

Inspection Report

Name of Service: Bannview House Care Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 27 February 2025

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

2.0 Inspection summary

An announced combined estates & care inspection took place on 27 February 2025 from 10.05am to 12.30pm in connection with the variation application reference number VA012490.

The inspection focused solely on the five new bedrooms and the associated refurbishment of rooms to create a new assisted shower room, a new hairdressing room and a new staff changing facility.

No new areas for improvement were identified as a result of this inspection. Areas for improvement identified at the previous care inspection were carried forward for review at the next inspection.

As a result of this inspection, four of the five bedrooms were registered for patient use and the maximum number of registered places will increase from 58 to 62. The remaining room will be reviewed again once the necessary changes are made to the window height in room 53A.

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 patients, relatives, staff or the commissioning Trust.

3.3 Inspection findings

3.3.1 Care Inspector Findings

The new bedrooms, with en-suite toilet facilities, were clean, spacious, well decorated and suitably furnished. One identified bedroom did not offer the patient a view when they were sitting down. Following a meeting in RQIA offices, a decision was made not to register this bedroom for patient use until such time as the necessary amendments were made to the window to offer the patient a view when sitting. The fixtures, fittings, and furnishings within the remaining bedrooms were compliant with the Care Standards for Nursing Homes (2022).

The additional refurbished rooms had been finished to a high standard and in line with the standards.

In conclusion, from a care perspective RQIA were satisfied that the actions taken in relation to this variation are compliant with current DoH minimum standards and may be processed to completion to register four additional bedrooms subject to a voluntary additional condition to be added to the RQIA registration certificate.

No areas for improvement were identified.

3.3.2 Estates

Documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance.

The accommodation as specified in this variation application was inspected and found to be compliant with current DoH minimum standards.

The fire risk assessment and legionella risk assessment documents had been reviewed and action plan recommendations implemented.

From an estates perspective RQIA were satisfied that the premises' were suitable to meet the aims and objectives, as described in the home's Statement of Purpose.

No areas for improvement were identified.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

*The total number of areas for improvement includes five that have been carried forward for review at the next 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: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 14 (2) (a)(c)	The registered person shall ensure that cleaning chemicals or steradent tablets are not accessible to patients at risk. Ref: 2.0

<p>Stated: First time</p> <p>To be completed by: With immediate effect (9 October 2024)</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12 Criteria 6</p> <p>Stated: First time</p> <p>To be completed by: 9 November 2024</p>	<p>The registered person shall ensure that they review the systems in place when patients are receiving their choice of meals at mealtimes.</p> <p>Ref: 2.0</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 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 October 2024)</p>	<p>The registered person shall ensure that patients' food is maintained warm prior to serving.</p> <p>Ref: 2.0</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 46 Criteria 2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (9 October 2024)</p>	<p>The registered person shall ensure that equipment in use is maintained clean at all times.</p> <p>Ref: 2.0</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>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews