



Unannounced Care Inspection Report 6 November 2020



Bridgeview

Type of Service: Residential Care Home (RCH)
Address: 135 Bridge Road, Dunloy, Ballymena BT44 9EG
Tel no: 028 2765 7789
Inspector: Marie-Claire Quinn

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 four residents.

3.0 Service details

Organisation/Registered Provider: Bridgeview Residential Home Ltd Responsible Individual: Patricia Mary Casement	Registered Manager and date registered: Clare McCotter, acting, no application required.
Person in charge at the time of inspection: Kaylee Glendinning, senior care assistant from 10:40 to 11:45 hours. Clare McCotter, from 11:45 to the conclusion of the inspection.	Number of registered places: 4
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 4

4.0 Inspection summary

This unannounced care inspection took place on 6 November 2020 from 10.40 to 15.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- the home's environment
- dining experience
- therapeutic activities
- staffing
- recording of care
- management and governance arrangements.

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
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Clare McCotter, 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.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

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.

A number of questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received following the inspection.

The following records were examined during the inspection:

- staff duty rota for November 2020
- weekly menu
- weekly activity schedule
- care records for four residents
- a sample of governance records including audits, cleaning schedules and minutes of staff meetings
- monthly monitoring report dated 9 September 2020.

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 previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 December 2019.

There were no areas for improvement identified as a result of the last inspection.

6.2 Inspection findings

6.2.1 The home's environment

There were robust Infection Prevention and Control (IPC) practices in place for individuals entering the home. A foot pedal operated hand sanitiser and face masks were available at the entrance to the home. Staff took our temperature, completed a symptom checklist and ensured we washed our hands. All staff were being tested for COVID-19 on the day of inspection, as part of the national initiative for regular testing in care homes.

There were no concerns regarding the availability, supply or use of Personal Protective Equipment (PPE) identified during the inspection. One staff member was wearing nail polish which was removed during the inspection.

The home was clean, tidy and warm. The manager had implemented a deep cleaning schedule and maintained good oversight of this. Residents' bedrooms looked comfortable and one had recently been repainted in the resident's favourite colour. Further refurbishment had been delayed due to COVID-19 pandemic and the need to reduce footfall in the home.

The manager outlined ongoing improvements to the overall environment in the home. The outdoors area had been power hosed and fences repainted. The manager is considering how this can be better utilised including getting a dog or hens as an additional therapeutic resource for residents.

Two walls and a notice board were showing signs of wear and tear. Following the inspection, the manager provided evidence that required refurbishment had been completed promptly and to a high standard.

6.2.2 Dining experience

Residents were still enjoying their breakfast of porridge and fruit when we arrived at the home. For lunch, residents were offered a choice of vegetable omelette or tuna and salad sandwiches. Food was prepared in line with resident's dietary requirements. The omelette was a popular choice and residents enjoyed the meals served during the inspection.

The menu on display in the home contained a range of healthy and nutritious choices for residents. Residents were also offered a minimum of two snacks a day, including fruit, angel delight and Nutella crepes.

Staff in the home outlined recent improvements to the quality and range of food being provided in the home. The manager had overhauled the menu, significantly increasing the use of fresh fruit and vegetables. This had a positive benefit to residents; many had tried and liked new vegetables, and the home reported this had led to a significant reduction in the need for and use of laxatives. This is good practice and is to be commended.

6.2.3 Therapeutic activities

Due to the current COVID-19 restrictions, residents' routines had changed. Staff described the adjustments they had made to daily routines in the home, as residents were unable to attend day centres or outings and visits from family. This included supporting residents to use face time, taking them for short drives and increasing one-to-one activities such as nail care.

Residents were in happy and excitable form during the inspection. One resident was very content playing his keyboard, and was laughing and giggling throughout the day. Other residents relaxed in the lounge while listening to music. Another resident watched television in his room and watching the roadworks going on outside the home.

A weekly activity schedule was in place and on display in the home. This included a good range of individual and group activities, including hand massage, word search, peanut ball, toys and rattles and an Elvis movie. Staff also updated the board with the date, time and weather.

6.2.4 Staffing

Staff were busy throughout the inspection. Residents were attended to promptly, and staff were also completing cleaning tasks and facilitating staff testing. Staff adhered to appropriate IPC measures, including wearing and changing PPE, however we asked the manager to review the delegation of these tasks to further minimise the risk of potential cross infection.

Residents were relaxed, comfortable and content when engaging with staff. Staff demonstrated excellent knowledge and understanding of resident's individual needs and preferences. Staff were friendly, cheerful, patient and kind throughout the inspection. Staff responded promptly to residents showing any signs of distress or discomfort, to good effect.

Staff discussed the impact of recent staff changes and sick leave; staff advised they were never short staffed in the home, as staff agreed to work extra hours or changed their shift pattern. The manager also advised two new care staff had been recently recruited and were undergoing the required checks before commencing their induction.

The staff duty rota reflected staffing arrangements as outlined by staff and the manager. However an area for improvement was made as the rota did not include the hours worked by the manager and did not clearly identify the person in charge of the home in the absence of the manager.

6.2.5 Recording of care

Care plans were in place for the management of epilepsy, mobility, dietary needs and oral health care. Supplementary care records were well maintained. One care plan required a photograph of the resident; the manager confirmed this was in place following the inspection. One care plan did not include sufficient detail on changes to one resident's routine and therapeutic activities. An area for improvement was made.

Care records included a range of assessments such as Malnutrition Universal Screening Tool (MUST) and Braden. These are nursing assessments and not typically used in residential homes, unless completed by staff who have been trained and deemed competent and capable to do so. Care plan audits had identified that MUST tools were inaccurate. Discussion with the manager established that care staff had not received formal training on the use of these tools;

correspondence with the home following the inspection confirmed that this was promptly arranged for the 11 November 2020; therefore an area for improvement was not required on this occasion.

Care records provided evidence that staff maintained regular contact with multi-disciplinary professionals, including G.P's, district nursing and physiotherapists as required. Appropriate action was taken following an accidents or incidents in the home, or if staff noted any change in resident's health or behaviour.

The home had completed a comprehensive annual care review with each resident and shared this with the resident's next of kin and relevant multi-disciplinary professionals. These reviews included consideration of resident's mental capacity and Deprivation of Liberty Safeguards (DoLS); we advised the manager to ensure that the relevant HSC Trust documentation was documented in care records.

6.2.6 Management and governance arrangements

The home has had two management changes since the last inspection on 5 December 2019. Staff told us that both the previous and current acting managers had been supportive; staff felt well informed and kept up to date, particularly with changing COVID-19 guidance. Staff stated, "Clare (manager) has fitted in very well."

The home's current acting manager had not received a handover from the previous manager, due to unforeseen circumstances. However the manager advised that care staff and the home's responsible individual were very supportive and accessible. The responsible individual is supporting the manager to complete their 'Return to Nursing' qualification, and has supported the recent menu overhaul in the home. The manager advised she was enjoying working in the home, as "It's not institutional, like other homes I've worked in. It really is a very homelike atmosphere."

The home had not received any complaints since the previous care inspection.

Review of governance records and discussion with the manager evidenced routine checks, such as fire safety, were being completed and reviewed in the home. Management maintained oversight of the home's environment, medication management, care plans, hand hygiene and accidents and incidents through a system of audits.

Monthly monitoring visits were completed and review of the report for September 2020 confirmed there were robust governance arrangements in the home. A clear action plan was in place for the manager to review and implement as required. Additional monthly monitoring reports were not immediately available on the day of inspection; an area for improvement was made.

Areas of good practice

There were areas of good practice identified regarding therapeutic activities, dining experience delivery of individual care and the quality improvements initiated by the manager.

Areas for improvement

Areas for improvement were identified in relation to the duty rota, care plan for one resident's changed routine, and the availability of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

The home was clean, warm and tidy.

We saw care being delivered by caring, patient and cheerful staff. Residents looked well cared for and content. There was a range of therapeutic activities available in the home, and residents were provided with healthy and nutritious meals.

The manager is newly in post however has already made several improvements to the quality of care being provided in the home.

Areas for improvement are to be managed in the QIP below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clare McCotter, 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 residential 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 DHSSPS Residential Care Homes Minimum Standards, August 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30.-(1) Stated: First time To be completed by: from the date of inspection	The registered provider shall maintain a copy of the monthly monitoring report in the home. Ref: 6.2.6 Response by registered person detailing the actions taken: A copy of the monthly monitoring report is printed and communicated to all individual staff members. each asked to sign and date once read.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: from the date of inspection	An accurate record is kept all staff working over a 24-hour period and the capacity in which they worked. This includes the hours worked by the manager, and clearly notes which staff member is the person in charge of the home in the absence of the manager. Ref: 6.2.4 Response by registered person detailing the actions taken: Working hours of Home Manger is recorded on the weekly off duty. The off duty clearly displays which TEAM member is in charge of each shift.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: from the date of inspection	The care plan for one identified resident is updated regarding changes to their daily routine and weekly programme of activities. Ref: 6.2.5 Response by registered person detailing the actions taken: The care plan of identified resident is now updated, recording changes to their daily routine and weekly programme of activities.

Please ensure this document is completed in full and returned via Web Portal



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