

Inspection Report

14 September 2021



Bridgeview

Type of service: Residential Home
Address: 135 Bridge Road, Dunloy, Ballymena, BT44 9EG
Telephone number: 028 2765 7789

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Bridgeview Residential Home Ltd Responsible Individual: Ms Patricia Mary Casement | Registered Manager: Ms Megan Edel McGowan – not registered |
| Person in charge at the time of inspection: Leona Vivis until 2 pm Kaylee Magowan from 2 pm | Number of registered places: 4 LD and LD(E) with associated physical disability and sensory impairment |
| Categories of care: Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years. | Number of residents accommodated in the residential care home on the day of this inspection: 4 |
| Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to four residents. Residents have access to a communal lounge, dining room, bathroom and outdoor space. | |

2.0 Inspection summary

An unannounced inspection took place on 14 September 2021, from 10.00 am to 4.00 pm by the care inspectors.

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

The home was warm and bright and residents were enjoying breakfast in the kitchen/dining room of the home.

Discussions with staff showed evidence that staff were knowledgeable about individual resident's needs and preferences.

Staff provided care in a compassionate manner by promoting the dignity and well-being of residents in the home.

Areas requiring improvement were identified including; recruitment practices, staffing levels, use of clothing protectors, care records, securing of wardrobes, the maintenance of the environment, infection prevention and control (IPC), staff training, storage of medication, storage of cleaning chemicals, notification of alterations to the home and completion of quality audits.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Addressing the areas for improvement will further enhance the quality of care and services in the home and provide RQIA with assurance that the delivery of care and service provided in Bridgeview was safe, effective, compassionate and that the home is well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Kaylee Magowan, carer in charge, at the conclusion of the inspection.

4.0 What people told us about the service

Staff said they loved working in Bridgeview and the manger was very supportive. Staff did not have any concerns about residents care and said they would report to the manager if they did.

One resident questionnaire were received and confirmed that they were very satisfied that care was safe, effective, compassionate and well led.

Two on-line staff survey responses were received confirming they were very satisfied that care was safe, effective, compassionate and well-led. One comment was included, "Bridgeview is a happy and caring home where the residents are well looked after".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 6 November 2020 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 30 (1) Stated: First time | The registered provider shall maintain a copy of the monthly monitoring report in the home. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 25.6 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

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| Area for improvement 2 Ref: Standard 6.2 Stated: First time | The care plan for one identified resident is updated regarding changes to their daily routine and weekly programme of activities. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment records showed that not all recruitment checks had been completed. Gaps in employment history required to be explored and all references were not provided prior to commencement of post. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Additional training was provided in autism awareness, food hygiene and communication. Staff confirmed they were provided with an induction programme on commencement of their employment. There was a system in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role, the level of communication between staff and management, however, some staff felt that more than one staff member was required for overnight cover in the home. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The rota identified that only one member of staff was on duty overnight despite a number of residents requiring the assistance of two staff for repositioning. An area for improvement was identified.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents were settled and comfortable with staff available throughout the day to assist with personal care, activities and assistance with meals.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were knowledgeable about residents daily routines and indications from residents of when they were tired, hungry or thirsty.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, staff assisted those residents who required help with walking and those who needed assistance with safe use of their mobility aids.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Supervision and use of equipment was risk assessed and appropriate for residents.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Residents weights were recorded at least monthly and the dietitian was involved in patient care where there were concerns about weight loss.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch time meal was a pleasant and unhurried experience for the residents. Staff sat with residents and chatted about daily life in the home. Clothing protectors worn by residents were in a poor condition and required replacement. An area for improvement was identified.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were reviewed. Care records contained out of date records including the personal emergency evacuation plan for two identified residents, a personal care plan was duplicated, a modified diet care plan was incorrectly recorded, and care plans were not resident focused and lacked detail regarding individualised care such as repositioning of residents who required this. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents said the food was tasty and were assisted to eat and drink their choice of meal. Residents were observed to be well looked after: it was apparent that attention had been paid to all aspects of personal care.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment provided evidence that it was generally clean, tidy and inviting. Residents' bedrooms were personalised with their own belongings and bedding. The area around the skirting boards in the hallway and communal rooms was peeling and required repair and wardrobes in bedrooms were not secured. Two areas for improvement were identified.

Equipment in the home required cleaning or replacement including buzzer mats, a hoist, wheelchairs and a soiled bed mattress. Bed sheets were unclean in identified rooms, a number of hoist slings were stored in the bathroom, gloves and aprons were stored outside packaging in ensembles and personal protective equipment was stored in an unused oven. In the food preparation kitchen hand towels were not in packaging or a dispenser and vinyl gloves were in use in the home. An area for improvement was identified.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Residents listened to music in the lounge or completed activities of their own personal choice.

During the completion of the cleaning of the home it was noted that the incorrect mop buckets were used in different area of the home. Staff lacked knowledge in regard the use of this cleaning equipment. An area for improvement was identified.

Fire safety measures were generally in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times. Aprons were worn during close contact with residents.

It was observed that topical creams were stored in an unlocked cupboard, medicated gel and creams were in an unlocked fridge with food items, fluid thickening agents were stored in unlocked cupboards and supplements were not locked away. This was brought to the attention of staff for immediate action. An area for improvement was identified.

It was noted that cleaning chemicals were stored in one unlocked kitchen cupboard. This was brought to the attention of staff for their immediate action. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Observation confirmed that residents were able to choose how they spent their day. For example, residents could spend time in their own rooms or in the lounge area of the home.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. There were lovely views from the home and a garden was available for residents to use.

In one bathroom it was observed that the only bath available in the home had been removed. An application for a variation to be agreed with RQIA for this change had not been made prior to this work being completed. This resulted in a lack of choice for residents regarding the use of a bath facility. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Good use was made of display boards to inform residents and their families of who was in charge on a daily basis, the daily menu, the daily and weekly activities and the daily weather.

5.2.5 Management and Governance Arrangements

The manager, Megan Edel McGowan, had just returned from a period of leave. The manager has applied to become the registered manager of Bridgeview.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home, however, auditing of restrictive practices and wounds was not in place. This was discussed with the carer in charge and an area for improvement was identified.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff had a good knowledge of safeguarding procedures and how to report concerns.

A poster on how to make a complaint was displayed in an area for both resident and visitors to see. Review of the home's record of complaints confirmed that no complaints had been received.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager describing her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents appeared relaxed and comfortable in the home. There were lovely interactions and friendly chat between residents and staff throughout the day.

Staff knew residents well and showed consideration for their individual choices and preferences during meals, activities and personal care.

Staff said they enjoyed their work and caring for the residents who they know well. Staff were professional and caring in their attitude throughout the day.

Based on the inspection findings twelve areas for improvement were identified. Eleven were in relation to safe and effective care and one was in relation to the service being well led – details can be found in the quality improvement plan included.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011)**.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 4 | 8 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Kaylee Magowan, carer in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall make suitable arrangement to minimise the risk of infection. This is in relation to the number of areas for improvement detailed in the report.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Equipment - mattress replaced. All equipment cleaned. Danistations purchased for storage of PPE. Relocated additional PPE stock to porch. Two kitchens in the home, one is not used for preparation or cooking. Staff error on the day of inspection used wrong bucket, correct procedures continue and retraining targeted.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 4 (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that any medication which is kept in the home is stored in a secure place. This is in relation to topical creams, medicated gels and fluid thickening agents.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: New locks fitted.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall make ensure that all parts of the home to which residents' have access to are free from hazards to their safety. This is in relation to the storage of cleaning chemicals.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: Staff had been cleaning the kitchen and left a spray in the unlocked cupboard. Relocated to correct cupboard. All chemicals appropriately locked away.</p> |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 32 (1) (h)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall give notice in writing of any proposed alteration to the home. This is in relation to the removal of a bath.</p> <p>Ref: 5.2.4</p> |
| <p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p> | <p>Response by registered person detailing the actions taken: The Responsible Person has submitted a variation for this work. This work was requested by the OT due to unsafe manual handling. A feasibility study has been completed.</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that any gaps in the employment records are explored and explanations recorded and two written references are obtained before making an offer of employment.</p> <p>Ref: 5.2.1</p> |
| | <p>Response by registered person detailing the actions taken: Both files have been reviewed. File 1 has both written references. File 2 has both written references. Verification now obtained and complete.</p> <p>Gaps reviewed in both files. One staff member was living in Poland and this information has been requested.</p> <p>Current files audited. Robust recruitment to take place.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure there are sufficient numbers of staff on duty to meet the assessed care needs of the residents.</p> <p>Ref: 5.2.1</p> |
| | <p>Response by registered person detailing the actions taken: This area of improvement relates to the number of staff on at night. There is 1 member with 1 oncall for 4 Service Users. The District Sister completed assessments on the two named Service Users and agreed repositioning not required at night due to airflow mattress and ability to move in the bed and both skins intact.</p> |

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| | The Nurse and Care Manager conducted assessments approved by Line Manager and agreed with OT the input needed for moving and handling to deliver personal care. Agreed current staffing appropriate. |
| Area for improvement 3 Ref: Standard 12.10 Stated: First time To be completed by: With immediate effect | The registered person shall ensure the necessary aids and equipment are available for use at meal times. This is in relation to the provision of dignified clothing protectors. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: New clothing protectors purchased. |
| Area for improvement 4 Ref: Standard 6.6 Stated: First time To be completed by: 30 September 2021 | The registered person shall ensure care plans are up to date and reflect residents' current care needs. This is in relation to records requiring archiving, a duplicated personal care plan, an incorrectly recorded modified diet care plan, care plans lacking detail and resident focus including repositioning records. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: Archiving completed to ensure current information and documentation is reflective of residents current needs. |
| Area for improvement 5 Ref: Standard N26 Stated: First time To be completed by: 30 September 2021 | The registered person shall ensure furniture and fittings are safely secured and fitted. This is in relation to wardrobes in residents bedrooms. Ref: 5.2.3 |
| | Response by registered person detailing the actions taken: Wardrobes and drawers secured to wall. |

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| <p>Area for improvement 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure the premises are safe and well maintained. This is in relation to peeling skirting boards in the hallway and communal areas.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Replaced.</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure staff are trained for their roles and responsibilities. This is in relation to staff knowledge on the use of appropriate cleaning equipment.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: In progress. Target 30/11/2021.</p> |
| <p>Area for improvement 8</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure working practices are systemically audited. This is in relation to restrictive practices and wounds.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: In place. No wounds currently. Restrictive practice register in place.</p> |

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



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