

Inspection Report

22 September 2022



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

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| Organisation/Registered Provider: Healthcare Ireland (No 4) Limited Responsible Individual Ms Andrea Louise Campbell | Registered Manager: Miss Sara Coul - not registered |
| Person in charge at the time of inspection: Miss Sara Coul | Number of registered places: 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. |
| 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. | |

2.0 Inspection summary

An unannounced inspection took place on 22 September 2022, from 10.00 am to 6.00 pm by two 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.

The home was clean, tidy and there was a relaxed and friendly atmosphere on the day of inspection. The patients were observed spending time in their rooms relaxing or in the communal lounges if they preferred.

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.

Four new areas for improvement were identified during the inspection and are detailed throughout the report and in the Quality Improvement Plan (QIP) in Section 6.0.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, their relatives, staff or the commissioning Trust.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were consulted during the inspection. Patients 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.

Staff members spoken with told us teamwork as good and they felt well supported. The staff members also confirmed that they were aware of their role and responsibilities in regard to escalating concerns.

All comments from patients and staff were passed to the manager for consideration and action as necessary.

No completed questionnaires were received following the inspection and there was no response from the on-line staff survey.

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

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 28 September 2021 | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 13 (1) (b) Stated: First 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. | Partially met |
| | Action taken as confirmed during the inspection: A review records evidenced that this area for improvement was partially met and this is discussed further in section 5.2.2. This area for improvement has not been fully met and has been stated for the second time. | |
| Area for Improvement 2 Ref: Regulation 27 (4) (b) | The registered person shall ensure that the practice of propping /wedging open doors ceases with immediate effect. Other measures must be implemented if the identified door is to remain in an open position. | Partially met |

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| Stated: First time | Action taken as confirmed during the inspection: This area for improvement was not fully met and has been stated for a second time. | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 35 Stated: First time | The registered person shall ensure that a separate records are kept for the nursing home and Strand House residential home. Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. | Met |
| Area for improvement 2 Ref: Standard 46 Stated: First time | The registered person shall ensure that the infection prevention control issues as outlined in this report are addressed. Action taken as confirmed during the inspection: A review of equipment evidenced that this area for improvement was partially met. This is discussed further in section 5.2.3. This area for improvement has not been fully met and has been stated for the second time. | Partially Met |
| Area for improvement 3 Ref: Standard 4 Stated: 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. 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. | Carried forward for review at the next inspection |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of records evidenced necessary recruitment checks were in place prior to commencing employment, however, in one record viewed; the reference had not been sought from the most recent employer and within another, the reference did not contain details of the person it was obtained from. This was discussed with the manager and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. A system was in place to ensure that staff completed their training.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council (NISCC). A review of the care staff NISCC registration audit identified that the spreadsheet was not up to date and did not reflect the current status of a small number of staff. This was highlighted to the manager who provided information of staff progress in obtaining registration with NISCC following the inspection.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the manager was highlighted.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way and to provide patients with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

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. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's 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. However, oversight of the supplementary care records by the registered nurses was not consistently recorded in the daily records of care; in particular the oral intake and urinary output for those patients with a urinary catheter. This was discussed with the manager and an area for improvement was identified.

Patients who had wounds had these clearly recorded in their care records. Care plans, containing the dressing regimes and the frequency with which dressing should be renewed were in place. In one of the care records reviewed the dressing regimes had been changed and, whilst records evidenced that the correct dressing was being applied, the care plan had not been updated to reflect the current dressing regime; this was discussed with the nurse in charge who agreed to address this.

Review of supplementary charts for patients who require to be assisted by staff to reposition, in order to provide pressure relief evidenced, in some charts, there was no name and on others only one signature of the staff providing this care. This was discussed with the manager who agreed to address this.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of accidents. Neurological observations, for unwitnessed falls or head injuries, were not always completed consistently. An area for improvement in this regard identified at the previous inspection was stated for a second time.

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 could include simple encouragement through to full assistance from staff. The latter part of the serving of the lunch in Dunluce bungalow was observed. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food. The staff told us patient menu choices were completed and provided to the kitchen the day prior to the meal. When discussing the meal options with various staff they were unable to tell us what the choices for patients were on offer for that day and no menu was displayed. This was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere and environment in each bungalow provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to them and reflected their likes and interests. The home was clean and fresh smelling throughout.

A small number of shower chairs were observed to be rusted and a commode and bath chair had not been effectively cleaned. This was discussed with the manager and an area for improvement in this regard identified at a previous inspection was stated for a second time.

The treatment room in the Dunluce bungalow was observed unlocked and medications were accessible. This was discussed with the nurse in charge; as the room should be locked when not in use. The door was subsequently secured by the nurse. Maintenance equipment was also accessible in another small storage area. As both these incidents had the potential to cause harm to patients, the manager was informed and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures had been provided.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

5.2.4 Quality of Life for Patients

Observation of the activity room evidenced that it was used regularly throughout the inspection and had an array of artwork created by patients. The room also included a 'Sensory Corner' which included an area with dimmed lighting and various tactile items. Staff commented that this part of the room was used routinely and has proved to be very popular with patients.

Patients were observed to be doing artwork in the activity room and they were also going to make buns later in the day. The staff told us they were also having a movie evening but that the patients hadn't decided what movie they would be watching. The manager told us that there was also planned outings for the patients to places such as local shopping centres, cinema trips and also an outing to Portrush.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection; Miss Sara Coul has been appointed as the new acting manager of Bohill Bungalows since 11 August 2022.

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.

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 manager was the safeguarding champion. It was established that 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 to patients' next of kin and their care manager and to RQIA as required.

Discussion with the manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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 (April 2015)**.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 3* | 5* |

* The total number of areas for improvement includes two under regulation and one under the standards that have been stated for a second time and one that is carried forward for review at the next inspection.

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

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: With immediate effect | <p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are consistently recorded.</p> <p>Ref:5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>All nurses were reminded of their duty to record and document neurological observations of a client following an unwitnessed fall and /or head injury. Home Manager will do an audit on falls after each event. Staff were also informed that if a resident refuses observations that this must be clearly recorded in the residents notes. Supervision were completed with staff to ensure they reviewed and updated falls risk assessments .</p> |

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| <p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that the practice of propping /wedging open doors ceases with immediate effect. Other measures must be implemented if the identified door is to remain in an open position. Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Supervisions were carried out with unit managers in regard to the practice of propping open of doors. Home manger carries out a daily walkaround to ensure staff are following agreed practice.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated. This relates specifically to the locking of the treatment room door and store in the Dunluce bungalow. Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: A supervision was carried out on the day with all nurses on site. All nurses reminded of their duty towards maintaining a safe enviroment by the locking of treatment room doors when not in use. RNM monitors compliance of this during daily walk arounds.</p> |
| <p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 3 October 2022</p> | <p>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.</p> <p>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. Ref: 5.1</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate Effect</p> | <p>The registered person shall ensure that the infection prevention control issues as outlined in this report are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: New shower chairs have been requested. All unit managers were made aware of the importance of spot checks on shower chairs and bath chairs. Housekeeping staff now include the cleaning of shower chairs and bath chairs in their daily tasks.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2023</p> | <p>The registered person shall ensure the references requested when recruiting an employee includes one from the applicant's present or most recent employer and are fully completed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This has been addressed by HR and staff cannot start until the references requested have been received. All staff files are signed off by RNM before any employee enters the service.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2023</p> | <p>The registered person shall ensure the daily evaluations of care include oversight of the supplementary care records by the registered nurses.</p> <p>This is stated in reference but not limited to the daily intake and output for those patients with a urinary catheter.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: Meeting with all senior staff within the units has addressed the importance of oversight and evaluation of supplementary records in a timely manner and ensuring that reviews carried out addressed any concerns. RNM monitors this during monthly audits.</p> |

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| Area for improvement 5 Ref: Standard 12 Stated: First time To be completed by: With immediate effect | The registered person shall ensure the daily menus are displayed appropriately to ensure staff and patients are aware of what the meal options are. Ref:5.2.2 |
| | Response by registered person detailing the actions taken: Weekly menus are displayed in all three units. Staff also complete a daily menu for the day first thing in the morning and a choice is offered to residents. |

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



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