The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Bannview House Care Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 9 October 2024

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Leah Waddell – Not registered

Service Profile:
This home is a registered nursing home which provides nursing care for up to 58 patients. The home is divided in three units. The Downshire Unit which provides general nursing care and the Bronte and Scarva Units which provides care to people who have a dementia. Patients have access to communal dining and lounge areas within each of the units.

There is a residential care home which occupies part of the ground floor and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 9 October 2024 from 9.15am to 5.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 December 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. However, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; safe storage of cleaning chemicals and steradent tablets, mealtime routines, cleanliness of equipment and with flooring in need of replacement.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, the five areas areas for improvement identified at the previous care inspection were assessed as having been addressed by the provider. The new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Staff are lovely", "Food is good", "Very happy here", and "It's nice".

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear and where and how they wished to spend their time.

Visitors spoke positively in regard to the care delivery in the home. One told us that they felt the care was 'excellent' while another stated, "I have no concerns with the care here at all".

We did not receive any questionnaire responses from patients or their visitors and we did not receive any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles. Handover sheets were shared with staff containing the pertinent patient details.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. A review of accident records evidenced that the correct actions had been taken following a fall in the home and appropriate persons notified of the accident.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with their nutritional needs. However, an area for improvement was identified to ensure that all meals served to patients had food temperatures maintained warm. An additional area for improvement was identified to review the ways in which patients were offered their choice of available meals.

Patients confirmed that activities took place in the home. An activities planner was available for review. Activities included games, exercises, arts and crafts, bingo, pamper sessions, outdoor walks, trips to the market, coffee outings and cooking. There was a photo gallery displayed in the home of patients enjoying activities.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, “I am very happy here. The staff are very good”. Another commented, “It’s very good here”. A relative told us, “The care is very good. I can come when I want and always made to feel welcome. The home’s always clean and the foods good”.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse 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 included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs.

Nursing staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Patients’ Environment

The home was clean and tidy and patients’ bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. However, we identified several areas around the home where flooring required replacement. This had also been discussed at the previous care inspection. An area for improvement was identified.

Cleaning chemicals and steradent tablets were found accessible to patients in several areas within the home. This was discussed with the manager and identified as an area for improvement.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. Although, several items of equipment for patient use were found not to have been cleaned effectively. This was discussed with the manager and identified as an area for improvement. In addition, we reminded the manager of the importance of staff remaining bare below the elbow to facilitate effective hand hygiene as two staff were identified not bare below the elbow. The manager agreed to address this with staff.

3.3.5 Quality of Management Systems

The registered manager was on planned leave and RQIA had been appropriately notified of the acting management arrangements. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

A system was in place to manage complaints received in the home. A compliments folder was maintained and compliments received shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Cyndi Lam, Deputy Manager and Karen Agnew, Regional 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 18 (2)(c) **Stated:** First time **To be completed by:** 31 December 2024	The registered person shall ensure that the identified flooring in the home is replaced. A timebound refurbishment plan should be submitted with the returned QIP. Ref: 3.3.4
	Response by registered person detailing the actions taken: The identified flooring has been incorporated into the updated refurbishment plan with timeframes. This plan has been forwarded to the relevant care inspector on 29/11/2024.
Area for improvement 2 **Ref:** Regulation 14 (2) (a)(c) **Stated:** First time **To be completed by:** With immediate effect (9 October 2024)	The registered person shall ensure that cleaning chemicals or steradent tablets are not accessible to patients at risk. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff meetings have taken place with all departments. During these meetings staff have been reminded of the importance of COSHH and storage of chemicals and steradent tablets . Supervisions were also carried out with the staff. This is also being monitored by the management team through their daily walk report and also by the Regional Manager during provider visits . A reminder email has been sent to all Next of Kin of the residents regarding the use of steradent tablets. This is also communicated via the Bannview Bulletin which is displayed on all noticeboards in the units and also sent out electronically to all next of kins.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	

Area for improvement 1 **Ref:** Standard 12 Criteria 6 **Stated:** First time **To be completed by:** 9 November 2024	The registered person shall ensure that they review the systems in place when patients are receiving their choice of meals at mealtimes. Ref: 3.3.2
	Response by registered person detailing the actions taken: The activity co-ordinator and cook held a meeting with a number of residents. Menus were reviewed and updated. A meeting has also been held with care staff, nurses and kitchen staff to ensure that resident's meal choice is offered prior to point of service.This will be monitored by the meal time co-ordinator , nursing staff , home manager through daily audit and by the regional manager on her provider visit.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect (9 October 2024)	The registered person shall ensure that patients' food is maintained warm prior to serving. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff have been reminded that food is to be served from bain marie at point of delivery to ensure that temperature is maintained. This will be monitored to ensure compliance .
Area for improvement 3 **Ref:** Standard 46 Criteria 2 **Stated:** First time **To be completed by:** With immediate effect (9 October 2024)	The registered person shall ensure that equipment in use is maintained clean at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Decontamination records have been reviewed for each unit. These are to be signed by nurse on duty to confirm completion of cleaning duties. Staff have also been reminded via supervisions and staff meetings of the importance of infection control. This will be monitored during daily walk around and infection control audits. Feedback will also be given to staff on duty if any issues arise

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