

Inspection Report

14 December 2021



Bannview House Care Home

Type of service: Nursing Home
Address: 23 Bannview Road, Banbridge, BT32 3RL
Telephone number: 028 4066 0110

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Amore (Warrenpoint) Limited</p> <p>Responsible Individual: Miss Sarah Perez</p>	<p>Registered Manager: Ms Jolene Craig – Acting Manager</p>
<p>Person in charge at the time of inspection: Ms Jolene Craig</p>	<p>Number of registered places: 58</p> <p>A maximum of 15 patients in category NH-I, 41 patients in category NH-DE and 2 patients in category NH-PH.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 53</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 58 patients. It provides general nursing care and care to patients living with dementia. The home is divided into three units, one on the ground floor and two on the first floor. Patients' bedrooms, communal lounges and dining rooms are located over the two floors.</p> <p>A residential care home, which is under a separate registration, is also located on the ground floor.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 December 2021 from 10.05 am to 5.45 pm. The inspection was carried out by a care inspector. An inspection to the residential care home was completed by a care inspector at the same time.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients spoke positively about living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said the manager was approachable and that they felt well supported. It was observed that there were sufficient numbers of staff on duty to meet the needs of the patients.

Areas requiring improvement were identified regarding infection prevention and control measures, staff training, the duty rota and storage of toiletries and equipment.

RQIA were assured that the delivery of care and service provided in Bannview House Care Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

During the inspection we spoke with 22 patients, both individually and in small groups, 15 staff and two relatives.

Patients said they were well looked after. Some patients said they had a bit of a wait for assistance on occasions but this was not always the case and staff were very helpful.

Staff said that staffing levels were currently satisfactory and that they all worked together to make sure the patients were well looked after.

Relatives said that they were happy with the care provided and that staff were helpful and friendly.

A record of compliments and thank you cards received was kept and shared with the staff team, this is good practice.

Comments made by patients and staff were brought to the attention of the manager for information and action if required.

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 January & 5 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the environment did not identify any inappropriate storage of chemicals or COSHH issues in the home.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 2.8 Stated: Second time	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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Standard 14.26 Stated: Second time	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	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 3 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the environment identified that the daily menu was appropriately on display in a suitable format at each dining area.	
Area for improvement 4 Ref: Standard 23 Stated: First time	The registered person shall ensure that care plans and risk assessments are in place for the use of pressure relieving mattresses.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that risk assessments and care plans were in place for the use of pressure relieving mattresses.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Review of records provided assurances that all relevant nursing staff were registered with the Nursing and Midwifery Council (NMC) and that these registrations were effectively monitored on a monthly basis. Following review of records relating to staff registration with the Northern Ireland Social Care Council (NISCC) we were unable to verify that all staff were appropriately registered. This was discussed with the manager who said that they were in the process of updating the records relating to NISCC registration. Following the inspection the manager confirmed that the identified staff were either appropriately registered or in the process of registering with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff received training in a range of topics including moving and handling, fire safety and adult safeguarding. However we noted that staff compliance with first aid training was poor and there was no evidence of training in Deprivation of Liberty Safeguards. This was discussed with the manager and an area for improvement was identified.

The staff duty rota reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. However, we noted that when agency staff were on duty in the home the name of the agency was not consistently recorded on the duty rota; an area for improvement was identified.

The manager said that staffing levels had been affected by the COVID-19 pandemic but that recruitment was ongoing for suitable staff and that great efforts were made to ensure that shifts were covered. The number of staff on duty was reviewed on at least a monthly basis to ensure the needs of the patients were met.

Staff said that teamwork was good and that while staffing levels varied at times there was enough staff on duty to meet the needs of the patients. Staff confirmed that efforts were made to cover vacant shifts.

Staff said the manager was approachable and that good levels of communication were maintained in the home. There was evidence in place to verify that staff received regular supervision and appraisal.

Some patients said they had a bit of a wait for assistance on occasions but staff were generally quick to respond when needed. Patients said that staff were helpful and friendly. During the inspection it was noted that there was enough staff in the home to respond to the needs of the patients in a timely way.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes. Staff were seen to be skilled in communicating with the patients and to treat them with kindness and understanding. Patients were offered choices regarding, for example, where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use where required. Those patients who were at risk from falls had relevant care plans in place. Review of records confirmed that in the event of a fall or an accident staff took appropriate action.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the patients' needs regarding, for example, pressure relieving mattresses, and up to date repositioning records were maintained where required.

Review of wound care records evidenced that these were contemporaneously recorded and reflective of the relevant wound care plans. Referrals had been made to the Tissue Viability Nurse (TVN) or the Podiatrist if required and their recommendations were clearly recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the range of support required during the meal time, this ranged from simple encouragement through to full assistance. Menus were appropriately on display in a suitable format. The dining experience was seen to be calm, relaxed and unhurried. Patients were offered a choice of meals; the food was attractively presented and looked appetising. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

The recommendations of the Dietician and the Speech and Language Therapist (SALT) were clearly recorded in the care plans reviewed. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients said that they enjoyed the food and that alternatives were available if they preferred something other than the choices on the menu.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and these included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. The care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Care plans reviewed included information regarding, for example, sleeping preferences and preferred time to go to bed, preferred clothes to wear and hobbies and interests.

Informative and person centred daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from, or consultation with, any healthcare professionals was recorded.

Patients said that they felt well looked after and that staff did their best to ensure all their needs were met.

Staff said that their main priority was to ensure that patients were always well looked after.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling. Patients' bedrooms were personalised with items that were important to them such as family photographs, ornaments and flowers. Communal lounges and dining rooms were observed to be welcoming spaces for patients. Carpets in identified communal areas require replacement; discussion with the manager confirmed that new flooring had been requested.

It was observed that the underside of identified soap dispensers and shower chairs required more effective cleaning; an area for improvement was identified.

It was also observed that toiletries and equipment were inappropriately stored in identified bathrooms and shower rooms; an area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 28 September 2021. Following the inspection the manager confirmed that any areas for improvement identified within this assessment were addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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.

Patients said that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, relaxed and welcoming. Discussion with patients confirmed that they were able to choose how they spent their day. It was observed that staff offered patients choices regarding, for example, if they wanted to stay in their bedroom or sit in the lounge and if they wanted to take part in planned activities. It was obvious that staff knew the patients well and treated them with respect. Staff were seen to speak to patients in a friendly and caring manner.

It was noted that staff took time to ensure that female patients were assisted with their make-up and jewellery and that the male patients were clean shaven if that was their preference.

There was a range of activities provided for patients by staff which included social, cultural, religious and creative events. During the inspection patients were seen to be enjoying a baking activity in the morning and a religious service took place later in the day. The activity schedule was attractively displayed in each unit. The Activity Support staff said that they got to know the patients and their relatives very well which helped them tailor activities to patients' specific interests and hobbies.

Staff recognised the importance of maintaining good communication with families especially while visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said that they felt listened to, knew who to speak to if they had a problem and that staff made an effort to sort things out for them. They also said staff were very good and that they enjoyed the activities provided.

Relatives said that the care provided was very good, staff were attentive, the manager was approachable and that good communication was maintained.

5.2.5 Management and Governance Arrangements

There had been a change in the management arrangements since the last inspection and Ms Jolene Craig, an acting manager, was in post. A new manager had been recruited and was due to commence employment in January 2022. Staff commented positively about the manager and described her as approachable and accessible. Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. Prior to the inspection it was identified that not all notifications received by RQIA were actually required; this was brought to the attention of the manager for information and appropriate action.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager identified the appointed safeguarding champion for the home as a manager from another home in the group. Discussion with the manager identified that a recent alleged staff misconduct issue had not been appropriately referred to adult safeguarding although it was established that appropriate action had been taken otherwise. The manager agreed to deal with this matter as a priority and confirmed to RQIA that the adult safeguarding referral had been submitted on the day following the inspection.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and action plans for improvement were in place.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* The total number of areas for improvement includes two under the standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jolene Craig, Acting 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: Ongoing from the date of the inspection	<p>The registered person shall ensure that all equipment, including soap dispensers and shower chairs, is maintained in a clean and hygienic condition and that there are appropriate cleaning schedules and robust monitoring systems in place to maintain effective IPC measures.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered manager will ensure that all equipment, including soap dispensers and shower chairs are cleaned following use and records maintained to reflect it. The soap dispensers will be checked daily to ensure the underneath is clean and free from build-up of soap. The equipment and soap dispensers will be reviewed as part of the Daily Manager walk round through ad hoc checks. This has been included on the cleaning schedules to ensure effective IPC measures maintained. This will be monitored via the manager daily walkrounds and action required will be taken at the time of finding or logged on the action log.</p>
Action required to ensure compliance with the 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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2022</p>	<p>The registered person shall ensure that staff training is completed in Deprivation of Liberty Safeguards and First Aid.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Deprivation of Liberty training is covered as part of the Priory Academy e-Learning module for all grades of staff. The Home Manager through the Trust training resource to further enhance staff learning will source further training. This will form part of the homes training plan. Staff will be issued with flash cards to assist in supporting their understanding of DoLS.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that the duty rota accurately reflects all required details including the name of the agency where agency staff are on duty.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The duty rota has been amended to reflect the name of the agency staff member allocated, the agency provider and grade of staff member to demonstrate correct skill mix of staff within the home.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that toiletries and equipment are stored appropriately in bathrooms and shower rooms and that where equipment is not in use it is moved to a suitable area.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: This has been addressed with staff through flash meetings. The registered manager will ensure toiletries and equipment are stored in appropriate areas. The equipment identified was removed from the bathroom area on the day of the care inspection. This will continue to be reviewed through the daily manager quality walk rounds and will be addressed with the staff in real time. Concerns relating to staff will be recorded on our performance tracker and due HR process should this be required</p>

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