



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 13 February 2020



Bannview House Care Home

Type of Service: Nursing Home
Address: 23 Bannview Road, Banbridge, BT32 3RL
Tel no: 028 4066 0110
Inspector: Linda Parkes

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) Ltd Responsible Individual: Nicola Cooper	Registered Manager and date registered: Cherith Rogers 29 January 2018
Person in charge at the time of inspection: Cherith Rogers	Number of registered places: 58 comprising: 15 – NH- I 41 – NH- DE 02 – 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: 57

4.0 Inspection summary

An unannounced inspection took place on 13 February 2020 from 10.40 hours to 16.10 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with areas for improvement identified in the home during and 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.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, the patient dining experience and communication between patients, staff and other professionals. 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 valuing patients and their representatives. Good practice was noted regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

This inspection resulted in no new areas for improvement being identified.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

*The total number of areas for improvement includes five which have been carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Cherith Rogers, manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 17 and 21 October 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 17 and 21 October 2019. Enforcement action resulted from the findings of this inspection. Concerns were identified in relation to evidence observed during the care inspection regarding fire safety and fire risk assessment, contemporaneous recording of patient care plans, repositioning charts, patient food and fluid intake charts and the patient dining experience. As a result of these concerns Sharon Butler, regional director representing the responsible individual, and Cherith Rogers, registered manager, attended a serious concerns meeting at RQIA on 25 October 2019. An action plan was presented with details of the completed/planned actions to drive improvement and to ensure concerns raised at the inspection were addressed.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 3 to 16 February 2020
- staff training records
- incident and accident records
- two patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 25 October 2019 to 31 January 2020
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 27.4 (c)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that fire exits and stair wells are kept clear and are free from obstruction.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and observation of fire exits and stair wells throughout the home evidenced that they are kept clear and are free from obstruction. This area for improvement had been met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review of the fire safety risk assessment is completed in accordance with Northern Ireland Health Technical Memorandum 84 (HTM84), and implement any subsequent works action plan recommendations in compliance with the risk assessor`s stated time frame.</p> <p>Action taken as confirmed during the inspection: Fire risk assessment report reviewed by estates inspector on 3 March 2020; requirement satisfied.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or the patient`s representative, to reflect patients` needs in respect of their health and welfare. This should be monitored and reviewed.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of two patients` care records regarding modified diets evidenced that this area for improvement had been met.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the patient dining experience and the deployment of staff at mealtimes in Scarva Unit, is reviewed to ensure that patients receive their meals in a timely manner and that the menu is appropriately displayed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and observation of the patient dining experience and the deployment of staff at lunchtime in Scarva Unit evidenced that patients receive their meals in a timely manner and that the menu is appropriately displayed. This area for improvement had been met. For further details refer to section 6.4</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: Second time</p>	<p>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.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was not reviewed and has been carried forward to the next care inspection.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the building is kept clean and hygienic at all times in accordance with infection control best practice and is decorated to a standard acceptable for residents.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and observation of the environment evidenced that the building was clean and hygienic in accordance with infection control best practice and was decorated to an acceptable standard. This area for improvement has been met. For further details refer to section 6.3</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and observation of the environment evidenced that equipment was appropriately stored to minimise the risk of infection for staff, residents and visitors. This area for improvement has been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary care records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of four patients' supplementary care records, evidenced that they were completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance. This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<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>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was not reviewed and has been carried forward to the next care inspection.</p>		

<p>Area for improvement 5</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<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 taken as confirmed during the inspection: This area for improvement was not reviewed and has been carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 6</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: This area for improvement was not reviewed and has been carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 7</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: This area for improvement was not reviewed and has been carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

Areas for improvement from the last estates inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48.1 Stated: First time	The registered person shall confirm that the fire risk assessment action plan recommended improvement works are implemented	Met
	Action taken as confirmed during the inspection: Fire risk assessment report reviewed by estates inspector on 3 March 2020; requirement satisfied.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 3 to 16 February 2020 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

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 on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three patients' relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

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 2019/2020 evidenced that staff had attended training regarding deprivation of liberty safeguards (DoLS), adult safeguarding, infection prevention and control (IPC), health and safety, moving and handling and fire training.

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.

We reviewed accidents/incidents records from 29 October 2019 to 22 January 2020 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.

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. A refurbishment plan of the home presented to RQIA on 25 October 2019 with details of the completed/planned actions to drive improvement was reviewed. It was noted that the flooring in the corridor of Downshire Unit and the flooring in identified bedrooms throughout the home had been replaced. The manager advised that the planned replacement of flooring and the redecoration programme will be ongoing for 2020.

Fire exits and corridors were observed to be clear of clutter and obstruction. An area for improvement made at the previous care inspection had been met.

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection in the safe domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of two patient's care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of patients who require a modified diet. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SLT) 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), SLT or the dietician.

Review of two patient food and fluid intake charts and two patient repositioning charts evidenced that they were well documented.

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.

We observed the serving of the lunchtime meal in the dining room 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. Adequate numbers of staff deployed throughout the unit, 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, how to modify fluids and how to care for patients during mealtimes. The menu for the day was displayed at the reception area of the home and in the dining rooms in written format. The manager advised that a menu consultation had been completed with patients, relatives and staff and the outcome was that they were happy with the current written format of the menu displayed along with 'show plates' of food choice at mealtimes for patients to make a visual choice of what they would like to eat. A staff member spoken with suggested the use of pictorial menus displayed as it may be more a more suitable menu format for some patients. This was discussed with the manager who advised she would review the comments and suggestions made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, the patient dining experience and communication between patients, relatives, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection in the effective domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you for all the care and attention you gave to my mother. You took time with her and were compassionate and respectful which meant so much to me and all the family."

"Thank you for all the care, affection and attention you gave... We knew that she was always in good hands."

During the inspection the inspector met with seven patients, small groups of patients in the lounges, three patients' relatives and eleven staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Bannview House Care Home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Two relatives commented:

"We're very happy with the care."

"We've no concerns. We looked at other homes and are glad to have her admitted here."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Two staff members spoken with commented:

"I had a good induction when I first started and we get good training."

"I enjoy my job and would recommend it here. It's a good team and everyone's approachable. The training's good."

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

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 care plans, the dining experience, the provision of activities, medication and infection prevention and control (IPC) practices.

Discussion with the manager and review of records from 25 October 2019 to 31 January 2020 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 staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff and management.

The fire risk assessment report reviewed by the estates inspector on 3 March 2020 was satisfactory.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of audits and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 5 (1) (a) (b) Stated: Second time To be completed by: 21 January 2020	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. Ref: 6.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
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: First time To be completed by: 21 January 2020	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. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 14.26 Stated: First time To be completed by: 21 December 2019	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. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 14.31</p> <p>Stated: First time</p> <p>To be completed by: 21 December 2019</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>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be completed by: 21 December 2019</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>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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