

Inspection Report

24 January 2024



Bohill Bungalows

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

www.rqia.org.uk

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/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) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 18
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 24 January 2024, from 9.50 am to 5.30 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 spoke positively about the care that they received and about their interactions with staff. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Staff spoken with said that Bohill Bungalows was a good place to work. Staff commented positively about the Manager and described them as supportive and very approachable. Discussion with the management team and staff confirmed that there were good working relationships between staff and management.

Two student nurses were on placement; they both commented on the positive learning experience achieved during their time in the home and that the staff had made every effort to make them feel welcome.

Two questionnaires were returned from patients; they both indicated a satisfied response in regard to the care they receive in the home. One patient commented on the questionnaire; "love it, nothing wrong, all good".

There was no response 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 17 July 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (d) (i) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 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.	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 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.	Not met
	Action taken as confirmed during the inspection: Review of a selection of fluid recording charts did not evidence that they were consistently reconciled daily. This area for improvement has been not been met and will be stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt supported in their role and were satisfied with the current staffing levels. Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

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; compliance rates were observed to be very good.

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 nurse in charge when the Manager was not on duty was identified. Some minor deficits identified with the quality of the duty rota was rectified by the Manager once brought to her attention.

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.

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.

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.

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 or 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 and update them.

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. Examination of the recording of repositioning evidenced that some patients were not repositioned as prescribed in their care plan, an area for improvement was identified.

Topical medicine administration records were reviewed; the records did not consistently evidence two staff signatures on the transcription of the medicine or cream. 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.

There was evidence that the bungalows could do with repainting in several areas in particular the skirting boards and architrave were observed quite worn. This was discussed with the Manager who advised that there are plans to address the areas of concern in due course; progress with this will be followed up on a future inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. In one identified bungalow a number of chairs was observed in the corridor, this was discussed with the nurse in charge and the management team. These chairs are required for patients who have increased care needs and are used by staff when the patient is in their bedroom to allow the patient some personal space. The management team agreed to formulate a risk assessment for the use of these chairs within this bungalow and devise a bespoke fire drill scenario to ensure staff respond appropriately in an emergency situation. Both these documents were shared with RQIA and reviewed by the estates inspector and deemed satisfactory.

A number of notices were observed in polypockets; to aid effective cleaning notices should be laminated, the home Manager agreed to action. A number of staff were also observed wearing jewellery and nail polish; this was discussed with the management team who will address this with the identified individual staff.

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 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.

A number of patients were looking forward to going swimming on the day of the inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

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 adults at risk of harm.

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 Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	0	3*

*the total number of areas for improvement includes one standard that has been stated for a second time.

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.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 12 Stated: Second time To be completed by: 25 January 2024	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The Food and fluid charts have been reviewed and updated to ensure we have consistency over the three nursing bungalows and to include the 24hr totalling. These are signed and checked daily by the Nurse in Charge to ensure totals are reconciled and any deficits highlighted. The Home Manager will include as part of the Home Manager checklist an ad hoc check of same. This has been addressed at staff meetings as part of the agenda.</p>
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 25 January 2024	<p>The registered person shall ensure that patients are repositioned in keeping with their prescribed care.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Repositioning charts are reviewed daily by nurse in charge to ensure patients are repositioned according to their prescribed care plan. Reasons for not carrying out repositioning as prescribed are recorded in the chart to ensure consistency of information and rationale for deviation, (for example when patients are out on social activities). This has been addressed at the staff meetings as part of the agenda. The Home Manager will check records as part of Home Manager checklist and monthly audit of ad hoc records.</p>
Area for improvement 3 Ref: Standard 29 Stated: First time	<p>The registered person shall ensure the prescription details on topical administration medication records are verified and signed by two staff members.</p> <p>Ref: 5.2.2</p>

To be completed by: 25 January 2024	Response by registered person detailing the actions taken: The Topical administration records have been reviewed by the Home Manager and all records verified and signed by two staff. This has been addressed as part of the staff meetings. The Home Manager and Deputy will review same as part of monthly medication audit. The Home manager will review as part of the Home Manager checklist.
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