



The **Regulation** and
Quality Improvement
Authority

Bohill Bungalows
RQIA ID: 12199
69 Cloyfin Road
Coleraine
BT52 2NY

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Unannounced Care Inspection
of
Bohill Bungalows

15 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 15 July 2015 from 10.10 to 16.00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in this report as there were no requirements or recommendations made.

In reference to section 5.2 of this report recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 16 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Parkcare Homes No 2 Ltd Sarah Hughes	Registered Manager: Marlene Featherstone
Person in Charge of the Home at the Time of Inspection: Marlene Featherstone	Date Manager Registered: 16 January 2015
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 24
Number of Patients Accommodated on Day of Inspection: 19	Weekly Tariff at Time of Inspection: £1300 - £6000

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection the delivery of care and care practices were observed. An inspection of the general environment was also undertaken. The inspection process allowed for consultation with the majority of patients, four care staff, two registered nurses, one visiting professional and one relative.

The following records were examined during the inspection:

- policies and procedures pertaining to the inspection themes
- a selection of duty rotas from 1 June – 5 July 2015
- training records
- selection of staff induction records
- a selection of competency and capability assessments for the nurse in charge of the home in the absence of the manager
- complaints records
- outcome of customer satisfaction survey.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 28 January 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as appropriate for the health and welfare of patients.</p> <p>Reference to this is made that the domestic / housekeeping cover must be maintained over a seven day period.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the staff duty rotas confirmed that domestic / housekeeping cover was maintained over a seven day period.</p>	
Requirement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(c) Ensure that persons employed by the registered person to work at the nursing home receive –</p> <p>(i) Appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>Reference to this is made in that all staff in Causeway House bungalow must be in receipt of up to date training in challenging behaviour / MAPPA.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the training records and a discussion with the registered manager confirmed that MAPA training had been completed by appropriate staff. Review of the training planner indicated that ongoing updates for MAPA had been scheduled.</p>	

Requirement 3 Ref: Regulation 14 (6) Stated: First time	On any occasion on which a patient is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to RQIA as soon as practicable. Reference to this is made in respect of incidents of challenging behaviours where staff and nursing interventions are utilised.	Met
	Action taken as confirmed during the inspection: Review of notifications to RQIA since the last care inspection and discussion with the registered manager evidenced that any incident of challenging behaviour was appropriately reported.	

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice. Guidance was also available on 'Breaking Bad News' to people with intellectual disability. Discussion with staff confirmed that they were knowledgeable regarding this policy, procedure and guidance.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Recording within records included reference to the patient's specific communication needs and actions required to deal with barriers such as, language, culture, cognitive ability or sensory impairment. Care planning and risk assessments associated with communicating were evidenced to be comprehensive and individualised. The level of detail, assessment and planning was commendable.

The organisation employs a 'Positive Behaviour Support' lead nurse who assists patients on a long term 'one to one basis' to develop positive behaviour plans. One aspect of this support included the development of communication through use of, 'objects of reference'. Patients would use specific objects to elicit a response. For example, a patient could hold up an empty cup to let staff know they were thirsty.

There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Discussion with the registered manager and staff confirmed that the breaking of bad news was not confined to the area of death or dying but encompassed all the aspects of daily living. Inspectors were impressed with the knowledge and understanding demonstrated by staff spoken with.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was clearly demonstrated that communication was compassionate and considerate of the patient's needs and that patients were treated with dignity and respect. Observation evidenced patients being assisted to redirect their anxieties by staff in a very positive way.

The inspection process allowed for interaction with the majority of the patients. Discussion also took place with some patients individually. Patients who could verbalise their feelings on life in Bohill Bungalows commented positively in relation to the care they were receiving. Patients who could not verbalise their feelings appeared, by their demeanour, to be relaxed and comfortable in their surroundings and with staff.

Discussion with one relative confirmed that staff were professional, caring, and attentive and kept them informed of any and all changes in the care of their loved one. If any concerns were raised they were addressed.

Areas for Improvement

There were no areas of improvement identified for the home in respect to communication.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. Best practice guidance such as the NICE Guidelines in Palliative Care 2011, Living Matters / Dying Matters 2010; GAIN guidelines in palliative care 2013 and One Chance To Get It Right 2014 were available.

On the day of inspection no patients presented under the focus of palliative care and no patients were at the end of life however training in palliative care had been scheduled for care assistants in July 2015 and for registered staff in August 2015.

Discussions with the registered manager and staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life. Links with local GP practices and palliative care support was available and could be accessed if required.

Is Care Effective? (Quality of Management)

The review of two patients' care records evidenced that the individual needs and wishes of patients regarding the end of life care was being addressed through the completion of a booklet entitled, 'When I Am Very Sick Or Might Die'. The booklet refers to all aspects of

death and dying and recorded the patient's wishes and requests which were to be actioned in the event of their death. The registered manager confirmed that the use of the booklet was considered carefully and implemented appropriately. This innovative practice is to be commended.

Discussion with the registered manager and a review of notifications of death to RQIA during the previous inspection year was appropriate.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of the booklet mentioned above evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Care plans reviewed were found to be very detailed comprehensive and patient centred.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with someone when they were very ill or dying.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Areas for Improvement

There were no areas of improvement for the home in respect of this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Staff duty rotas

A review of the staff duty rotas over a four week period in June 2015 evidenced they had been transcribed in pencil and not black ink which is the recommended method. This was discussed with the registered manager who agreed with the findings and gave assurances that transcribing in pencil would cease. RQIA received an email from the registered manager on 17 July 2015 to confirm that she had addressed this matter.

5.4.2 Consultation with patients, staff and patient representative/relatives

Review of a customer satisfaction survey carried out by the home in March 2015 evidenced that respondents felt the quality of care provided by the home was excellent and patient needs were met very well. Patient representatives and relatives felt very much involved in the care planning process and felt their opinions were always listened too. An improvement was suggested regarding the employment of a full time bus driver. Since the survey was undertaken a full time bus driver has been employed.

In addition to speaking with staff on duty six questionnaires were provided for staff not on duty. The registered manager agreed to forward these to the staff selected. At the time of writing this report none had been returned.

Six questionnaires were also provided for patient representatives/relatives. At the time of writing this report none had been returned.

5.4.3 Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms and bathrooms in each of the bungalows. In one bungalow inspectors were shown around by one of the patients. Each bungalow was found to be warm, well decorated and spotlessly clean throughout.

Areas for Improvement

There were no areas of improvement for the home in respect of the additional areas examined.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

5.6 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.7 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Marlene Featherstone	Date Completed	24 August 2015
Registered Person	Sarah Hughes	Date Approved	24 August 2015
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	08/09/2015

Please provide any additional comments or observations you may wish to make below:

**Please complete in full and return to RQIA nursing.team@rqia.org.uk **