



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Bridgeview (1352)
Date of Inspection: 1 May 2014
Inspector's Name: Ruth Greer
Inspection ID: 17729

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Bridgeview
Address:	135 Bridge Road Dunloy Ballymena BT44 9EG
Telephone Number:	028 2765 7789
E mail Address:	rosemary.clarke73@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Rosemary Clarke
Registered Manager:	Mrs Rosemary Clarke
Person in Charge of the home at the time of Inspection:	Mrs Rosemary Clarke
Categories of Care:	LD,LD(E)
Number of Registered Places:	4
Number of Residents Accommodated on Day of Inspection:	4
Scale of Charges (per week):	From £505 (Depending on individual needs)
Date and type of previous inspection:	19 September 2013 Primary announced inspection
Date and time of inspection:	1 May 2014 10:00am to 3:00pm
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an announced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods / Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered provider / manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff

- Consultation with residents individually
- Discussion with 4 relatives
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	4
Staff	2
Relatives	4
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

Issued To	Number issued	Number returned
Staff	8	

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Bridgeview Residential Care home is situated rurally outside the village of Dunloy in County Antrim.

The residential home is owned, operated and managed by Mrs Rosemary Clarke.

Accommodation for residents is provided in individual rooms all on ground level.

A Communal lounge and dining area are provided.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of four persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This announced primary care inspection of Bridgeview residential care home was undertaken by Ruth Greer on 1 May 2014 between the hours of 10.00am and 3:00pm. Mrs Clarke was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Mrs Clarke completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Clarke in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives discussed the day to day arrangements in relation to the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings

Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. Mrs Clarke is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Bridgeview is compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Bridgeview is compliant with this standard.

Resident, representatives, staff and consultation

During the course of the inspection the inspector met with residents, representatives, and staff.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties and that the manager is approachable and supportive.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a high standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

No requirements and no recommendations were made as a result of the primary announced inspection.

The inspector would like to thank the residents, relatives, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 September 2013

No requirements or recommendations resulted from the primary announced inspection of Bridgeview which was undertaken on 19 September 2013.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
As Bridgeview is a small home, all staff are very familiar with each resident's usual conduct, behaviour & means of communicating. Policies are in place that reflect DHSSPS guidance and the Human Rights Act 1998. Staff have received training specific to individual resident's behavioural management as necessary and care plans, reviews, communication passports are in place as necessary to assist in staff awareness of specific behaviours. Any practices which impact on the human rights of a particular resident are undertaken with the involvement of the HSC Trust and are fully documented in the resident's care plan.	Substantially compliant

<p>Inspection Findings:</p> <p>The home had a policy on the use of restraint in place. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and if required implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training challenging behaviour in October 2013 and in autism awareness in December 2013 both of which included a human rights approach.</p> <p>A review of all four of the residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed in relation to falls, nutritional needs and continence management. One risk assessment was in relation to the smoking habit of a resident.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents</p>	Compliant
<p>Criterion Assessed:</p> <p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If a resident's behaviour is uncharacteristic, staff record any actions taken and report immediately to the Home Manager. A full report is drawn up of any such incident and any relevant members of the multi-disciplinary team are advised accordingly along with any external agencies as required - this situation has only occurred once at Bridgview and all relevant agencies were notified, including the resident's representative.</p>	Compliant

Inspection Findings:	
<p>The policy and procedure to guide staff in the event of an incident includes the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff. <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Due to the small size of this home staff confirmed that communication methods between staff are well developed. Staff change shift three times in the 24 hour period and at each change residents’ progress is discussed verbally and written in the daily care notes.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussion with visitors confirmed that they had been informed appropriately.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>If a resident requires a consistent approach, this is fully discussed prior to admission and training is provided for staff. A care plan is drawn up by the Care Manager in conjunction with the resident and/or their representatives to ensure that any consistent approaches and responses from staff are clearly documented. At Bridgeview we are fully supported by the resident's representatives and there is one resident accommodated who specifically requires a consistent approach by staff. This resident's transition to move from home into Bridgeview was very successful as there was full input from all relevant members of the multi-disciplinary, training for staff and lots of relevant information provided by the resident's representatives.</p>	Compliant
<p>Inspection Findings:</p> <p>A review of four care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident and/or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>No resident's at Bridgeview have a specific management programme. However, the Home Manager ensures that all usual behaviours are documented prior to admission to ensure that staff are fully aware of a resident's normal behaviour in order to identify if there are any changes in a resident's behaviour and if a behaviour management plan is required. Advice is also sought from any members of the multi-disciplinary team as necessary - i.e. the Challenging Behaviour Team etc.</p>	Substantially compliant

Inspection Findings:	
The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Staff are aware of what each individual resident's usual behaviours and where there is a change this is noted and responded to appropriately as evidenced by the care files examined by the inspector.	Compliant
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If a behaviour management plan is in place, staff would be provided with training to assist them supporting and caring for the individual resident. Training has been provided to staff by the Challenging Behaviour Team on specific topics relating to one resident i.e. Autism Awareness training and staff also had training to highlight awareness of an individual resident's normal behavioural patterns and methods of communication.	Substantially compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Behaviours which challenge in October 2013 • Training in regard to the home's categories of care in December 2014 - specifically autism as one resident has been assessed with this condition. <p>Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programme/s in place.</p>	Compliant

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>This situation has not occurred at Bridgeview but if it were to happen, all relevant members of the multi-disciplinary team would be notified as necessary and the manager would request a multi-disciplinary review of the resident's care plan in order to ensure that the care plan would reflect the details of the incident and provide guidance for staff regarding how to prevent / manage a similar type incident in the future.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records which have occurred since and discussion with staff identified that one incident had occurred outside of the scope of a resident's care plan (and after the manager's completion of the above self assessment).</p> <p>A review of the incident records, discussions with staff and the resident's representative, confirmed that the family, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of the resident's care plan identified that it had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Restraint is not used within Bridgeview - however, if a resident were to be admitted who would potentially require restraint, full training would be provided to staff prior to the admission of that particular resident to ensure that staff would have the necessary knowledge and skills to manage particular situations. Any such incidents that required restraint would be notified to all relevant members of the multi-disciplinary team and RQIA.</p>	Substantially compliant

Inspection Findings:	
<p>A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose. For residents who require bed rails there was a risk assessment in place which contained the input, and signatures, of the multi-disciplinary team.</p>	Compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
As Bridgeview is a small home we are able to provide a range of activities that are specific to the individual resident's needs in order to ensure that they all have positive outcomes. Prior to admission of any resident, the Manager aims to establish the individual's needs and wishes in relation to activities so that each individual benefits from activities provided. At Bridgeview this includes group activities and also activities that are specific to an individual's wishes, likes and dislikes. A monthly activity programme is drawn up and displayed in the home for residents and relatives. As Bridgeview is small, staff are able to carry out ad-hoc activities, depending on the weather etc.	Substantially compliant
Inspection Findings:	
<p>The home had a policy dated April 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Each residents file contains an individual activity programme.</p> <p>Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment The residents within Bridgeview enjoy a range of activities that take account of their likes and past experiences and staff are adaptable in the carrying out of activities within the home. Activities include: getting a daily paper, getting out to watch traffic, meals out, games, music therapy, hand and feet massages, reflexology, baking, sensory activities, DVDs; activity boards supplied by the home and family, external day care, take-away nights, outings & visits with families, etc. Spiritual needs are taken into account on an individual basis with input from relevant clergy, family and friends of the residents as required.	Substantially compliant
Inspection Findings: Examination of the programme of activities identified that social activities are organised every day. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. As there are only four residents the staff told the inspector that they can organise spontaneous outings according to the weather. For example on the Sunday before the inspection staff had taken residents to the local pub for lunch.	Compliant

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment No residents within Bridgeview remain in their rooms. For residents that are able, the manager actively seeks their views in relation to activities and staff are also encouraged to put forward any suggestions of activities based on their knowledge of the residents.</p>	Compliant
<p>Inspection Findings: A review of the record of activities provided identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with staff and care management review meetings.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The monthly activity programme is displayed in 2 areas within the home so that residents and/or their representatives are aware of what is planned/provided. Activities are regularly discussed with staff and residents to ensure that everyone is aware of planned activities, outings and input by family.</p>	Substantially compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display in the home. Relatives told the inspector of the activities their loved ones enjoyed and had participated in. The programme of activities was presented in an appropriate format to meet the residents' needs in written and pictorial form. Also on view were photographs of events which had taken place which relatives told the inspector they had been encouraged to view.</p>	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Staff fully support residents to ensure that they are able to participate in the activity programme and that each individual resident's day is structured and inclusive of an activity. Equipment is provided by the home for certain activities and staff carry out activities as part of their daily care of the residents.</p>	Substantially compliant
Inspection Findings:	
<p>Activities are provided for a number of hours each week by designated care staff.</p> <p>There was confirmation from staff that a designated budget for the provision of activities is in place. For example for baking ingredients and beauty treatments.</p>	Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The activities provided at Bridgeview takes into account the needs and abilities of the residents. Some resident's prefer not to be too involved in group activities at times, and their wishes are respected and they are facilitated to enjoy what they want to do instead i.e. read the paper, listen to the radio etc.</p>	Substantially compliant
Inspection Findings:	
<p>The care staff and registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>At Bridgeview there is a reflexologist who attends the home on a fortnightly basis and this has been a long standing arrangement of 10 years. The home manager monitors this activity and family and Care Management are fully aware of this. At present, no other activities are provided by persons contracted in.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that a reflexologist is employed to provide treatments every two weeks.</p> <p>The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>On arrival at the home, the person coming to provide reflexology speaks to the staff and if there are any changes to the resident's needs, this would be communicated to the person beforehand. Staff are present throughout any sessions.</p>	Compliant

Inspection Findings:	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.	Compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
An individual record is maintained of each resident's daily activity and the outcome of the activity. This is recorded on the Activity Sheet held in each resident's daily progress notes. This is reviewed monthly by the home manager.	Substantially compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activity programme is reviewed and changed monthly to ensure that it takes account of special dates /occasions, adapts to any changing needs of the residents and also to take account of any new residents accommodated in the home. Views are sought from staff and residents as far as possible to ensure that the activity programme is suitable and makes provision for all residents accommodated at Bridgeview.	Compliant

Inspection Findings:	
<p>A review of the programme of activities identified that it is reviewed monthly.</p> <p>The registered manager confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Substantially compliant</p>

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with four residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated / expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I have settled in and I like it the staff are good to me".
- "I am happy here I like going out for a smoke".
- "Staff are kind".

11.2 Relatives / representative consultation

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "I really think X would not be alive today if she hadn't come to this home".
- "We were very anxious before Y came to live here but the staff and manager are so good and worked so closely with us before and after his admission. We trust them".
- "Rosemary and the staff are brilliant. I don't think Z would have survived in a big home this is perfect".

11.3 Staff consultation

The inspector spoke with two staff on duty. Staff at Bridgeview would undertake mixed duties due to the small number of residents. Discussion with staff identified that they were supported in their roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

- "This continues to be a great wee home".
- "Residents are encouraged to live their lives whatever way they choose and we facilitate this".
- "The residents are always the first consideration in this home".

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that there have been no complaints within the time specified.

11.7 Environment

The inspector viewed the home including residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be attractive, up to date and of a high standard

11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment .

The review identified that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff in line with requirements and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Rosemary Clarke as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the primary announced inspection of Bridgeview which was undertaken on 1 May 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Rosemary Clarke
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Rosemary Clarke

Approved by:	Date
RUTH GREER	23 6 14