



The Regulation and  
Quality Improvement  
Authority

**Bohill House**  
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BT52 2NY

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**Unannounced Care Inspection  
of  
Bohill House**

**24 February 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 24 February 2016 from 10:45 to 14:00 hours.

This inspection was underpinned by **Standard 41 - Staffing**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Bohill House which provides both nursing and residential care.

### 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 17 August 2015.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Tracey Henry, the Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Priory care Homes Number 2 Ltd Mrs Caroline Denny – Responsible Person	<b>Registered Manager:</b> Mrs Tracey Henry
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Tracey Henry – Registered Manager	<b>Date Manager Registered:</b> 15 August 2011
<b>Categories of Care:</b> NH – I, DE and PH RC – DE One named person within category NH-PH Maximum of 36 persons within category NH-DE Maximum of 18 persons within residential care (RC)	<b>Number of Registered Places:</b> 80
<b>Number of Patients Accommodated on Day of Inspection:</b> 77	<b>Weekly Tariff at Time of Inspection:</b> Nursing - £616 - £671 Residential - £486

## 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 standard has been met:

### Standard 41 – Staffing

## 4. Methods/Process

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

- discussion with the registered manager
- discussion with staff on duty
- discussion with patients and one relative
- observations of care practices
- review of selected records pertaining to the inspection focus
- observation of the home environment
- feedback and discussion at the conclusion of the inspection.

Prior to inspection the following records were analysed:

- notifiable events submitted to RQIA since 17 August 2015
- the registration status of the home
- verbal and written communication received by RQIA
- the returned quality improvement plan from the care inspection conducted on 17 August 2015
- the last care inspection reports
- the inspector's pre inspection assessment.

During the inspection, the inspector met with nine patients individually and with others in groups, one relative, three care staff, two registered nurses, and one member of the ancillary support team.

The following records were examined during the inspection:

- nursing and care staff duty rotas for the nursing unit from 4 January to 28 February 2016
- a selection of staff induction records and competency and capability assessments
- nurse in charge of the home in the absence of the registered manager competency and capability assessment
- training schedules/planner
- four patient care records
- the home's statement of purpose.

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from the Previous Inspection**

The previous inspection of the home was an unannounced care inspection dated 17 August 2015. There were no requirements or recommendations made as a result of this inspection.

### **5.2 Standard 41 - Staffing**

#### **Is Care Safe? (Quality of Life)**

The home's Statement of Purpose confirmed the number and qualifications of staff employed by the home to meet the needs of patients and residents.

Review of duty rotas confirmed that the planned staffing for the home was adhered to.

Discussion with the registered manager and review of a sample of recruitment records, induction templates and competency and capability assessments for staff confirmed that the registered manager ensured staff were suitably qualified to work in the nursing home.

Review of records also confirmed that the registered manager ensured that a competent and capable nurse was in charge of the home at all times.

Staff spoken with confirmed that they had completed induction training when they commenced their employment with the home.

Review of training records and discussion with the registered manager and staff evidenced that staff were enabled to attend mandatory and other training necessary for them to fulfil their role and function within the home.

Staff spoken with were knowledgeable of their role and function within the home.

### Is Care Effective? (Quality of Management)

Review of duty rotas for nursing and care staff from 1 January to 28 February 2016 evidenced that staffing levels were maintained in accordance with the home's statement of purpose and the staffing levels discussed at the commencement of the inspection.

The duty rota indicated the registered nurse designated to be in charge of the home in the absence of the registered manager.

The duty rota included the hours worked by the registered manager and each grade of staff employed.

The registered manager confirmed that she reviewed the staffing levels based on patient's assessed needs and dependency on at least a monthly basis and that staffing levels were adjusted as required. .

Staff spoken with confirmed that they were managed and supported appropriately and worked well as a team.

### Is Care Compassionate? (Quality of Care)

Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

It was clearly demonstrated that there were good relationships between staff of all grades and patients.

Patients spoken with confirmed that they were treated with dignity, respect, that staff were kind and caring and that they felt safe and well cared for.

The relative spoken with was happy with the care their loved one received and complimented the support they [the relative] received from staff too.

### Areas for Improvement

There were no areas for improvement identified in relation to staffing.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.3 Additional Areas Examined

### 5.3.1. Environment

A review of the home's environment was undertaken which included observation of a random sample of bedrooms, bathrooms, lounges, dining rooms and stores/sluices on each floor.

The home was undergoing a refurbishment programme, at the time of inspection, which included the painting of communal areas. Discussion with the registered manager, the maintenance person and review of risk assessments confirmed that the process was appropriately planned and managed.

The inspector did observe that some paint pots had been left in an area which had the potential for patients/staff to trip over them. This was brought to the attention of the maintenance person who addressed the matter immediately. The registered manager provided assurances that she would monitor how items were stored by the painters until their work was completed. The home's aligned estates inspector was contacted by the care inspector during the inspection in relation to the storage of paint and advice was given, by telephone, to the registered manager.

The home was found to be warm, fresh smelling and clean throughout. Patients were observed relaxing in their bedrooms or in one of the lounges. Patients spoken with were complimentary in respect of the home's environment. Staff confirmed that patients were disturbed as little as possible during the refurbishment programme.

The inspector commended the efforts of the housekeeping staff.

### 5.3.2. Care records

Review of four patient care charts in relation to repositioning to prevent pressure damage evidenced that day staff recorded the delivery of care consistently. However, in two records within the general nursing unit gaps of between four and six hours were observed during the night duty period. In one record reviewed it was noted that at 11:50 hours the staff had already recorded the repositioning of the patient for 12 midday. While it was acknowledged that the difference was 10 minutes, it was important that staff accurately recorded the timing of the care delivered. A recommendation was made.

Details were discussed with the registered nurse in charge of the unit and the registered manager. The inspector commended the response of the registered nurse to the evidence presented.

#### Areas for Improvement

It was recommended that staff record the delivery of care contemporaneously over the 24 hour period to evidence care has been delivered as planned.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Tracey Henry, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 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.

## 6.2 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.

## 6.3 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](mailto: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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 March 2016.	The registered manager should ensure that staff record the delivery of care contemporaneously over the 24 hour period to evidence care has been delivered as planned.  Ref: Section 5.3.2		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> It has been reiterated to staff to ensure that the delivery of care recorded is completed at the time of care provided and in accordance with accuracy of records.		
<b>Registered Manager Completing QIP</b>	Tracey Henry	<b>Date Completed</b>	15/03/16
<b>Registered Person Approving QIP</b>	Caroline Denny	<b>Date Approved</b>	15/03/16
<b>RQIA Inspector Assessing Response</b>	Lyn Buckley	<b>Date Approved</b>	18/03/16

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**