House bungalow.

11.3 Relatives' views

There were no visiting relatives in the home at the time of this inspection.

11.4 Accident / incident reports

A review of these reports from April 2014, confirmed that these were managed appropriately with a monthly analysis of same carried out.

The review indicated that there were a number of incidents of challenging behaviours that should have been reported to RQIA and were not. A requirement was made for due notification to be put in place.

11.5 General environment

During this inspection the inspector viewed three occupied bungalows (Strand House, Rathlin House and Causeway House). All had a nice standard of décor and furnishings with comfortable facilities and areas for patients to avail of.

Patients' bedrooms were nicely personalised and furnished.

Strand House and Rathlin Bungalows were clean and tidy throughout although areas in Causeway House were in need of thorough cleaning in that hand rails were sticky and one of the patient's bedroom floors was dirty. Due to the lack of domestic cover for this unit at weekend periods a requirement has been made for this provision to be acted upon.

The external grounds of the home were well maintained and accessible for patients to avail of.

11.6 Staffing

Staffing levels at the time of this inspection were found to be adequate to meet the needs of patients / residents' needs, as observed from general care practises.

However there was no domestic cover on duty over the weekend period with consequence of this evident in one of the bungalows. A requirement has been made for this to be reviewed accordingly.

11.7 Care practises

Discreet observations of care practices throughout this inspection, evidenced patients / residents being treated with dignity and respect. Staff interactions with patients were observed to be polite, friendly, warm and supportive.

Care duties and tasks were organised and carried out in an unhurried pace.

11.8 Restrictive care practices

Each of the bungalows is a locked door facility as documented in its Statement of Purpose.

The home maintains a register of any restrictive type practices in place, such as bed rails and lap belts on wheelchairs.

Incidents of challenging behaviours are in Strand House and Causeway House bungalows. All staff in Strand House bungalow are trained in challenging behaviours / MAPPA but none of the staff in Causeway House bungalow at the time of this inspection had received this training, which would have been imperative to this setting. A requirement has been made for this to be acted upon with all staff.

The general décor and furnishings in each of the bungalows was of a homely nature and did not give a restrictive appearance.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Staff Nurse Rita Traynor, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 <ul style="list-style-type: none"> At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment. Criterion 5.2 <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission. Criterion 8.1 <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent. Criterion 11.1 <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Prior to admission a pre admission assessment is carried out to determine the care needs of the service user and to ensure all needs can be met in the home. Close liaison with the Care Management team is maintained also during this process and documentation received in regard to plan of care and intermediate care needs.</p> <p>The MUST tool is used in the admission assessment and all relevant up to date SALT information and/or dietician reports are provided. This continues to be reviewed on a monthly basis or more often if required. The weights of all the service users are also recorded on the compliance system on a monthly basis and the outcomes filtered through to the relevant in house departments - House Manager/Named Nurse and Head chef for review.</p> <p>The Braden assessment is used to assess the service users at risk of developing pressure ulcers and are reviewed on a monthly basis or more often if required. Other assessments completed include nutritional, pain and continence assessments.</p> <p>A body map is also completed as part of the pre -admission and admission process.</p>	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Each individual service user has a Named Nurse and also a Key worker allocated on admission to assist with the development of a care plan in conjunction with the service user, family and multi –disciplinary team. The Named Nurse is responsible for the monthly review and update of care plan needs. This may be more frequent if required.</p> <p>Referrals to the Tissue Viability Nurse are made directly from the qualified staff via telephone or urgent fax request. The TVN liaises with the home via telephone and or visit to offer support and advice. The TVN offers support and guidance in regard to dressings/intervention in regard to wound care. In line with the TVN a plan of care is developed which details type of dressing used, frequency and dimensions of wound and ongoing assessments to be completed. A grading of the pressure ulcer is also recorded by the TVN and subsequent recommendations in regard to position change and or equipment used. This is reviewed and evaluated.</p> <p>Referrals are made directly to the podiatrist for the service users who require intervention in regard to lower limb or foot ulceration.</p> <p>Referrals to the dietician are made through the GP by the Qualified staff and or Residential Care Staff. Following review of the service users weight/MUST and BMI score the Qualified staff request same based on clinical judgement and assessment of weight loss or gain. Following assessment of dietician a plan of care is drawn up to incorporate the recommendations made by the dietician. This will be reviewed on a monthly basis or more frequently if required.</p>	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The Named Nurse reviews the plan of care on a monthly basis as a minimum using the assessment tools and clinical records.</p> <p>This progress of care is reviewed on a daily basis by the qualified staff.</p>	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>All assessment tools and clinical assessments are based on evidence based tools and are supported by research evidence and guidelines as defined by professional bodies.(NICE) (Roper,Logan,Tierney) (Pressure ulcer management)</p> <p>Research files on tissue viability/nutrition are available on each floor for the Qualified and care staff for guidance and support. As well as policy and procedures in regard to wound management (AM 44).</p> <p>Nutritional guidelines are also available in the kitchen and on each floor. This has assisted with the development of menus and residents choice. Dietician input has also been sought in regard to menus and resident choice. This is further developed by the Chef through one to one communication with service users and the development of resident of the day to enhance the positive meal experience.</p>	<p>Compliant</p>

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.6 <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. Criterion 12.11 <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. Criterion 12.12 <ul style="list-style-type: none"> Where a patient's care plans requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The progress notes are updated at least twice daily on all residents. Completed by the qualified staff and by the Residential staff in the residential unit.</p> <p>Care plan assessments, risk assessments and care plan review and evaluation are carried out at least on a monthly basis as a minimum.</p> <p>A meal record is maintained for each service user detailing what has been eaten/offered/refused for each resident and a record of service user choice.</p> <p>All service users when their care plans indicates, fluids are recorded and a daily target for 24hrs is recorded and the actual daily intake in the progress notes.</p> <p>This is also recorded on an individual basis to include consistency recommended by SALT.</p> <p>Each individual service user care plan reflects target fluids and if the optimal target fluid is not met advice from the MDT team is sought and recorded in the care plan of action taken or guidance given.</p>	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Each service users progress notes are updated twice daily as a minimum within a 24hr period. A review of care needs are recorded and detail changes, outcomes and care interventions carried out.</p> <p>The care plans and risk assessments are evaluated on a monthly basis as a minimum and a review of care is carried out in conjunction with the Care Manager, family and members of the multi disciplinary team.</p> <p>A care review tracker is in place to ensure all care reviews are held in a timely manner to ensure a holistic approach is maintained to care given.</p>	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Care reviews are attended by the Named Nurse, Care Manager, family and where possible the service user. All care reviews are minuted and any actions agreed at the meeting with timescales for completion.</p> <p>A copy of the review is kept in the residents file and a copy sent to the next of kin.</p>	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. Criterion 12.3 <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The menus have been devised in conjunction with the Head cook, dietician and nutritional guidelines. Taking into consideration Health promotion, service user likes, dislikes and service user choice. The Head Cook is keen to develop specialised diets and presentation and improvising meal preparation has been a focus to develop the positive meal experience for the service users.</p> <p>Choice is paramount and alternatives are available for service users, particularly if a meal has been uneaten or an alternative is requested.</p> <p>The nutritional guidelines are available for the kitchen/ qualified and care staff.</p>	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. Criterion 12.5 <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. Criterion 12.10 <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. Criterion 11.7 <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>A training plan is available for all qualified and care staff to keep their knowledge up to date and skills are maintained for assisting service users with swallowing difficulties. Following SALT and or dietician assessment a plan of care is developed to incorporate the recommendations in regard to assistance at mealtimes and recommendations for assistance at meals – this is communicated to the care and kitchen staff and highlighted on the allocation sheets on a daily basis.</p> <p>The qualified staff following assessment and clinical judgement can contact SALT if they are concerned in regard to a swallowing deterioration or changes of plan of care.</p> <p>Meals are provided at conventional times for the residents and additional snacks and hot/cold drinks are always readily available. If a service user is unable to verbalise a request staff use there non -verbal cues to determine their request. Finger foods and fruit are available throughout the day.</p> <p>Staff are updated daily in regard to risks or changes to the needs of eating and drinking of service users. This is communicated through handover, staff meetings and daily de brief meetings.</p> <p>The qualified staff have attended wound care training and are supported by the TVN for additional guidance and support. A wound management file has been set up on both floors for research and reference for the qualified staff.</p> <p>A wound link nurse is also available in the home to develop pressure ulcer management.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Substantially compliant



Quality Improvement Plan

Secondary Unannounced Care Inspection

Bohill Bungalows

16 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Staff Nurse Rita Traynor either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20 (1) (a)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as appropriate for the health and welfare of patients.</p> <p>Reference to this is made that the domestic / housekeeping cover must be maintained over a seven day period.</p>	One	At the time of inspection one domestic was employed over five days per week. Since inspection recruitment has commenced for second domestic and we are currently progressing through recruitment procedures.	16 December 2014
2.	20 (1) (c) (i)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(c) Ensure that persons employed by the registered person to work at the nursing home receive –</p> <p>(i) Appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>Reference to this is made in that all staff in</p>	One	Additional to mandatory training via company e-learning Foundations For Growth Programme and Creative Minds accredited by Brighton University we have sought training via external provider regarding MAPA. To date 15 staff have completed MAPA programme and 2 are on site in Causeway Bungalow.As no patient in Causeway Bungalow receives MAPA as an intervention this form of	16 February 2014

		Causeway House bungalow must be in receipt of up to date training in challenging behaviour / MAPPA.		behaviour management will not be used until multidisciplinary agreement is confirmed. The Home Manager will share this requirement with the multidisciplinary team.	
3.	14 (6)	<p>On any occasion on which a patient is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to RQIA as soon as practicable.</p> <p>Reference to this is made in respect of incidents of challenging behaviours were staff and nursing interventions are utilised.</p>	One	The patient concerned has challenging Behaviours and these are documented within care plan and comprehensive risk assessments. The Positive Behaviour Support Team is involved in the patients care. With regard to management of behaviours all incidents will be reported including those related to staff and environment.	17 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Marlene Featherstone
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Caroline Denny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	7 January 2015
Further information requested from provider			