

Inspection Report

Name of Service: Strand House – Bohill Bungalows
Provider: Healthcare Ireland (No4) Limited
Date of Inspection: 30 August 2024

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:	Healthcare Ireland (No. 4) Limited
Responsible Individual:	Andrea Louise Campbell
Registered Manager:	Lorna King
<p>Service Profile – This home is a registered residential home which provides social care for up to six persons. The residents have their own bedrooms and access to communal living and dining spaces, as well as communal garden.</p> <p>Three further detached bungalows are situated on the same site; this is a registered nursing home with separate management arrangements.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 August 2024, from 9.50 am to 3.10 pm by care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 July 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents who were able to share their opinions on life in the home said or indicated that they were well looked after. Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Three resident questionnaires were returned and all commented positively about living in Strand House. Resident comments included; "I love it here, all the staff look after me well and I feel safe", "I couldn't wish to live in a better place, this is my home", "The staff keep me very safe, this is my forever home".

A questionnaire returned from a relative described the staffing team as "amazing; nothing is too much trouble and commented that their family member receives fantastic care".

Discussion with residents and staff confirmed that residents were able to choose how they spent their day. Residents spoke about how they enjoyed regular shopping trips and going with others to the activity room.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty during the day. However, review of the duty rota did not evidence that there was enough staff on at night for the assessed needs of the residents. This was discussed with the management team who acknowledged this shortfall and agreed to review and amend the staffing to meet the assessed needs of the residents.

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. However, there was limited evidence that resident well-being observations were conducted by care staff after a resident had fallen to ensure the resident did not present unwell or have any complications from falling. This was discussed with the manager who advised of plans to implement a new system in regard to post fall observations. This will be reviewed at the next care inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation and discussion with staff evidenced that the residents are very much involved in the planning of the meals in Strand House and the residents enjoy a take away meal once a week. The residents spoken with commented positively about the food provided in the home.

The importance of engaging with residents was well understood by the manager and staff. Each resident has an individual activity planner and make use of the large activity room located in another bungalow on the same site. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Activities for residents were provided which involved both group and one to one activities. Residents also commented about frequent days out to go shopping or visit family.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Review of care records specifically to record when the care staff provided personal care to the residents' evidenced that these records were not always dated. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Residents' Environment

The home was tidy and welcoming. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of some high level dust but once this was brought to the manager's attention it was addressed. The manager also advised of an ongoing refurbishment plan and this was shared with the inspector. Progress with this plan will be followed up at the next care inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Lorna King has been the manager in this home since 2017.

Residents and staff commented positively about the manager and described her as very supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

*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 Lorna King, Registered 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 Residential Care Homes Minimum Standards (version 1.1 Aug 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure the following in regard to resident's supplementary care records:</p> <ul style="list-style-type: none"> • all records are dated • resident engagement in activity records are evaluated meaningfully. <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All supplementary records now have the month and date pre-populated to ensure going forward that the month and date are easily identified.</p> <p>There is a new platform in place the OOMPH activity programme. It is a very beneficial tool that is used to monitor and evaluate the activities our residents participate..</p> <p>All activities the resident participate and or decline are recorded on the OOMPH platform. The platform enables a record</p>

	<p>to be maintained of residents level of engagement , enjoyment, mood and time spent doing activity.</p> <p>On OOMPH platform, reports can be generated and this can identify outcomes of activities. These reports enable us to have an overall picture of how to ensure and address any issues identified from the reports.</p> <p>This will be printed for file going forward to evidence outcomes.</p>
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