



The Regulation and
Quality Improvement
Authority

Bridgeview
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**Unannounced Care Inspection
of
Bridgeview**

5 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 5 January 2016 from 9.45 to 13.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 0 |

The details of the QIP within this report were discussed with the Olivia Scott, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

| | |
|---|--|
| Registered Organisation/Registered Person: Bridgeview Residential Home | Registered Manager: Dawson Campbell |
| Person in Charge of the Home at the Time of Inspection: Olivia Scott (senior care assistant) | Date Manager Registered: 01 November 2015 |
| Categories of Care: RC-LD, RC-LD(E) | Number of Registered Places: 4 |
| Number of Residents Accommodated on Day of Inspection: 4 | Weekly Tariff at Time of Inspection: variable from £528 to £1275 |

3. Inspection focus

The inspection sought to determine if the following standard had been met:

Standard 1: Residents' involvement – Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of accidents/incidents since the previous inspection.

During the inspection the inspector met with three residents and two care staff. There were no visiting professionals and no resident's visitors/representatives.

The following records were examined during the inspection: four care files, menus, statement of purpose, complaints, accidents and staff duty rotas.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced finance inspection dated 22 December 2015. The date for the return of the QIP had not expired at the time of this current inspection. When returned, the QIP will be examined by the finance inspector.

5.2 Review of requirements and recommendations from the last Care inspection

The previous care inspection took place on 18 August 2015. There were no requirements or recommendations made as a result of that inspection.

5.3 Standard 1: Residents' involvement – Residents views and opinions shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The residents in Bridgeview have complex and varied needs and three of the four residents have no verbal communication. We examined the care files of all residents. These were found to be comprehensive, informative and up to date. The needs assessments and care plans set out residents' preferences as well as needs. Staff on duty have worked in the home for several years and know the residents well. An examination of menu planning showed that this is undertaken weekly and is based on the staff knowledge of what each resident likes. Two residents are taken out by staff for lunch each Monday and Friday. Minutes of care management reviews were in place in each file. The minutes had been signed by family members who were present at the review.

Is care effective? (Quality of management)

In October 2015 the home was sold and re-registered to a new provider. A new registered manager was appointed at the same time. In conversation with staff we were informed that care standards had not been compromised by the change. Staffing levels remain the same and training is on-going. In November refresher training in food hygiene was provided and records showed that medicine training is planned for 18 January 2016. Examination of the statement of purpose showed that it did not reflect the details of the changes in the management structure. A requirement has been made in the quality improvement plan. The views of relatives are sought annually as part of the quality review report. A summary of the views was displayed on the notice board. The views expressed were all positive.

Is care compassionate? (Quality of care)

One resident was able to state that he remains happy in the home and is well looked after by staff. We observed staff provide care to residents. This was of a very high standard, friendly and compassionate. Residents were treated with dignity and respect. Residents' appearance and presentation was excellent and it was clear that time and thought had gone into their personal hygiene care. One resident was being fed breakfast and this was provided in an unhurried and caring manner. The resident was unable to verbalise, however a good rapport between him and the staff member was obvious throughout this task.

Areas for improvement

The statement of purpose requires to be updated to reflect new management structure.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 1 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Additional areas examined

5.4.1 Residents

The home is registered for four residents. On the day of this inspection the residents appeared at ease in the home and with staff.

5.4.2 Staff

There were two staff on duty. We spent time with both in discussion and in observation of practice. The care provided was seen to be person centred. In conversation staff were knowledgeable about each individual resident. Staff recognised the importance of keeping families involved with and informed of the progress of their loved ones in the home.

5.4.3 Environment

The home was very clean, well decorated and maintained. This is a small domestic style building and this adds to the homely ambivalence. Residents' bedrooms are personalised and communal areas are well furnished. Specialist chairs are in place for residents who need them. It was noted that an internal door was wedged open. We were informed that the hold open device was broken. A requirement has been in the quality improvement plan.

Areas for improvement

Internal door should not be wedged open

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 1 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Olivia Scott, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

| | | | |
|---|--|-----------------------|------------|
| Requirement 1 Ref: Regulation 3.1 Stated: First time To be completed by: 31 01 2016 | The statement of purpose should be updated to accurately reflect the recent changes in the management structure. Response by Registered Person(s) detailing the actions taken: The Statement of Purpose has been updated to accurately reflect recent changes in management structure. | | |
| Requirement 2 Ref: Regulation 27 (4)(b) Stated: First time To be completed by: 05 01 2016 | The broken hold open door device should be repaired. In the meantime internal fire doors must not be wedged open. Response by Registered Person(s) detailing the actions taken: The broken hold open door device has been repaired. No wedges used from hence forth to keep doors open. | | |
| Registered Manager completing QIP | Patricia Casement | Date completed | 19/01/2016 |
| Registered Person approving QIP | Patricia Casement | Date approved | 19/01/2016 |
| RQIA Inspector assessing response | Ruth Greer | Date approved | 08/02/2016 |

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address