

Inspection Report

Name of Service: Bannview House Care Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 12 and 13 May 2026

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 Laura Sands
Service Profile: Bannview House Care Home is a nursing home registered to provide nursing care for up to 63 patients. The home is divided into three units. The Downshire Unit which provides general nursing care and the Bronte and Scarva Units which provides care to people who have 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 12 May 2026 from 9.30am to 4.30pm and on 13 May from 9.45am to 3.30pm 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 29 January 2026; 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 the service was well led.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement from the previous care inspection were assessed as having been addressed; one medicines management area for improvement was carried forward for review at the next inspection; one area stated for a second time and six new areas for improvement were identified. Details can be found in the main body of the 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "I am very happy with the care. The food is good and the staff are brilliant". Another commented, "The staff here are more than good. I just get on with them so well. They look after me very well". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from patients or relatives.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There was no 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. Appropriate recruitment safety checks had been verified prior to staff commencing in post, however, a deficit was found in relation to staffs' registration checks. This was identified as an area for improvement.

Newly employed staff completed a structured induction at the commencement of their employment which included mandatory training. A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements.

Agency staff were inducted on their first shift in the home. Copies of agency staff inductions were kept with their agency profiles. Agency staff providing one to one care received a different induction. Agency profiles were utilised to establish the identity of the agency worker when they presented for work.

Staff raised several concerns in relation to the staffing arrangements and gave examples of how this affected patient care. The concerns were similar to those raised at the previous care inspection. They included the supervision of patients and providing timely care to patients who were requesting assistance. Two patients told us that they had to wait a 'long' time for a response when they pressed their call bells. This was discussed with the manager and identified as an area for improvement.

Minutes of recent staff meetings were available to all staff to aid in the communication within the home.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Interactions between staff and patients were noted to be caring and compassionate. Patients spoke fondly about the staff. One said, "The care is wonderful and the attention to detail is wonderful. They are a credit to themselves". Another commented, "The care is very good; one of the best".

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. Patients told us that they had choice in where and how they spent their day, what they wore and what they had to eat.

Staff confirmed that they received a detailed handover at the commencement of their shift and the information shared included important aspects of patients' needs, especially changes to care. Staff were given a handover sheet as an aid memoire.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Pressure management risk assessments were completed on admission and reviewed monthly, although, the corresponding care plan was not detailed enough to identify how to mitigate the identified risk. An area for improvement was made. Records of when patients had been repositioned had been maintained and included any occasions where a patient refused this offer. All staff consulted confirmed that they had been trained well in the use of all moving and handling equipment in the home. Staff were observed giving good instructions and clear directions to patients when assisting them in moving and handling.

Patients had identified fluid targets within their care records to maintain hydration. Records of fluid intake had been recorded well and included the amount of fluids offered and amount taken. Patients remaining in their bedrooms had access to fluids, where appropriate, and also access to a call bell should they wish to summon help.

Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with their assessed needs. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Patients enjoyed their meal and spoke positively of the quality of their meal. Patients' weights were monitored monthly to ensure corrective actions were taken where weight loss was identified.

Continence assessments were completed on admission. Care plans were developed to identify how to meet each patient's continence and personal care needs. Supplementary records were completed to evidence the care given to patients. Staff confirmed that they had received training on urinary catheter care.

Activities for patients were provided incorporating both group and one to one activities. Birthdays and annual holidays were celebrated. Activity programmes were displayed on communal corridors. In Bronte and Scarva units, these planners were in pictorial format. Planned activities included outdoor gardening, bingo, puzzles, tuck shop, one to one time and armchair exercises. A 'bored board' was also available on the communal corridor containing activities resources that patients could take when they wanted. External artists were arranged to come to the home to entertain patients. A recent residents' meeting included discussions on the new menu development. There was also minutes from a recent relatives' meeting.

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 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. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. Care records were stored securely.

Supplementary care records were maintained to evidence the care delivered to patients. The records included personal care delivery, food and fluid intake, repositioning, checks made on patients and continence care.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care. However, several of these entries were not person centred and recorded using generalised terms. In addition, several entries had been recorded before half way through a 12 hour shift with no additional entries made. This was discussed with the manager and an area for improvement, previously made in this regard, was stated for the second time.

3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A refurbishment plan was in progress with a number of floorings recently replaced. It was good to note that several patients were able to and had brought their own furniture into their bedrooms. There were no malodours in the home.

Externally the home was well maintained. There was an enclosed garden area to the back of the home where patients could safely sit outside.

Hazards had been well managed and patients did not have access to any unattended chemicals or thickening agents. Domestic staff maintained good supervision of their cleaning trolleys when conducting their daily duties.

Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire safety training and fire safety checks were regularly conducted. Staff had practiced fire drills to maintain competency in this area.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. Although, during the inspection we observed personal care wipes not stored in accordance with best practice on infection prevention and control. In addition, continence products had been stored in an undignified manner within patients' bedrooms. This was discussed with the manager and identified as an area for improvement. Personal protective equipment and hand hygiene facilities were readily available throughout the home.

Staff identified a shortage of linen as a concern especially in the morning. Some beds had been made up on the morning of inspection without an under sheet for patients to lie on. This was discussed with the manager who confirmed that they had recently purchased additional linen. Staff were unaware of this. An area for improvement was made to review the linen provision to ensure that there was an adequate supply of linen maintained in the home and that staff were aware of where to locate this.

Some topical preparations in use did not have the date recorded when they were opened. This is important to ensure that they are not used outside of manufacturers' guidelines. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Laura Sands has been registered manager of the home since 5 January 2023. The manager was supported by a deputy manager. Staff commented positively about the managers and management team and described them as supportive and approachable.

In the absence of the managers there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager had a suite of audits to complete. Accidents and incidents were monitored monthly for patterns and trends within each unit to see if any future falls could be prevented.

The number of complaints to the home was low. There was a system in place to manage any complaints received. A compliments book was available with cards and emails of thanks. All compliments received were 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 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	3	5*

*The total number of areas for improvement includes one that has been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 20 (1) (a) (b) Stated: First time To be completed by: 13 June 2026	The registered person shall review the staffing arrangements in the home to include the levels of staff on duty; the deployment of staff and the working practices to ensure that the needs of patients are met at all times. Ref: 3.3.1 Response by registered person detailing the actions taken: The Registered Manager undertook a comprehensive review of staffing arrangements in the home, including staffing numbers, skill mix, deployment and working practices. Staffing levels will remain aligned to resident's assessed dependency, occupancy levels and changing care needs, to ensure safe and effective care delivery. The effectiveness of staffing arrangements will be monitored through dependency assessments, residents and relatives feedback, staff supervision and management oversight.
Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: With immediate effect (13 May 2026)	The registered person shall ensure that the necessary Northern Ireland Social Care Council (NISCC) checks are completed at the point of recruitment prior to staff commencing in post. Ref: 3.3.1 Response by registered person detailing the actions taken: The Registered Manager confirmed the current NISCC register confirming staff members registration. A recruitment checklist will be completed for new employees to evidence that all mandatory pre-employment checks, including identification verification, references, Access NI clearance, right to work documentation and NISCC registration have been received and verified before a start date is confirmed. Recruitment records will be subject to regular management audit and review during the completion of Regulation 29 visits. Following the identification of the staff member awaiting NISCC registration, the staff member did not complete any additional shifts within the service until registration was completed. The confirmation of the NISCC register and registrations are completed at least monthly. Senior Management will review the completion of the NISCC register and registration of staff during the completion of the Regulation 29 visits.

Area for improvement 3 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: With immediate effect (13 May 2026)	The registered person shall ensure pressure management care plans identify how to mitigate any risks identified on the pressure management risk assessment. Ref: 3.3.2 Response by registered person detailing the actions taken: The Registered Manager will ensure that all residents identified as being at risk of pressure area damage have an individualised pressure management care plan in place that clearly reflects the findings of their pressure risk assessment. Care plans will be reviewed and updated to include specific interventions to mitigate identified risks, including repositioning schedules, pressure relieving equipment, skin inspections, nutritional and hydration support, mobility assistance and escalation procedures where concerns are identified. Nursing and care staff will be reminded of the requirement to ensure care plans are person- centred, accurately reflect assessed risks and provide clear guidance on the measures required to prevent pressure damage. A full review was completed to ensure resident repositioning schedules were correct and detailed in relevant care plans. Compliance will be monitored through monthly care file audits, spot checks by the management team and the completion of Regulation 29 visits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 29 January 2026	The registered person shall review the management of medicines prescribed “when required” to manage distressed reactions to ensure that a patient centred care plan is in place and that the reason for and outcome of each administration is recorded. Ref: 2.0 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 4 Stated: Second time To be completed by: With immediate effect (13 May 2026)	The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred. Ref: 2.0 and 3.3.3 Response by registered person detailing the actions taken: The registered person will ensure that nursing staff complete meaningful, person- centred evaluations of care that reflect the residents' current needs, preferences, outcomes and responses to interventions.

	Nursing staff received guidance through Safety Care Huddles on the importance of documenting evaluations that demonstrate whether planned care has been effective, identify any changes in resident's condition and record any required amendments to the care plan. Care plans will be reviewed in a timely manner following changes in need. Regular audits of care records will be undertaken by the Deputy Manager and Registered Manager to monitor the quality and consistency of care evaluations. Finding will be discussed through supervision and clinical governance meetings to support continuous improvement in documentation standards.
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: With immediate effect (13 May 2026)	The registered person shall review the storage arrangements for patients' personal care and continence products in line with best practice on infection control and patients' dignity. Ref: 3.3.4 Response by registered person detailing the actions taken: The Registered Manager completed a review of storage arrangements for all resident's personal and continence products to ensure compliance with infection prevention and control. Additional storage has been purchased and implemented to ensure products are covered when not in use. Staff will be reminded of best practice regarding the storage and handling of personal care items through staff meetings and supervision. Compliance will be monitored through the Daily Manager's Walkthrough and infection prevention & control audits.
Area for improvement 4 Ref: Standard 30 Stated: First time To be completed by: 31 May 2026	The registered person shall ensure that topical preparations are dated on opening to make sure that they are disposed of in accordance with manufacturer guidelines. Ref: 3.3.4 Response by registered person detailing the actions taken: The Registered Person has completed a full review of topical preparations to ensure all are clearly dated when first opened in accordance with the manufacturer's instructions and Healthcare Ireland's Medication Management and Administration policy. Nursing staff will be reminded of their responsibility to date all topical preparations on opening and to dispose of them once they have reached the manufacturer's expiry period after opening. Topical creams audit is now in place, in addition to the regular medications audits completed in the home. If any non-compliance issues identified, these will be corrected through staff supervision and additional training if required.

Area for improvement 5 Ref: Standard 6 Stated: First time To be completed by: 31 May 2026	The registered person shall review the provision of linen to make sure that there are adequate stocks maintained in the home and staff are aware of where to locate it. Ref: 3.3.4 Response by registered person detailing the actions taken: The Registered Manager undertook an audit of the linen stock in the home on the day of the inspection, which identified 174 bed sheets available. A further 50 bed sheets were purchased in addition. Linen storage areas have been reviewed to ensure they are organised, clearly identified and compliant with infection prevention and control. Staff have been informed of the location of linen stores and the process for accessing replacement stock through team meetings. Compliance will be monitored through the completion of spot checks evidenced in the Daily Manager's Walkthrough and Infection Prevention & Control Audits.
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