

# Inspection Report

17 July 2023



## Bohill Bungalows

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Healthcare Ireland No 4 Limited  <b>Responsible Individual:</b> Ms Andrea Louise Campbell	<b>Registered Manager:</b> Mrs Araceli Flores - not registered
<b>Person in charge at the time of inspection:</b> Marie McDevitt – Registered Nurse	<b>Number of registered places:</b> 18  A maximum of 6 patients in categories NH-PH/PH(E) to be accommodated in Bungalow 1. A maximum of 12 patients in categories NH-LD/LD(E) to be accommodated in Bungalows 2 and 3 with a maximum of 6 patients accommodated in each bungalow.
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 17
<b>Brief description of the accommodation/how the service operates:</b> 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.	

## 2.0 Inspection summary

An unannounced inspection took place on 17 July 2023 from 10.00 am to 5.20 pm by a care inspector.

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 safe, 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 and staff were consulted during the inspection. Staff spoken with said that Bohill Bungalows was a good place to work. Staff described good teamwork amongst their colleagues and were satisfied with the staffing levels and the support from the management team.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey within the timeframe for inclusion in this report.

## 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 6 March 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> Third time	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are consistently recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  This area for improvement relates to the following: <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> <li>•</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure care plans for the management of pain and distressed reactions are updated to include the name of the prescribed medicine(s) and the parameters for the administration are clearly detailed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection</b>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time	The registered person shall ensure the daily menus are displayed appropriately to ensure staff and patients are aware of what the meal options are.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35.3  <b>Stated:</b> First time	The registered person shall ensure that a system to monitor the management of falls and associated completion of records is implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained good 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/appraisal 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).

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the new manager approachable. Staff spoke positively on staffing levels and teamwork in the home.

### **5.2.2 Care Delivery and Record Keeping**

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance.

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 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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned. Minor deficits in record keeping were discussed with the nurse in charge who agreed to review the patients care records.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans and the times of repositioning was not noted to be time specific.

Furthermore; some patients did not have a care plan in place to identify that they required repositioning. An area for improvement was identified.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were generally well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

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.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. Review of fluid recording charts evidenced the consistent reconciliation of the patients 24-hour fluid total. An area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

A number of items were found inappropriately stored and could potentially be a risk to patient safety for example; scissors, drawing pins and hair dressing equipment. This was discussed with the nurse in charge of the unit and the items were immediately moved to a more secure place. This was also discussed with the Manager at the conclusion of the inspection and it was recommended compliance with the storage of these items should be monitored on her daily walk around the bungalows.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. A valid fire risk assessment was available for review. However, a fire door was observed with its integrity compromised, therefore rendering it ineffective; this was discussed with the Manager who agreed to give the repair or replacement of this door her priority. An area for improvement was identified.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.



#### 5.2.4 Quality of Life for Patients

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 activity staff commented that the patients love to relax in this area and it is frequently used.

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.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients appeared to be content and settled in their surroundings and in their interactions with staff.

#### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Araceli Flores is the new manager of Bohill Bungalows and will be submitting an application to be registered with RQIA in due course.

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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that 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.



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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3*

\*the total number of areas for improvement includes one standard that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the identified damaged fire door is repaired or replaced to ensure the integrity of the premises fire compartmentation is maintained.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The fire door highlighted in bungalow two during the inspection process has been repaired and meets the fire safety recommendations. Fire door checks form part of the weekly and internal monthly fire safety audits. The action plans to address any issues identified will be reviewed as part of the Operational governance and resolved in a timely manner.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 3 October 2022	The registered person shall ensure care plans for the management of pain and distressed reactions are updated to include the name of the prescribed medicine(s) and the parameters for the administration are clearly detailed.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that patients who are assessed as requiring repositioning have a care plan in place and that repositioning records are consistently completed in a contemporaneous and accurate manner.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> As part of the follow up with the Qualified/Support staff. A supervision has been carried out in relation the accurate recording of re- positioning and correlation with the prescribed plan of care. A new 24hr repositioning chart is in place currently to ensure specific time recorded and is checked daily by the Nurse in Charge to ensure accurate and timely recording. This is also reviewed as part of the Home Manager monthly audit process - sample review.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Following the Inspection feedback a supervision has been carried out with all staff in relation to the accurate recording of fluid intake and the recording of total fluid intake over the 24/hr period.</p> <p>This will be checked by the nurse in charge at the end of each shift for verification and completion. This will form part of the monthly audit review of records by the Home Manager and a sample review completed.</p>

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



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