

Unannounced Care Inspection Report 26 September 2017



Bohill Bungalows

Type of Service: Nursing Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
Tel No: 02870325180
Inspector: James Laverty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 18 persons.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Nicola Cooper	Registered manager: Ms Yvonne Diamond
Person in charge at the time of inspection: Hazel McMullan, acting manager. See section 6.4. for further details.	Date manager registered: 26 February 2016
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	Number of registered places: 18 comprising: NH-PH, NH-PH(E), NH-LD, NH-LD(E) A maximum of 6 patients in categories NH-PH and PH(E) to be accommodated in Bungalow 1 A maximum of 12 patients in categories NH-LD and LD(E) to be accommodated in Bungalows 2 and 3; and a maximum of 6 patients accommodated in each bungalow.

4.0 Inspection summary

An unannounced inspection took place on 26 September 2017 from 09:20 to 16:20 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the holistic culture and ethos of care delivery; communication between staff and patients; staff awareness relating to adult safeguarding and governance arrangements for quality assurance and service delivery.

Areas for improvement under regulation were identified in relation to compliance with Control of Substances Hazardous to health (COSHH), notification of incidents and monthly monitoring visits.

Areas for improvement under standards were identified in relation to care records and infection prevention and control (IPC) practices.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Hazel McMullan, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

4.2 Action/enforcement taken following the most recent inspection dated 15 February 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 February 2017. Enforcement action did not result from the findings of this inspection.

No further actions were required to be taken following this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- pre-inspection audit
- the previous medicines management inspection report

During the inspection the inspector met with three patients and nine staff. No patients' visitors/representatives were available during the inspection. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 11 to 24 September 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the acting manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 February 2017

The most recent inspection of the home was a medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 12 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered provider should ensure that staff are aware of and refer to the national grading system for pressure ulcers.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and nursing staff confirmed that they were aware of and referred to current best practice standards in relation to the grading of pressure ulcers. A national grading system for the assessment of pressure ulcers was on display within nursing stations.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Discussion with the acting manager confirmed that Ms Diamond, registered manager, is temporarily redeployed for operational reasons. As such, Hazel McMullan has been the acting manager effective from 24 July 2017.

The acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. Discussion with the acting manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 11 to 24 September 2017 evidenced that the planned staffing levels were mostly adhered to with the exception of one occasion during which a nursing shift was unable to be filled. Discussion with the acting manager confirmed that an additional carer was on duty to assist the nurse throughout this shift in order to ensure that patients' care needs were satisfactorily met.

Observation of the delivery of care on the day of the inspection provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Throughout the duration of the inspection patients were observed to appear comfortable and at ease within their environment. Staff interaction with patients was also observed to be spontaneous, person centred and enthusiastic.

Discussion with the acting manager and home administrator confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. All staff who were spoken with expressed a high level of satisfaction with the degree of support they receive from the acting manager and confirmed that such support enables them to deliver care to patients in a confident manner.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Discussion with the acting manager confirmed that staff compliance with mandatory training is closely monitored and that staff are contacted if their compliance drops below 95 per cent in order to ensure that they attend such training as soon as possible.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. Discussion with the acting manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The acting manager confirmed that an 'adult safeguarding champion' was identified for the home.

Review of notification records evidenced that the majority of notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. However, an incident which had occurred within the home since the previous care inspection had not been appropriately reported in adherence with legislative requirements. Discussion with the acting manager confirmed that the incident had been appropriately investigated and responded to. It was stressed that all notifiable incidents to RQIA must be submitted within agreed timescales. An area for improvement under regulation was stated.

Discussion with the acting manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas throughout the three bungalows. Fire exits and corridors were observed to be clear of clutter and obstruction. The door leading to a nursing station in one bungalow was observed to have been wedged open. It was also observed that doors providing access to a hot press in three areas were left unlocked. This was discussed with the acting manager and it was stressed that staff must ensure that adequate precautions against the risk of fire are taken at all times in adherence with current fire safety risk assessments and best practice guidance. It was also agreed that doors which provide access to hot presses should remain locked when not in use.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. All patients' bedrooms were personalised with photographs, pictures and personal items. It was also observed that patients' artwork was displayed in some communal areas in order to promote the ethos of the home which endeavours to promote a person centred and homely environment at all times. This good practice is to be commended.

Deficits were observed in relation to the infection, prevention and control. An en suite within one patient's bedroom was found to contain wheelchair equipment which was being stored on the floor of the shower area adjacent to a clinical waste bin. It was further observed that the vinyl flooring within one communal toilet area was also in a state of disrepair. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. This was highlighted to the acting manager and an area for improvement under standards was stated.

During a review of the environment the inspector identified five areas within the home where patients could potentially have had access to several harmful chemicals. This was discussed with the acting manager and an area for improvement under regulation was identified to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The substances were safely stored before the conclusion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to culture and ethos of the home which promoted person-centred and compassionate care; governance processes relating to staff training and mentoring.

Areas for improvement

Areas for improvement under regulation were identified in relation to COSHH and the notification of incidents.

An area for improvement under the standards was identified in relation to Infection prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition and they were encouraged to contribute to the handover meeting.

Discussion with the acting manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. The last staff meeting was conducted on 30 June 2017. A 'residents and relatives' meeting was also conducted on 18 September 2017.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All staff spoken with talked enthusiastically about working within the home and demonstrated a keen sense of pride with regards to the delivery of patient care.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, physiotherapists and speech and language therapists (SALT).

Supplementary care charts, such as repositioning and food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records.

However, weaknesses were highlighted in relation to some care records for patients. While a review of three patients' care records did confirm that a range of validated risk assessments were used and informed the care planning process, it was evidenced that not all risk assessments were signed and dated by nursing staff upon completion. It was further observed that while patients' care plans were written in a comprehensive and holistic manner, not all care plans were signed and dated by nursing staff upon completion. A review of three patients' care records also confirmed that there were care plans in use which had no written record to confirm that they had been written in collaboration with either the patient and/or their relative/representative. These deficits were discussed with the acting manager and two areas for improvement under the standards were stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork within the home and multidisciplinary collaboration.

Areas for improvement

Two areas for improvement under the standards were identified in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Discussion with the acting manager and staff confirmed that communication with patients often required a highly knowledgeable and focused approach due to patients' varying care needs. Observation of staff interaction with patients evidenced the provision of such care and this is to be commended.

Three patients were spoken with by the inspector individually while other patients were observed in small groups. All patients appeared content within their environment and engaged enthusiastically and comfortably with staff on duty.

Staff demonstrated an intimate knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and at ease in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

A review of the exterior grounds highlighted the use of garden areas which promoted patient interaction and relaxation. It was also noted that commemorative outdoor seating was also in place in memory of previous patients within the home. The provision of such an outdoor area which focuses on and promotes patient comfort and dignity is commended.

It was further observed that staff had created a written and accessible guide for prospective patients being admitted into the home. This guidance provided information such as:

- the names of staff who would be providing care,
- the activity programme available,
- photographs of various rooms throughout the home.

This approach to managing the admission of patients in a compassionate and person-centred manner is also recognised as good practice and the efforts of staff in this regard is commended.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff who were not on duty to complete and 10 for relatives. No completed questionnaires were returned within specified timescales. Any questionnaire feedback received after the specified timescales will be shared with the acting manager as appropriate.

Observation of the lunch time meal in one of the bungalows evidenced that patients were given a choice in regards to the meals being served. The dining area being used appeared to be clean, tidy and appropriately spacious for patients and staff although all patients were observed eating within their bedrooms which was their expressed preference. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Staff were overheard encouraging patients to eat and drink in a compassionate manner and offering alternative meals if necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communicating with patients and taking account of their views; awareness of and adherence to the dietary requirements and preferences of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. All staff who were spoken with were able to describe their roles and responsibilities.

Discussions with staff provided evidence that they considered the registered manager and acting manager to be very supportive and approachable. Discussion with staff and a review of records evidenced that the acting manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The acting manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the acting manager evidenced that the home was operating within its registered categories of care.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to:

- the administration of medicines
- fire safety
- care records
- the use of restraint

However, review of the monthly environmental audit highlighted that while an action plan had been generated in July 2017, it had no timescales for completion and did not evidence which points had been effectively addressed. Discussion with the acting manager confirmed that three of the four deficits listed on the action plan had been addressed. It was also highlighted that while an accident and incident analysis had been produced on a monthly basis, the analysis relating to June and July 2017 did not evidence any review by the registered manager. It was stressed that a robust audit process must be maintained in respect of all audits in order to ensure quality assurance and effective care delivery. This will be reviewed during future care inspections.

Discussion with the acting manager confirmed that questionnaires relating to service delivery had been distributed to patients and/or their relatives/representatives on a yearly basis. The findings of these questionnaires were found to be on display within the home.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the acting manager and review of records evidenced that the majority of monthly monitoring reports were available in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. However, it was noted that the monthly monitoring visit record for July and August 2017 was not available on the day of inspection. It was further highlighted that the monthly monitoring record relating to June 2017 had not been countersigned by the registered manager. This was discussed with the acting manager and it was stressed that all monthly monitoring visits should be available at all times and counter signed by the registered/acting manager as appropriate. Following the inspection, senior management confirmed that although a monthly monitoring visit was conducted during August 2017, one had not been conducted during July 2017. As such, an area for improvement under regulation has been stated.

The complaints procedure was clearly displayed. Records confirmed that no complaints were received during August 2017 and that one complaint was received during September 2017. Although this complaint had been investigated by the acting manager, it had not been recorded within the home's complaints records in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. This was discussed with the acting manager and it was agreed that all complaints should be recorded within the home's complaints records.

Staff recruitment information was available for inspection and records for one staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in regards to the management and support of staff.

Areas for improvement

An area for improvement under regulation was identified in relation to the provision of monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Hazel McMullan, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Storage for COSHH products are all within locked doors, this will be monitored by house managers and management team.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all notifiable incidents are reported to RQIA and any relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Notifiable incident was sent through to RQIA on 04th October 2017 following discussion with inspector. All staff aware of protocol to follow.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that monthly monitoring visits are conducted at least once a month in accordance with legislative requirements and that a written record of such visits is made available within the home upon appropriate request.</p> <p>Ref: Section 6.7.</p>
	<p>Response by registered person detailing the actions taken: All recent monitoring visits have taken place and copies are held on site.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 24 October 2017	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Bathroom discussed on day of inspection has been cleared. Request for flooring has been made. Management continue to complete monthly infection control audits and take action where required</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 24 October 2017	<p>The registered persons shall ensure that all patients' care plans and risk assessments are signed and dated by nursing staff upon completion.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: This was actioned and reported to inspector on 28th September 2017. House managers advised to monitor this during care plan audits.</p>
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 24 October 2017	<p>The registered persons shall ensure that all patients' care plans evidence that they have been written in collaboration with patients and/or their relative/representative.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Commenced work in this area. Due to limited contact with some families, it can be difficult to involve representative, will continue to show evidence of contact made.</p>

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



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