

# Unannounced Inspection Report 5 December 2019



## Bridgeview

**Type of Service: Residential Care Home**  
**Address: 135 Bridge Road, Dunloy, Ballymena, BT44 9EG**  
**Tel No: 028 2765 7789**  
**Inspector: Rachel Lloyd**

[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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care for up to 4 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Bridgeview Residential Home Ltd  <b>Responsible Individual:</b> Ms Patricia Mary Casement	<b>Registered Manager:</b> Ms Judith Purdy
<b>Person in charge at the time of inspection:</b> Ms Shannon Connor, Healthcare Assistant in Charge, 09:40 to 11:40 Ms Judith Purdy from 11:40 onwards	<b>Date manager registered:</b> 5 February 2018
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of registered places:</b> 4

### 4.0 Inspection summary

An unannounced inspection took place on 5 December 2019 from 09:40 to 13:10.

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

Evidence of good practice was found in relation to the management of medicines, the staff knowledge of and interaction with the residents and the dining experience.

It was positive to note that all areas for improvement from the previous inspection have been met and there were no areas for improvement identified during this inspection.

One resident described living in the home as being in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and/or professionals and staff during and after the inspection, are included in the main body of this report.

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

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Judith Purdy, registered manager, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent inspection dated 22 August 2019**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 22 August 2019. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You?' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- staff training records
- the care records of four residents
- personal medication and medicine administration records

Areas for improvement identified at the last inspection were reviewed and an 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 care and medicines management inspections dated 22 August 2019 and 23 May 2017

Areas for improvement from the most recent care inspection dated 22 August 2019		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27.1 <b>Stated:</b> First time	The registered person shall ensure that the building is kept clean and hygienic at all times. This is specifically in relation to one resident's en-suite bathroom.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The bathroom had been deep cleaned and was in a satisfactory condition. The rest of the home was observed to be clean and tidy.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27.5 <b>Stated:</b> First time	The registered person shall ensure that the grounds are kept tidy, safe, suitable for and accessible to all residents. This is in relation to the outdoor smoking area.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area was observed to be clean, tidy and accessible and was not being used for the storage of any equipment.	

There were no areas for improvement identified as a result of the most recent medicines management inspection.

### 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.**

We arrived in the home at 09:40 and were greeted by the person in charge who was helpful and attentive. Residents were seated in the kitchen or lounge, or remained in their rooms, in keeping with their personal preference/routine.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. External areas and corridors were free from trip hazards and cleaning products were stored in areas not accessed by residents.

Four personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed. A small number of minor discrepancies were identified and addressed immediately.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

#### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.5 Is care effective?

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay and there were systems in place for any medicine changes.

Staff stated that there was effective teamwork; the staff spoken to understood their role, function and responsibilities.

We reviewed the lunchtime meal experience. Residents dined in the kitchen dining area. The menu offered a choice of meal for lunch. Residents who required their meals modified were also afforded a choice of meal. Food was served warm, directly from the kitchen. Staff were knowledgeable in relation to the residents' dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the encouragement/assistance provided by staff to ensure that residents enjoyed a nutritious meal.

### 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.**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide support. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with one resident confirmed that living in the home was a positive experience and that they enjoyed the meals and activities provided, particularly the outings with staff and other residents. Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Of the questionnaires that were issued, none were returned within the specified timescale. Any comments from residents or their representatives, in questionnaires received after the return date will be shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing residents.

### 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.**

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff spoken to stated that they enjoyed working in the home.

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the manager advised that staff had received or were due to receive Level 2 training. The manager advised that she has received Level 3 training. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place to comply with the new legislation.

### Areas of good practice

There were examples of good practice found in relation to 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care