



Unannounced Care Inspection Report

11 December 2018



Bridgeview

Type of Service: Residential Care Home
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.

1.0 What we look for



2.0 Profile of service

Bridgeview care home is registered to provide care and accommodation for four persons who are living with a learning disability and/or associated physical disabilities.

3.0 Service details

Organisation/Registered Provider: Bridgeview Residential Home Ltd Responsible Individual: Patricia Casement	Registered Manager: Judith Purdy
Person in charge at the time of inspection: Judith Purdy	Date manager registered: 5 February 2018
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 4

4.0 Inspection summary

An unannounced care inspection took place on 11 December 2018 from 09.55 to 13.50.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011. The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

During this inspection, the home was found to be well-led and providing safe, effective and compassionate care to the residents. There was evidence of good practice in relation to the culture and ethos of the home, consideration of human rights, staff training, communication with residents and families and the range of activities available to residents. No areas of improvement were identified on this inspection.

Residents were unable to clearly verbally express themselves, however they used non-verbal communication to advise they were happy in the home. On the day of inspection, the residents presented as calm, content and comfortable with the staff on duty.

One resident's representative stated "This is the best home I've seen. I can't say a bad word about here. The staff couldn't do more (for my relative). (They) are very well cared for and looked after."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with the registered manager, two members of staff, and one resident's visitor.

A total of 10 questionnaires, including those in a user friendly format, were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There was one response from a resident's relative, who advised they were very satisfied with all aspects of the care provided in the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned to RQIA within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments schedules
- Staff training schedule
- One staff file
- Two residents' care files
- Minutes of the most recent staff meeting
- Audits of care plans
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting and fire doors
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of this 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 inspection dated 30 April 2018.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the previous care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 30 May 2018	The registered person shall ensure that all areas of the home are kept in a good state of repair.	Met
	Action taken as confirmed during the inspection: The registered manager advised that the home is no longer planning an extension of the building. The hall, two kitchens, living area and office have been freshly painted and redecorated. The trees outside have been cleared, providing more light into the home, and creating more space for parking.	

Area for Improvement 2 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 30 May 2018	The registered person shall ensure a risk assessment in relation to Legionella is carried out and the report is made available for inspection.	Met
	Action taken as confirmed during the inspection: The registered manager provided a copy of the inspection for Legionella which was dated July 2016. This report had also been forwarded to RQIA in May 2018.	

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.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The registered manager stated that the use of agency staff did not prevent residents from receiving continuity of care as agency staff are block booked in advance, and have worked in the home for several years. The home is also currently advertising for two part-time healthcare assistants' posts.

No concerns were raised regarding current staffing levels during discussion with staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home on the day of inspection. A review of one staff file and discussion with the registered manager and staff confirmed good practice in relation to recruitment, induction and competency and capability assessments. AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The registered manager outlined the arrangements in place to monitor the registration status of staff with their professional body (where applicable) through use of the Northern Ireland Social Care Council (NISCC) online portal system.

Discussion with staff confirmed that mandatory training and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection. On review of supervision schedules, the inspector identified that two members of staff, including the registered manager, had received only one formal supervision in this calendar year. This was discussed with the registered manager, who advised that informal supervision and support was frequent and she would ensure that individual formal supervision was arranged in early 2019.

The registered manager confirmed that an adult safeguarding policy was in place and that she continues to act as the adult safeguarding champion for the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding and child protection training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications and care records indicated that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the relevant Health and Social Care Trust (HSCT) prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The registered manager advised there were restrictive practices within the home, notably the use of lap belts, bed rails, pressure alarm chair mats and management of smoking materials. In the care records examined, the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide, and were updated as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the HSCT and noted to be regularly updated and reviewed as necessary.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. A review of the registered provider's monthly audit reports established that an IPC compliance audit of the environment was last undertaken in November 2018. Staff training records evidenced that all staff had received training on IPC in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), for example, disposable gloves and aprons, were available throughout the home. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. However, observation of staff practice identified that staff did not fully adhere to IPC procedures, namely: the staff on duty were wearing nail polish and had not removed jewellery including watches, rings and earrings. This was highlighted to the registered manager who agreed to immediately address this and provided assurance that staff adherence to IPC best practice standards would be further promoted through staff meetings, the staff notice board, formal supervision and environmental audits of the home.

The registered manager reported that there had been no outbreaks of infection within the last year. Feedback from the registered manager provided assurance that any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the HSCT falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The registered manager advised that the bedrooms were scheduled to be redecorated in early 2019; blinds will be replaced with blackout curtains to make the room more homely and attractive for those residents who enjoy looking out of their bedroom window during the day. Residents have also had the opportunity to choose their preferred colour scheme.

The home was fresh smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Malodours were being managed appropriately. The home was decorated for Christmas including home-made decorations from residents and their families. A "who's who" board in the hall included photos and names of the staff and residents. Photos of residents' outings and activities were displayed throughout the home, along with their arts and crafts, contributing to the homely and welcoming atmosphere.

Review of the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example, compliance with Control of Substances Hazardous to Health (COSHH) regulations and fire safety. The home had an up to date Legionella risk assessment in place dated July 2016 and all recommendations had been actioned.

It was established that some residents smoked. A review of the care records of these residents identified that risk assessments and corresponding care plans had been completed in relation to this activity. Deprivation of liberty multi-disciplinary assessments had been completed, which had considered contributing factors pertaining to the risk such as medical conditions and the subsequently prescribed interventions required to manage the risk.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. The registered manager advised that a new, custom-made and personalised chair had been ordered to replace an identified chair which had been assessed as too expensive to repair. Delivery was expected within the next few weeks. Safety maintenance records including Lifting Operations and Lifting Equipment Regulations (LOLER) records were up to date, audited by HSCT every six months. This was last reviewed in September 2018 with no concerns reported.

The registered manager advised that Northern Ireland Adverse Incidence Centre (NIAIC) alerts are checked on a weekly basis. A review of records confirmed that a file containing a printed copy of relevant alerts is maintained in the office, which all staff are required to date and sign after reading, to ensure learning is disseminated.

The home had an up to date fire risk assessment in place dated 8 January 2018 and all recommendations had been actioned. Review of staff training records confirmed that staff completed fire safety training a year. Fire drills are completed on a monthly basis and records reviewed confirmed these were up to date and also included the staff who participated in addition to identified learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. An independent contractor also completes annual checks of maintenance equipment. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- “I’ve been here for one month and there’s plenty of staff – enough for what the residents need. My induction is good; I’ve had training on using the hoist, feeding, data protection. I’ve had the training I need to do my job well. The other staff have been good and informative.”
- “Staffing levels weren’t great for a wee while so we worked longer shifts, but it’s already picked up. It didn’t take them (management) long to get it sorted. There wasn’t pressure to do extra shifts – we just pulled together. The residents were always looked after – definitely 100 per cent sure (that needs were met). Training is good, I’ve had manual training, buccal training.”

One completed questionnaire was returned to RQIA from a resident’s relative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Comment received from the resident’s relative was as follows:

- “My (relative) is very happy in Bridgeview and is well cared for.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, risk management and the home’s environment and person centred ethos.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents. There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR), for which staff had received specific training.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care needs assessment and risk assessments such as manual handling, bedrails, nutrition and falls were reviewed and updated on a regular basis or as changes occurred. Personalised healthcare passports were also included in the care records. This information is useful if a resident has to go into hospital, as it gives hospital staff details about their health, as well as information to help staff make the resident feel more comfortable. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and their representatives were encouraged and enabled, where possible, to be involved in the assessment, care planning and review process. The care records reviewed on the day of inspection had been signed by the residents' representatives.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff outlined the preferred daily routine for residents including rising and retiring times. Residents were given the option of individual or group activities, depending on their preference on the day.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The registered manager described the process of how residents suggest meals and plan the menu, for example, choosing their favourite foods or preferring soups and stews in the winter months. Some residents have tried new foods, such as different types of vegetables, and this has had a positive impact on their overall health. On the day of inspection, residents were observed enjoying their lunch together in the kitchen/dining area; there was a relaxed atmosphere, and residents appeared content. Residents who had finished their lunch were playing with sensory toys. Staff presented as patient and responsive, supporting residents with eating as needed. Residents were gently encouraged to finish their meal and had a choice of water, juice or milk to drink.

The registered manager advised that systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to district nursing, dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care reviews and accidents and incidents (including falls), were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider. The home was in the process of collecting feedback from residents' representatives and professionals for the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, annual care reviews, staff meetings and staff shift handovers. Review of training records confirmed that staff had received training in communication and customer care. Minutes of the most recent staff meeting were reviewed during the inspection and found to be satisfactory.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. The registered manager advised that residents' representatives regularly visited the home, and were able to discuss any concerns with her directly. There were also systems in place to ensure openness and transparency of communication. The registered provider reports and latest RQIA inspection reports were made available for staff; staff would read, date and sign these to confirm their knowledge and awareness of any issues raised. The results of the last annual satisfaction survey report were also displayed on the home's notice boards.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals, such as GP, Falls Prevention Team and Speech and Language therapists, were timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents, through effective communication and collaboration with families and other professionals. The annual care review meetings also provide an opportunity for formal discussion of any issues or concerns; the home completes a review report and forwards this to the HSCT prior to the meeting.

Staff spoken with during the inspection made the following comments:

- "The care plans are clear, and residents have good daily routines. They get well fed, get their personal care and we try our best to keep them happy and entertained. I just talk to the residents in a normal way and I'm learning, from observing the other staff and the care plans how to tell if residents are in pain or need something."
- "All the residents' needs are well met here, even activities. They (the residents) are all set in their routine and we can recognise a change in their behaviour if something isn't right. You talk to them, look at the care plan, talk to their family, or other staff."

One completed questionnaire was returned to RQIA from a resident's relative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

A range of policies and procedures was in place which supported the delivery of compassionate care. The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with the registered manager and staff confirmed that consent was sought in relation to care and treatment. Review of care records established that written consent forms were completed, and signed by residents' representatives, if required. Discussion with staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights and ensuring that their independence, dignity and confidentiality were protected. For example, giving the resident the option of finishing their lunch in their bedroom for privacy; making sure the bathroom door is closed when it's occupied by residents; ensuring consent for personal care by using knowledge of the resident's non-verbal communication style.

Discussion with the registered manager and review of activity schedules confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care plans which were in place for the identification and management of pain, falls and nutrition.

Residents and their families were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Care plans were also provided in a colour coded and pictorial format.

Discussion with staff and observation of their practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their wishes and preferences were taken into account in all matters affecting them. For example, residents could go to visit family if they did not wish to stay in the home during the Christmas party, or they could watch TV or play music if they did not want to engage in the planned activity that day. Other systems of communication included residents' representative's meetings and visits by the registered provider.

Residents and their representatives were consulted with, at least annually, about the quality of care and the home's environment. The findings from last year's consultation were collated into a summary report and an action plan was made available for residents' representatives and other interested parties to read. Feedback from residents' representatives was displayed on the home's notice boards and noted to be positive. The home is in the process of collating feedback for this year's report.

Discussion with staff, observation of their practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A wide range of activities were offered daily, including the use of sensory items such as vibrating cushions, finger painting, singing, jigsaws, massage and listening to music. Arrangements were in place for residents to maintain links with their friends, families and wider community. There were twice weekly outings and the registered manager had arranged a Christmas lunch in a local restaurant for residents and staff. Staff had also planned a Christmas party in the home, for the residents' families and friends to attend.

Staff spoken with during the inspection made the following comments:

- "I think the care is very compassionate; everyone is friendly. We respect the residents. We always explain what's happening, ask before washing them for example or encourage them to do simple tasks for themselves if they can, like putting on their jumper."
- "I have a wild soft spot for the residents, I love working with them. You get to know their wee preferences, for example some like a set bedtime, some like to stay up a little later."

One completed questionnaire was returned to RQIA from a resident's relative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, valuing residents, taking account of the views and preferences of the residents and their families and the range of stimulating and relaxing activities available for residents to choose from.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. A range of policies and procedures was in place to guide and inform staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred. Each month, the registered manager randomly selected several policies; all staff were then required to read, date and sign the policy to confirm they had been reviewed. Any identified learning or issues arising from this practice are then discussed further in staff meetings or supervision.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and leaflets. Review of training records confirmed that staff had received training on complaints management. Discussion with the registered manager established that no complaints had been received since the previous care inspection. The registered manager outlined her efforts to ensure that residents' representatives are able to share any feedback, specifically complaints, to her directly; the registered manager advised that all feedback has been positive to date. Arrangements were in place to share information about complaints and compliments with staff. The home retains compliments received; thank you cards were displayed on the home's notice boards.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that communication with the HSCT has improved due to the introduction of an electronic reporting system.

A regular audit of accidents and incidents had been undertaken by the registered manager. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The registered manager provided examples of how this audit had benefitted residents' health by highlighting patterns and trends. This provided the staff with further evidence to advocate with other professionals for additional services.

There was a system to ensure that safety bulletins, serious adverse incident alerts and staffing alerts, which were checked weekly by the registered manager, are appropriately reviewed and actioned. Hard copies of relevant alerts were maintained in the office, with all staff directed to read, sign and date to confirm their knowledge and understanding.

There was evidence of managerial staff being provided with additional training in governance and leadership. Several staff had commenced Level 3 or Level 5 Qualifications and Credit Framework (QCF) Diplomas in Care. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. For example, training on the new International Dysphagia Diet Standardisation (IDDSI) standards has been arranged through the HSCT. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, such as learning disability and dementia, care planning and recording and reporting skills.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. A review of a sample of these reports evidenced that action plans were developed to address any issues identified, which included timescales and the person responsible for completing the action. Any identified issues had been addressed in a timely manner.

There was a clear organisational structure and all staff were aware of their roles, responsibilities and accountability. This was outlined in the home's Statement of Purpose and Resident's Guide, which had been reviewed at the previous care inspection. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home. The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The equality data collected through the residents' care plans and end of life preferences was managed in line with best practice. Staff received training and supervision to ensure they recognise and respond to the diverse needs of the residents; for example, human rights awareness and training on Autism Spectrum Disorder.

Staff spoken with during the inspection made the following comments:

- "Judith (the registered manager) is friendly, chatty and so helpful; she likes to make sure things are done right! I've had very good training for example on using the hoist; I feel more confident. I know I could say to her if I had any concerns, but everyone here is treated well."
- "Everyone here is friendly and helpful; we're a close team. Judith (the registered manager) is good; she's flexible with the rota for example if we need to swap a shift, we're never stuck. Judith knows a lot about the residents and she keeps us right."

One completed questionnaire was returned to RQIA from a resident’s relative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, maintaining good working relationships and commitment to quality improvement through shared learning and training.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



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