



Unannounced Care Inspection Report 22 January 2021 & 05 February 2021



Bannview House Care Home

Type of Service: Nursing Home (NH)

Address: 23 Bannview Road, Banbridge, BT32 3RL

Tel No: 028 4066 0110

Inspectors: Linda Parkes & Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 58 patients.

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Samantha Russell – acting manager
Person in charge at the time of inspection: Samantha Russell	Number of registered places: 58 A maximum of 15 patients in category NH-I, 41 patients in category NH-DE and 2 patients in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 45

4.0 Inspection summary

An unannounced care inspection took place on 22 January 2021 from 11.20 to 17.45 hours. A remote finance inspection was undertaken on 05 February 2021 from 14.00 to 15.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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 following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- patients' records
- governance and management
- management of patients' finances

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tracy Henry, Operations Director, Samantha Russell, Manager and Laura Sands Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

*The total number of areas for improvement includes two which have been stated for a second time.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with five patients individually, small groups of patients in lounges and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Two patients' representative responses were received within the timescale specified. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 11 January 2021 to 24 January 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports

- compliments records
- two patients' reposition charts
- two patients' food intake charts
- eight patients' care records
- RQIA registration certificate
- a sample of patients' financial records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 February 2020. Of the five areas for improvement carried forward from the last inspection three were assessed as met, one assessed as not met and one assessed as partially met.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 5 (1) (a) (b) Stated: Second time	The registered person shall ensure that there is evidence that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their residency in the home.	Met
	Action taken as confirmed during the inspection: Discussion with staff confirmed that since the last finance inspection on 21 October 2019 all patients were provided with a written agreement. A review of one patient's written agreement confirmed that the agreement set out the terms and conditions of the patient's residency within the home. This area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 2.8 Stated: First time	<p>The registered person shall ensure that patients' individual written agreements are updated to reflect any changes including the regional annual change in fee arrangements. Changes to each patient's agreement with the home should be agreed in writing by the patient or their representative.</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of one patient's written agreement showed that the agreement was not updated to include the current weekly fee paid by, or on behalf of, the patient. A list of the current charges for additional services provided to patients e.g. hairdressing was included in the agreement.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
Area for improvement 2 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that records of patients' furniture and personal possessions are checked at least quarterly by two staff members. The record of the check performed should be signed and dated by both staff members.</p>	Partially met
	<p>Action taken as confirmed during the inspection: A review of one patient's property records evidenced that since the last finance inspection on 21 October 2019 the records had been updated and reconciled in line with the Care Standards for Nursing Homes (2015). However, the last record of the reconciliations was 17 August 2020.</p> <p>Discussion with staff confirmed that this procedure was temporarily suspended due to Covid-19 restrictions. The manager confirmed that this procedure will resume as from the date of this inspection. The records of the reconciliations up to 17 August 2020 were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 14.31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a separate bank account should be in place to hold resident comfort fund monies distinct from other monies. A reconciliation of the bank accounts managed on behalf of patients should be carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed that patients' comfort fund monies are now retained in a separate bank account from patients' personal monies. The manager also confirmed this by email on 4 February 2021. Reconciliations of the bank accounts are undertaken at the home's head office. This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a home is responsible for managing a patient's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>Action taken as confirmed during the inspection: Discussion with staff confirmed that Personal Allowance Contracts authorising members of staff to make purchases on behalf of patients were in place for all patients. A review of one patient's personal allowance contract showed that the contract listed the items members of staff were permitted to purchase on behalf of the patient.</p> <p>The contract was signed by the patient's representative and a representative from the home. This area for improvement has been met.</p>	<p>Met</p>

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all patients in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate photographs, the provision of clocks and prompts for the date.

Observation of the cleaner's store in Bronte Unit, evidenced that it was unlocked as the key pad lock had not been activated. A large number of cleaning products could be easily accessed. The safe storage of chemicals was discussed with the manager and an area of improvement under regulation was identified.

Pull cords in bathrooms throughout the home were seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice.

Bathrooms in the home were generally tidy. However, an identified bathroom in Downshire Unit was seen to have equipment stored inappropriately. This was discussed with the manager who advised she would address the issue. Correspondence from the manager on 26 January 2021 advised that the bathroom had been cleared on the evening of inspection.

In Bronte Unit a bin in an identified bathroom was observed to have no lid which did not adhere to infection prevention and control best practice. This was discussed with the manager who advised she would address the issue.

Information displayed on notice boards throughout the home was generally observed to be laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice. However, two notices were observed not to be laminated. This was discussed with the manager who addressed the issue immediately. Correspondence from the manager on 26 January 2021 advised that all information posters on display have been laminated.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 11 January 2021 to 24 January 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Discussion with patients and staff and review of the activity planner evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. A patient showed the inspector a calendar she had enjoyed making.

We observed the serving of the lunchtime meal in Scarva Unit. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks and how to modify fluids. The menu for the day was displayed on the notice board in a suitable pictorial format, however it was noted that it had not been updated since 30 December 2020. The menu in Bronte Unit was observed to be displayed in written format. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime so that patients know what is being served. This was discussed with the manager and an area for improvement was identified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Bannview House Care Home. We also sought the opinion of patients and their representatives on staffing via questionnaires. Two relative questionnaires were returned within the timescale specified and both indicated that they were very satisfied that there were sufficient staff in the home to provide effective care and that staff were kind and compassionate.

Three patients commented:

"Lunch was nice. I've no concerns."

"I'm well and the staff look after me well."

"The staff are good. I've no concerns."

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks were received by the home. Some of the comments recorded included:

"Thank you for all the care you gave ... it was very reassuring for us to know he was well cared for."

"We sincerely want to thank everyone for everything they did over the years to make mum's stay comfortable, happy and pleasant."

6.2.3 Patient records

Review of three patients' care records evidenced that care plans regarding falls management and wound management were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Three patients' care records were reviewed regarding pressure relief. Two patients' records were clearly documented to direct the care required and appropriate risk assessments and evaluations had been completed. For the third patient, it was noted that the pressure relieving mattress was set correctly in relation to the patients' weight but a care plan or risk assessment was unavailable to view in relation to the use of the pressure relieving mattress. This was discussed with the manager and an area for improvement was identified.

We reviewed care records for the use of alarm mats for two patients. Both records were well documented. In order that patients feel respected, included and involved in their care, it is important where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN).

Two patients' food intake charts were reviewed and were found to well maintained.

Review of two patients' repositioning records evidenced that they had been completed in a comprehensive, accurate and contemporaneous manner.

6.2.4 Governance and management

Since the last inspection there has been a change in management arrangements. RQIA were informed appropriately. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for January 2021 evidenced that staff had attended training regarding moving and handling, adult safeguarding, basic life support, infection prevention and control (IPC), first aid and fire training.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control (IPC) practices including hand hygiene.

Accidents/incidents records were reviewed from 7 January 2021 to 18 January 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records from 29 September 2020 to 19 January 2021 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

The manager advised that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between patients, staff and other professionals.

Areas for improvement

Three new areas requiring improvement were identified in relation to Control of Substances Hazardous to Health (COSHH), the daily menu and care records regarding pressure relieving devices.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of personal protective equipment. Measures had been put in place in relation to infection prevention and control, to keep patients, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Good practice was observed during the inspection in relation to maintaining good working relationships.

Correspondence received on 26 January 2021 by Samantha Russell, manager advised that a new bin has been ordered for the bathroom in Bronte Unit.

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

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracy Henry, Operations Director, Samantha Russell, Manager and Laura Sands Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All chemicals are securely stored in accordance with COSHH. A supervision has been carried out with the domestic staff to reiterate the importance of same.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 2.8 Stated: Second time To be completed by: 31 May 2021	<p>The registered person shall ensure that patients' individual written agreements are updated to reflect any changes including the regional annual change in fee arrangements. Changes to each patient's agreement with the home should be agreed in writing by the patient or their representative.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All resident files have been updated in accordance with the regional annual change in fee arrangements. A letter is in place to confirm the patient representatives have been notified of changes.</p>
Area for improvement 2 Ref: Standard 14.26 Stated: Second time To be completed by: 31 March 2021	<p>The registered person shall ensure that records of patients' furniture and personal possessions are checked at least quarterly by two staff members. The record of the check performed should be signed and dated by both staff members.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The records of personal possessions and furniture are to be checked and signed quarterly by two members of staff. To be monitored as part of documentation quality audit.</p>

Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the patient dining experience is reviewed to ensure that the daily menu is appropriately displayed showing patients what is being served at each mealtime. Ref: 6.2.2 Response by registered person detailing the actions taken: Bannview are in the process of sourcing visual menus for all units.
Area for improvement 4 Ref: Standard 23 Stated: First time To be completed: Immediate action required	The registered person shall ensure that care plans and risk assessments are in place for the use of pressure relieving mattresses. Ref: 6.2.3 Response by registered person detailing the actions taken: All Care Plans and Risk Assessments for use of pressure relieving equipment had been reviewed and updated to reflect same. To be monitored as part of the documentation quality audit. To be checked as part of the daily quality walk round on an ad hoc basis.

Please ensure this document is completed in full and returned via Web Portal



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