



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Bridgeview
RQIA Number: 1352
Date of Inspection: 7 November 2014
Inspector's Name: Ruth Greer
Inspection ID: IN017771

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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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
Email 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 Olivia Scott (senior care) Mrs Clarke joined for the last part of the inspection
Categories of Care:	LD,LD(E)
Number of Registered Places:	4
Number of Residents Accommodated on Day of Inspection:	3 (one of whom was at day care)
Scale of Charges (per week):	From £505 (Depending on individual needs)
Date and Type of Previous Inspection:	1 May 2014 Primary Announced Inspection
Date and Time of Inspection:	7 November 2014 10 00 to 12 45
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 unannounced secondary 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 unannounced 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

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

- Discussion with the registered provider/manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with both care staff on duty
- Consultation with residents
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 Standard:

Standard 9 - Health and social care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 Profile of service

Bridgeview Residential Care home is situated rurally on the outskirts of Dunloy, Co Antrim
The residential home is owned and operated by Mrs Rosemary Clarke who is also the registered manager.

Accommodation for residents is provided in single bedrooms on the ground floor. The building is single storey. 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

7.0 Summary of Inspection

This secondary unannounced care inspection of Bridgeview residential care home was undertaken by Ruth Greer on 7 November 2014 between the hours of 10.00am and 12.45pm. Mrs O Scott (senior carer) was available at the beginning of the inspection and Mrs Clarke arrived to receive 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.

The focus of this unannounced inspection was on standard 9 - Health and Social Care - the health and social care needs of residents are fully addressed. The home was found to be compliant with the requirements of this standard. There were processes in place to ensure the effective management of the standard inspected.

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

In discussion with one resident he indicated that that he was happy and content with his life in the home, with the facilities and services provided and his relationship with staff. One resident was unable to verbalise his views and opinions but presented as settled and content.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from one resident and two staff are included in section 10.0 of the main body of the report.

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 included the management of continence. Further details can be found in section 10.0 of the main body of the report.

One recommendation was made as a result of this secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 1 May 2014

No requirements or recommendations resulted from the primary announced inspection of Bridgeview which was undertaken on 1 May 2014.

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
An examination of the care files of residents showed that the details listed in this criterion were in place. Residents who are newly admitted to the home can retain their G P if he/she is willing to travel to the home. If not the resident is given the option to join a local practice. A template was in place in each file to record the visits/appointments of all outside health care professionals.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
There were three residents accommodated on the day of this inspection. The two care staff on duty had worked in the home for 6 and 11 years respectively and know the residents well. Before any new admission to the home a needs assessment is undertaken and information shared with staff. Information in the care files sets out the interventions required for each resident. Mandatory training was up to date. Specific training is provided as required. For example training in respect of the wheelchair use for a specific resident had been provided on 5 November 2014.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
Staff continually monitor the residents and are able to recognise if a person is ill/off colour. Records in the care files show that frequent and timely referrals are made to GP's, Speech and Language and Community Nursing etc. The care files contained records of reviews undertaken by the community care managers.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Staff informed the inspector that families are informed, usually by telephone, after any visit to/by outside professionals.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
Records of appointments are held in the care files and are monitored regularly by the registered manager as part of a robust quality assurance system in the home.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
Personal appliances/aids, for example, spectacles and dentures are maintained as part of each resident's daily hygiene routine. Specialist chairs/bath aids are serviced and maintained by the Trust or outside contractors.	Compliant

10.0 Additional Areas Examined

10.1 Resident's Consultation

The inspector met with two residents individually. One resident was relaxing in the communal lounge and was happy to speak with the inspector. He confirmed that he remains happy in the home and well cared for. One resident was enjoying an activity. The resident had no verbal communication but looked happy and content. He demonstrated an ease with staff and a familiarity with his surroundings.

Comments received included:

"I still like it and the girls know what I like"

10.2 Relatives/Representative Consultation

There were no relatives in the home on the day of the inspection.

10.3 Staff Consultation

The inspector spoke with both staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. Staff stated that due to the small numbers in the home the care could be tailored to fit each resident. For example, on the day of this inspection staff had decided "on the spur of the moment" to take the two residents out for lunch. Staff stated that they get to know families well and that they are always welcome to visit in the home.

Comments received included:

"It's really good that there are only 3 residents that means we can just close the house and take them out if it's a nice day"

"I have worked in large homes but you couldn't give the same high level of care as we can here"

10.4 Visiting Professionals' Consultation

No professional visited the home.

10.5 Environment

The inspector viewed the home accompanied by Mrs Scott and inspected residents' bedrooms and communal areas. The areas of the environment viewed 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 of a high standard.

10.6 Management of Continence

As part of this inspection the home's arrangements for the management of incontinence were examined.

There was a comprehensive risk assessment relating to incontinence in each care file with an associated care plan. These had all been most recently reviewed on 8 October 2014. The Trust community nursing service provide all incontinence products for individual residents. Mrs Clarke confirmed that the home has a policy/procedure on continence promotion however, this was not available for inspection. A recommendation has been made accordingly in the quality improvement plan appended to this report.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Rosemary Clarke, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

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



Quality Improvement Plan

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Bridgeview

7 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Clarke either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10 .6 refers Standard 21.1 and Appendix 2 of the Residential Care Homes Standards	The home should have a policy on Continence Promotion.	Once	Continence Promotion Policy in place & available in policy file.	On or before 14 December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Ruth Greer	26/11/14
Further information requested from provider			