

Inspection Report

1 October 2023



Bridgeview

Type of Service: Residential Care Home
Address: 135 Bridge Road, Dunloy, Ballymena, BT44 9EG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Bridgeview Residential Home Ltd	Registered Manager: Miss Megan Edel McGowan
Responsible Individual: Ms Patricia Mary Casement	Date registered: 29 April 2022
Person in charge at the time of inspection: Saoirse Mooney – 10.00 am to 12.00 md Megan McGowan 12.00 md to 2.00 pm	Number of registered places: 4 LD and LD(E) with associated physical disability and sensory impairment
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 3
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to four residents. The home is situated over one floor with individual bedrooms and a communal bathroom, lounge and dining room.	

2.0 Inspection summary

An unannounced inspection took place on 1 October 2023, from 10.00 am to 2.00 pm by a care inspector.

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

Areas requiring improvement were identified and can be found in the Quality Improvement Plan (QIP) in section 6.0.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

A resident and staff were spoken with individually. They were complimentary in their comments about living and working in the home.

A resident said that they loved the home and the staff were good to them. They described the food as nice and said they liked reading.

Staff said they enjoyed working in the home and the manager supported them well. Staff said there was good team work and no problems with staffing levels.

No responses were received from the questionnaires or the online survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 April 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall make suitable arrangement to minimise the risk of infection. This is in relation to the number of areas for improvement detailed in the report.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence of good compliance with mandatory training including falls prevention, fire prevention, first aid and moving and handling. Additionally, training was provided on epilepsy management, oral care and dysphagia.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff took time to communicate with residents and were aware of their individual ways of conversing; they were respectful, understanding and sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails or lap belts. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. These residents were assisted by staff to change their position when required. Care records accurately reflected the residents' needs.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, staff assistance and use of mobility aids.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. Modified meals were prepared appropriately for residents who required this.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs;

this included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs, however updates and reviews required to be more person centred and detailed. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Infection prevention and control (IPC) issues were identified in two bedrooms in the home. This was brought to the attention of the manager and an area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Observation and discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have family or friends in their room or the lounge, could spend time watching TV or listening to music or taking part in their chosen activity.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of group and individual activities provided for residents by staff based on residents likes and preferences.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Megan Edel McGowan has been the manager in this home since 29 April 2022.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Megan Edel McGowan, registered 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall make suitable arrangement to minimise the risk of infection by addressing the infection prevention and control issues identified during the inspection.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person has ordered a new mattress on the 27.10.23, due to be delivered next week. A new waterproof mattress protector has also been recommended and purchased from a healthcare supplier to ensure a good standard of infection control is maintained.</p> <p>The auto logic mattress box has been cleaned and a new weekly audit in place for the registered person to ensure equipment is maintained to a good standard and to prevent spread of infection. A staff meeting was held on 25.10.23, and all staff updated on infection prevention and control measure to ensure equipment is well maintained and clean.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure care records are reviewed and updated in a detailed, meaningful and person centred way.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A staff meeting was held on the 25.10.23 and all staff informed regarding the issue of repetitive documentation, the registered person explained the importance of person-centred notes for each individual, the registered person updated one patient records for the key workers to view and follow the example of standard required. The new online EpicCare system is also being introduced into the home to move all care documentation online, it is aimed to be completed by the 15.11.23.</p>

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