

Inspection Report

28 September 2021



Bohill Bungalows

Type of Service: Nursing Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited	Registered Manager: Mrs Andrea McCook
Responsible Individual: Mrs Nicola Cooper	Date registered: 29 January 2020
Person in charge at the time of inspection: Andrea McCook	Number of registered places: 18
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: 14
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 28 September 2021, from 10.00am to 6.00pm 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.

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.

Areas requiring improvement were identified in regards to management of unwitnessed falls, fire safety, staff training records and infection prevention control measures.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and services provided in Bohill Bungalows was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 and 'Tell Us' cards 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?

Five patients were consulted during the inspection. Patients told us they had good experiences living in the home and they liked the meals provided.

Five staff members were spoken with during the inspection they said they were happy working in the home.

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 14 January 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that all nutritional records are reflective of the IDDSI terminology.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Standard 16 Stated: First time	The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction is determined.	Met
	Action taken as confirmed during the inspection: A review of records evidenced 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 all necessary recruitment checks were in place prior to commencing employment. Completed staff induction records had not been signed. This was discussed with the manager for action and review.

There were systems in place to ensure staff were trained and supported to do their job. A staff training matrix was in place which included staff from both the nursing home and the residential home. Separate records should be maintained, in line with the home's registration. An area for improvement was identified.

In addition, some staff had not completed mandatory training such as manual handling and adult safeguarding. The manager advised that this was due to difficulties with the internal booking system. Following the inspection, the manager provided written confirmation that training in these areas had been arranged for staff.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

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.

Observation during the inspection evidenced 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. For example' staff supported patients' who wished to spend time in the communal areas of the home and those who wished to remain in their own rooms.

Staff said that team work was good and everyone worked well together. Staff told us that staffing levels in the home were usually good; however, due to the ongoing pandemic and short notice absences these were not always achieved. This feedback was discussed with the manager who advised us of the system in place to manage short notice sickness and ongoing recruitment

Staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said staff were friendly and it was evident that they knew the patients well.

5.2.2 Care Delivery and Record Keeping

Staff communicated well with patients who had difficulty in making their wishes or feelings known. Staffs responded promptly to patient's requests for assistance and were knowledgeable about their daily routines.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, crash mats or bedrails were in use, patient areas were free from clutter, and staff were seen to support or supervise patients with limited mobility. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

Records confirmed that in the event of a patient falling, a post falls protocol was in place. A review of records evidenced, for one fall, the post falls observations had not been consistently recorded. An area for improvement was identified.

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.

During the lunch time meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the patients nutritional needs and provided assistance and support as needed.

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; however snacks taken by the patients were not recorded. This was discussed with the manager who agreed to address this.

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' records were stored confidentially however, patient records in regards to nutrition and personal care were accessible in the dining room of Causeway Bungalow. The manager confirmed post inspection that lockable cupboards had been purchased to address this.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were 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. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that in general the home was clean, tidy and well maintained.

Patients' rooms were tastefully decorated and patients said they were happy with their rooms. Patients' rooms were personalised with items of memorabilia which was important to them.

Some of the doors to the nurses' stations and one bedroom door were observed to be wedged open impeding closure in the event of a fire. This was discussed with the manager and an area for improvement was identified.

Some equipment, such as the underside of shower chairs, was not effectively cleaned. Incontinence products were observed to be stored out of packet within the patient's en-suite bathrooms and open packets of patient wipes were observed not stored appropriately in some of the communal bathrooms. This was discussed with the manager 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. For example, the home participated in the regional testing arrangements for patients, staff and care partners 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 DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Patients' needs were met through a range of individual and group activities, such as art, music activities and movies. Patients were observed taking part in a game called "Stop the Bus" and were keen to explain the rules to the inspector. The activity therapist explained the planned activities including making decorations and development of a "scary corner" for Halloween, use of the sensory room and other planned seasonal events. A wide range of activities were on offer such as drama club, art therapy, and storytelling and beauty days.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls. Visiting was in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection. Mrs Andrea McCook has been the Registered Manager in this home since 29 January 2020.

There was evidence of a robust system of auditing in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service has an adult safeguarding champion appointed, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. The annual safeguarding report produced by the home contained information for the nursing home and residential home. These reports should be separate for each service. This was discussed with the manager and is included in the previous area for improvement as identified in section 5.2.1.

Patients said that they knew how to report any concerns and said they were confident that their concerns would be addressed. Review of the home's record of complaints evidenced a robust system was in place for the management of complaints.

Staff 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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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; where action plans for improvement were put in feedback for these reports.

6.0 Conclusion

The home was clean, bright and welcoming. Staff engaged positively with patients and chatted with patients in a friendly manner about daily life in the home.

The staff were seen to be responsive to patients' requests and had a good knowledge of their individual needs, likes and dislikes.

The staff worked well as a team and were aware of their roles and responsibilities in regard to the care of patients.

Based on the inspection findings four areas for improvement were identified. Compliance with these areas for improvement will further enhance the service provided in Bohill Bungalows.

7.0 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
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrea McCook, manager 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: Immediately and ongoing	<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: 5.2.2</p> <p>Response by registered person detailing the actions taken: Falls SOP has been recirculated to all nursing bungalows with guidance that any neuro obs charts completed should be forwarded for attachment to RQIA notification & Datix report as evidence. In addition all falls should be reviewed via the flash meeting daily to ensure all actions have been taken as required</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: Immediately and ongoing	<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.</p> <p>Ref: 5.2 3</p> <p>Response by registered person detailing the actions taken: All bungalows requested to cease this practice with immediate effect. The doors affected require magnetic closers installed and this has been raised with the held desk for costing and subsequent installation. This will be checked as part of the managers daily quality walk round</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 31 December 2021	The registered person shall ensure that a separate records are kept for the nursing home and Strand House residential home. Ref: 5.2.1 and 5.2.5
	Response by registered person detailing the actions taken: The nursing and residential documentation has now been separated as far as able to at site level.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that the infection prevention control issues as outlined in this report are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: IPC QWR completed and staff reminded regarding storage of open packets of wipes & incontinence wear. These are now stored in plastic lidded containers. All shower chairs, weighing chairs etc have been checked and thoroughly cleaned. Staff reminded to ensure they are washed down after use. This has been added to the cleaning checks and will be checked as part of the Managers QWR and environmental QWR

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