

# Announced Premises Inspection Report 6 June 2017



## Bridgeview Residential Home

**Type of Service: Residential**  
**Address: 135 Bridge Road, Dunloy,  
Ballymena, BT44 9EG**  
**Tel No: 028 2765 7789**  
**Inspector: Raymond Sayers**

[www.rqia.org.uk](http://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 residential care home with four beds, providing care for service users with a learning difficulty.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Bridgeview Residential Home Ms Patricia Casement	<b>Registered manager:</b> Ms Judith Purdy Application not yet submitted
<b>Person in charge of the home at the time of inspection:</b>	<b>Date manager registered:</b> Ms Judith Purdy Acting
<b>Categories of care:</b> RC-LD RC-LD(E)	<b>Number of registered places:</b> 4

### 4.0 Inspection summary

An announced inspection took place on 06 June 2017 from 10:00 to 11.10.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the recording of maintenance control inspections/tests by service users & competent persons.

Areas requiring improvement were identified: bedroom fire doors did not have self-closer devices fitted. This is contrary to Northern Ireland Fire and Rescue Service requirements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Judith Purdy, Acting 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 Medicines Management inspection**

Other than those issues detailed in the QIP no further actions required to be taken following the most recent inspection on 23 May 2017.

## **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs;
- recent correspondence with the service;
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and upkeep of the building and engineering services;
- legionellae risk assessment;
- fire risk assessment.

During the inspection we met with Ms Judith Purdy, Acting Manager.

Areas for improvement identified at the last premises inspection were reviewed and the 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 23 May 2017**

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

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 premises inspection dated 14 April 2016

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.-(2)(c)  <b>Stated:</b> Second time	Current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) reports should be obtained for all the hoisting equipment including slings. The reports should verify that all equipment is in satisfactory condition and safe to use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed LOLER reports were available and up to date at the time of inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27.-(4)(b)  <b>Stated:</b> First time	With regard to the planned review of the fire risk assessment by an accredited fire risk assessor the provider should ensure that the risk assessor is made aware of the expectations of the NIFRS regarding automatic closers on doors in bedroom corridors and that this matter is covered in the risk assessment.	<b>Partially met</b>
	The letter setting out the NIFRS expectations regarding bedroom door closers and guidance on accreditation of fire risk assessors is available on the RQIA website. A link to the NIFRS letter was forwarded to the responsible person by email on 15 April 2016.	
	It is recommended that the advice of the fire risk assessor be sought regarding external emergency lighting.	
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a fire risk assessment was completed by an accredited fire risk assessor. Self-closers were not installed on bedroom doors, and therefore this will be carried forward and reviewed at the next premises inspection.	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27.-(4)(d)(iv) and (v)</p> <p><b>Stated:</b> First time</p>	<p>The test and maintenance of the fire alarm system and the emergency lights should be reviewed and any changes made as deemed necessary to bring this into line with good practice.</p> <p>Reference should be made to BS5839 (Alarm system) and BS5266 (Emergency lights) Advice should be sought from the fire safety advisor.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed BS5266 emergency lighting maintenance certificates were available and valid at the time of inspection.</p>		
<p><b>Areas for improvement from the last premises inspection</b></p>		
<p><b>Action required to ensure compliance with</b> The Residential Care Homes Regulations (Northern Ireland) 2005</p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p>	<p>The water safety (including legionella) risk assessment should be reviewed taking into account the code of practice support guidance HSG274 Part 2. The review should include the arrangements for maintaining the showers and the thermostatic mixing valves.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed legionella prevention control records were available valid at the time of inspection.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> Second time</p>	<p>A program of practice fire drills should be put in place to ensure that all staff are familiar with and can carry out the emergency fire procedure. The drills should confirm that an evacuation can be carried out when the minimum number of staff are on duty. If necessary, advice should be sought from the fire safety advisor.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed staff fire safety awareness training &amp; drills are completed.</p>		

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p>	<p>General risk assessments including those for tall furniture and hot surfaces should be reviewed taking into account the mobility of the residents.</p> <p>A risk assessment should also be carried out on unrestricted windows. The review and subsequent actions should be in line with relevant guidance such as safety alert MDEA(NI)2007/100 which says:</p> <ol style="list-style-type: none"> <li>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</li> <li>2. A review should be carried out on all installed window restrictors to ensure: <ul style="list-style-type: none"> <li>• They meet the restricted opening cited in the HTM;</li> <li>• They are in good working order and have not been damaged or defeated;</li> <li>• Where problems are identified, a programme to repair or replace damaged restrictors is put in place.</li> </ul> </li> <li>3. Where a single restrictor is fitted, consideration should be given to replacing it and /or fitting a second restrictor on the opposite side of the window if. For example: <ul style="list-style-type: none"> <li>• the existing restrictor is assessed as being of inadequate strength for the situation;</li> <li>• the restrictor can be disengaged without the use of a special tool or key;</li> <li>• the maximum opening exceeds 100mm; or</li> <li>• the window is located within a mental health area where it could be subject to physical attack.</li> </ul> </li> <li>4. Assess the need for window restrictors in those patient locations where none currently exist.</li> </ol> <p>Safety alerts EFA-2014-003 and EFA-2013-002 should also be referred to.</p> <p><b>Action taken as confirmed during the inspection:</b>  Inspector confirmed general health and safety risk assessments are completed for all residents and associated accommodation.</p>	<p><b>Met</b></p>
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<b>Recommendation 4</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The final exit door from the bedroom at the rear of the building should be adjusted to be easily opened.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Maintenance adjustments implemented.	
<b>Recommendation 5</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	Contingency arrangements, including the operation of the emergency generator, should be reviewed, formalised and staff trained in their implementation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff training implemented.	
<b>Recommendation 6</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	A system should be established for making a weekly visit to the NIAIC website to check for relevant safety alerts which should be actioned as appropriate. Reference should be made to the correspondence from RQIA regarding this. <a href="http://www.rqia.org.uk/cms_resources/Letter%20Re%20MDEA.pdf">http://www.rqia.org.uk/cms_resources/Letter%20Re%20MDEA.pdf</a>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Procedures implemented.	

### 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.**

A range of documents related to the maintenance and inspection of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment, and include: a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.



The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. These measures support the delivery of safe care.

### Areas of good practice

Fire safety control procedures are implemented and recorded.

### Areas for improvement

1. Bedroom doors did not have self-closer devices installed.
2. There was no fire blanket within the service user smoker`s facility located in the rear yard. Judith Purdy confirmed by 11 June 2017 telephone call that a fire blanket had been purchased and has been sited within the smoker`s area.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

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

There are arrangements in place for routine premises maintenance management, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the maintenance of the establishment.

This supports the delivery of effective care.

### Areas of good practice

Building services are maintained in compliance with recommended standards.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated with adequate lighting levels. Service users are consulted about decisions around decoration and their private accommodation where appropriate.

This supports the delivery of compassionate care.

**Areas of good practice**

There is service user involvement in maintenance/decoration decisions

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises. Adequate support and resources have been provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

**Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Judith Purdy, Acting 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

### 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 to [Estates.mailbox@rqia.org.uk](mailto:Estates.mailbox@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

**Action required to ensure compliance with** The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27.(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 01 August 2017</p>	<p>The registered person shall ensure that self-closer devices are installed on all bedroom doors in compliance with Northern Ireland Fire and Rescue Service requirements.</p> <p>Ref:6.2 &amp; 6.4.1</p> <p><b>Response by registered person detailing the actions taken:</b> It is planned for seven door closers to be installed on 26<sup>th</sup> &amp; 27<sup>th</sup> August to met the requirements of Northern Ireland Fire and Rescue Service.</p>
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*\*Please ensure this document is completed in full and returned to [Estates.mailbox@rqia.org.uk](mailto:Estates.mailbox@rqia.org.uk) from the authorised email address*



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