

# Announced Premises Inspection Report 06 April 2016



## Bannview House

23 Bannview Road, Banbridge, BT32 3RL

Tel No: 028 4066 0110

Inspector: Raymond Sayers

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Bannview House took place on 06 April 2016 from 10.00 to 15.15hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified for attention by the registered person. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Some issues were however identified for attention by the registered person. Refer to section 4.4.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the QIP within this report were discussed with Mrs. Roberta Wilson, Registered 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service Details

<b>Registered organisation/registered person:</b> Priory (Warrenpoint) Limited	<b>Registered manager:</b> Mrs. Roberta Wilson
<b>Person in charge of the home at the time of inspection:</b> Mrs. Roberta Wilson	<b>Date manager registered:</b> 22 December 2015
<b>Categories of care:</b> NH-I, NH-DE, NH-PH, RC-I	<b>Number of registered places:</b> 80

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with: two residents, kitchen, laundry and building maintenance staff.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to maintenance inspections of building engineering services, legionellae risk assessment, fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the previous inspection dated 06/10/15

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the medicines management inspector on 11/11/15; reference IN022445.

This inspection report was not reviewed as part of this inspection. Requirements and recommendations will be carried forward to next care inspection.

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 10/05/13

Last premises inspection statutory requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulations 27. (4)(c),(d)(iii) &(iv) <b>Stated:</b> First time	Submit confirmation that emergency lighting system maintenance engineer report recommendations have been implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> BS5266 certificate reviewed.	
<b>Requirement 2</b> <b>Ref:</b> Regulations 27. (4)(c),(d)(i) &(iii) <b>Stated:</b> First time	Complete a survey and assessment of all fire doors; implement repairs to reinstate doors to Northern Ireland Health Technical Memorandum 84 standard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repairs implemented; works continuing to complete 6 July 2015 fire risk assessment report recommendations.	
Last premises inspection statutory recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	Submit verification that the Thermostatic Mixing Valves (TMVs) receive periodic maintenance inspection/testing in compliance with a valid health and safety policy, and risk assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Maintenance records viewed as compliant.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 36.4 <b>Stated:</b> First time	Liaise with the facility fire safety consultant to verify that the facility fire safety awareness training is compliant with good practice and NIHTM84.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire safety training compliant with NIHTM84	

### 4.3 Is care safe?

A range of building services maintenance documents were presented for review during this premises inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment, which was completed by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection, and are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. Fire risk assessment remedial works in progress and a range of measures have been carried out to address the action plan of the risk assessment. Further works to carry out repairs to five fire doors are scheduled for works action.  
See recommendation 1 on the attached Quality Improvement Plan.
2. BS7671 Periodic Inspection Report for the electrical installation IPN4/0340098 dated 03 March 2016 received and reviewed; A number of C3 observations/improvements are recommended. The home manager indicates that the report will be assessed, and a works action plan will be drafted for implementation.  
See recommendation 2 on the attached Quality Improvement Plan.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

One issue was however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

**Areas for improvement**

1. A number of floor coverings and wall finishes were noted as having sustained wear and tear damage; the home manager indicates that a refurbishment programme is currently under consideration. Redecoration works are completed on a continuing basis by the facility maintenance person. See recommendation 3 on the attached Quality Improvement Plan.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.5 Is care compassionate?**

The accommodation reviewed during this premises inspection was well presented, comfortable, clean, free from malodours and adequately lit  
 Service users are consulted about decisions around redecoration and the private accommodation where appropriate.  
 This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

Premises related policies and documents are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises. Adequate support and resources are provided by the Registered Responsible Person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.  
 This supports a well led service.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Roberta Wilson, 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.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 48.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> In accordance with fire risk assessment action plan schedule.</p>	<p>The Registered Person should ensure that the remaining works to implement the fire risk assessment action plan are completed in a prioritised and effective manner.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Estimates have been given for replacement fire doors. Company estates manager (Lee Lewis amore Estates Manager) liaising with company to facilitate works.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 47.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> In accordance with periodic inspection report recommendations</p>	<p>The Registered Person should assess, prioritise and implement the BS7671 electrical installation report recommendations.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Contractor who completed electrical installation inspection and report has included recommendations (minor) in routine maintenance schedule. These will be completed at the next preventative maintenance check (Lee Lewis Amore Estates Manager)</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 September 2016</p>	<p>The Registered Person should complete a condition survey of all interior finishes, and implement a planned prioritised works schedule to ensure the interior environment is maintained effectively.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Quotation received for replacement flooring and painting. Forwarded to Operational Director for approval and finance capitol (CAPEX) spend.</p>

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





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