



Unannounced Care Inspection Report

20 and 21 June 2018



Bannview House Care Home

Type of Service: Nursing Home (NH)

Address: 23 Bannview Road, Banbridge, BT32 3RL

Tel No: 028 40660110

Inspector: Gerry Colgan

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 80 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Ltd	Registered Manager: Cherith Rogers
Responsible Individual: Nicola Cooper	
Person in charge at the time of inspection: Cherith Rodgers	Date manager registered: 29 January 2018

Categories of care: Nursing Home (NH) NH-PH – Physical disability other than sensory impairment NH-I – Old age not falling within any other category NH-DE – Dementia Residential Care (RC) RC-I – Old age not falling within any other category.	Number of registered places: 80 comprising: 15 – NH-I 41 – NH-DE 2 – NH- PH 22 -RC- I
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4.0 Inspection summary

An unannounced inspection took place on 20 June 2018 from 10.00 to 16.30 hours and 21 June 2018 from 08:00 to 15:30

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.

The term 'patient' is used to describe those living in Bannview House Care Home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management, record keeping, audits and reviews, communication between residents, staff and other key stakeholders. Other examples of good practice were found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control and the environment.

Patients said "I couldn't have picked a better home and that's the truth."
"Everybody seems happy in here. Residents and staff alike."

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Cherith Rodgers 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.

4.2 Action/enforcement taken following the most recent inspection dated 14 March 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with twenty patients, twenty staff, and 4 patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff and staff not on duty during the inspection to an online survey.

A lay assessor Mr Alan Craig was present during the inspection on 20 June 2018 and his comments are included within this report.

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

The following records were examined during the inspection:

- duty rota for all staff from 11 June 2108 to 1 July 2018
- 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
- three staff recruitment and induction files
- eight patient care records
- 12 patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 14 March 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection 2 August 2017

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 29 Stated: First time	<p>The registered person shall ensure that monitoring visits are completed at least monthly and that a report is prepared and made available on request.</p> <p>Ref: Section 6.7</p> <p>Action taken as confirmed during the inspection: A review of records confirmed that monitoring visits are completed monthly. Reports were prepared and available at inspection.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Regulation 44 Stated: First time	<p>The registered person shall ensure that the flooring in the identified bedroom is replaced.</p> <p>Ref: Section 6.4</p> <p>Action taken as confirmed during the inspection: The flooring in the identified bedroom had been replaced.</p>	Met
Area for improvement 2 Ref: Standard 47 Stated: First time	<p>The registered person shall ensure that the management of storage in and on top of patients' wardrobes is reviewed to ensure they are maintained safe and appropriate</p> <p>Ref: Section 6.4</p> <p>Action taken as confirmed during the inspection: The tops of the wardrobes are not being used for storage. Anything on top of wardrobes was found to be appropriate and safe. For example fresh flowers, ornaments or family photographs.</p>	Met

Area for improvement 3 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that patients with identified nursing needs have an appropriate care plan in place to guide and support staff as to the appropriate care to be delivered.</p> <p>Ref: Section 6.5</p>	Met
Action taken as confirmed during the inspection: A review of eight patient care records confirmed that patients with identified nursing needs have an appropriate care plan in place to guide and support staff as to the appropriate care to be delivered.		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 11 June 2018 to 1 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. 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. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

As stated previously, 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. Details of comments made/received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed the training records for all staff working in the home. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of eight patients' 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 accidents/incidents records from the previous care inspection 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 registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

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, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients/representatives/staff spoken with were complimentary in respect of the home's environment. However there was a malodour detected in the clinical room in the Scarva unit and identified bedroom floors where the covering is damaged requires to be repaired/replaced. Identified chairs in bedrooms and lounges with damaged covering to be replaced. These have been identified as areas for improvement under the standards..

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were not consistently adhered to. Some wheelchairs, standing hoists, shower chairs and commodes were found to contain debris/dust. These have been identified as areas for improvement under the standards.

Systems were in place to monitor the incidents of HCAI's and the manager understood the role of PHA in the management of infectious outbreaks.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of

consultation with relevant persons. Care plans were in place for the management of bed rails and alarm mats.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control and the environment:

- eradicate the malodour in the Scarva clinical room
- ensure a robust cleaning regime for all commodes, wheelchairs, shower chairs and hoists.
- repair or replace identified damaged chairs
- repair or replace the floor covering in the identified bedrooms.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care effective?

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

Review of eight patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records 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), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. 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), the speech and language therapist (SALT) or the dietitian changed.

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 registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patient and/or relatives meetings were held on a three monthly basis. Minutes were available. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 10:00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining rooms, lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed on the notice boards on both floors evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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 signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Generally staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. In one dining room staff were noticed to be conversing with each other when feeding patients.. This was discussed with the registered manager and dealt with immediately. 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.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with twenty patients individually, and with others in smaller groups, confirmed that living in Bannview Care Home was a positive experience.

Patient comments included:

"I am more than happy with the care I receive."

"I like living here very much."

"I am just sorry I didn't come in here a lot sooner."

"The food is great and they are doing some good work in the gardens. The staff are excellent and would do anything for you."

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.

Ten relative questionnaires were provided. Two were returned within the timescale. Both indicated that they were very satisfied or satisfied with the care provided across the four domains.

Representatives comments:

"I don't know of anything they could improve. I have no complaints."

"Bannview home is one of the best run. Their staff could not be better. If care homes were ran like this there would be no complaints. It is like a five star hotel."

Staff were asked to complete an on line survey, nil were completed within the required timeframe.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered 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 registered manager/manager.

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with the registered manager who confirmed that the equality data collected by the organisation was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered 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 accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager and deputy manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager and review of records 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/ *The Care Standards for Nursing Homes*.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with 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

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0
7.0 Quality improvement plan		

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cherith Rodgers, registered 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 further 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 31 July 2018	<p>The registered person shall investigate and eradicate the malodour in the clinical room in the Scarva unit.</p> <p>Ref: . 6.4</p>
Area for improvement 2 Ref: Standard 46.2 Stated: First time To be completed by: 31 July 2018	<p>The registered person shall establish a robust system to ensure all wheelchairs hoists shower chairs and commodes are adequately cleaned.</p> <p>Ref: . 6.4</p> <p>Response by registered person detailing the actions taken: a robust cleaning system for wheelchairs, hoists shower chairs and commodes that is already in place has been updated and all staff reminded of the importance of continuing this cleaning schedule</p>
Area for improvement 3 Ref: Standard 46.2 Stated: First time To be completed by: 31 July 2018	<p>The registered person shall recover or replace the identified chairs found to be scuffed or damaged.</p> <p>Ref: . 6.4</p> <p>Response by registered person detailing the actions taken: Scuffed or damaged chairs will be replaced using the capital expenditure budget and awaiting approval from priory senior management</p>
Area for improvement 4 Ref: Standard 43 Stated: First time To be completed by: 31 July 2018	<p>The registered person shall repair or recover the damaged floor coverings and floor coverings coming away from the skirting in the identified bedrooms</p> <p>Ref: . 6.4</p> <p>Response by registered person detailing the actions taken: identified flooring has been assessed by maintenance and will be repaired - planned programme in place to repair over the month of august</p>



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