



The Regulation and
Quality Improvement
Authority

Bridgeview
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135 Bridge Road
Dunloy
BT44 9EG

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**Unannounced Care Inspection
of
Bridgeview**

18 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 18 August 2015 from 10.15 to 13.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Bridgeview	Registered Manager: Rosemary Clarke
Person in Charge of the Home at the Time of Inspection: Mrs Rosemary Clarke	Date Manager Registered: 19/12/2006
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 4
Number of Residents Accommodated on Day of Inspection: 4	Weekly Tariff at Time of Inspection: variable from £528 to £1275

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

The quality improvement plan from the previous care inspection

A review of notifications of accidents showed that there had been no reportable accidents since the previous inspection

The following records were examined during the inspection:

- Care files
- Accidents/incidents
- Complaints
- Satisfaction questionnaires from relatives
- Policy on death and dying
- Policy on the management of continence

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 7 November 2015. The completed QIP was returned and approved by the care inspector.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.6 Standard 21.1 and Appendix 2 of the Residential Care Homes Standards	The home should have a policy on Continence Promotion.	Met
	Action taken as confirmed during the inspection: A policy on the management of continence dated November 2014 was available for inspection	

5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed health care needs which prevent this. We were informed that three residents have died over recent years. All of whom had died in hospital due to their very complex healthcare needs. Staff informed us that on the most recent occasion they and the home manager organised a rota in partnership with the family to ensure that the resident was never alone in hospital where staff were unfamiliar with her/his specialist needs. The manager and one staff member were present when the resident died. One resident who was very unwell was cared for in the home with the support of the G P and district nurses. We inspected the homes policies on Death, Dying and Bereavement. These were found to be comprehensive with guidance for staff in the event of an expected and /or unexpected death. The manager and staff member informed us of their role in caring for residents who are very ill. They demonstrated knowledge of when to contact the G P and/or nurse, the importance of pain control and hydration. There are just 4 residents in the home, some of whom have no verbal communication. Staff know each one and their individual needs and preferences. Staff undertake an advocacy role for residents in their dealings with all allied healthcare professionals.

Is Care Effective? (Quality of Management)

Two of the care files we inspected contained detailed funeral plans and the end of life wishes of families for their relative. The other files recorded the person identified as the contact in the event of the resident's death.

The manager is aware of her responsibility to inform the RQIA and the GP of any death in the home.

The manager arranged for clergymen to visit residents who had died in hospital.

On the death of any resident his/her room is unchanged until the family makes arrangements to collect the possessions. If families prefer staff in the home will undertake the clearing of the room.

Is Care Compassionate? (Quality of Care)

Visiting in the home is unrestricted. We were informed that when residents are ill families are encouraged to remain with them. The home provides refreshments for families. The manager and staff were knowledgeable in relation to the values underpinning care of very ill/dying residents. Staff demonstrated a compassionate approach not only in relation to an ill resident but to his/her family. Examples given showed that sensitive communication takes place between the ill resident and those people identified as important to them.

Staff who spoke with us stated that the care in the home is caring and compassionate at all times and especially if a resident is at end of life stage. Observation of practice showed it to be attentive, kind and compassionate.

Areas for Improvement

There were no areas identified for improvement in relation to this standard. The home is assessed as compliant with the criteria as set out in The Residential Care Homes Standards.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

The home had a policy on continence promotion dated November 2014. A review of residents care files found that an individual assessment and plan of care was in place in relation to continence. We were informed of the system of referral to community services for specialist continence advice/support. Staff confirmed to us that there was an unrestricted supply of protective gloves and aprons. There were hand sanitisers available throughout the home. A staff member confirmed that she had training in the management of continence as part of her induction programme.

Is Care Effective? (Quality of Management)

We were informed that the district nurse decides on the amount and type of continence products which are required for individual residents. After the initial order the home reorders the products on a three monthly basis. Staff informed us that residents are regularly assisted to use the bathroom. The care plans were reviewed monthly by the manager. No residents had reduced skin integrity due to incontinence. There were no malodours noted during the inspection of the premises. Toilets and bathrooms were clearly signed.

Is Care Compassionate? (Quality of Care)

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet

private manner. There was evidence that there was a good standard of continence management in the home which is person centred, underpinned by informed values and delivered with compassion.

Areas for Improvement

In relation to theme of managing continence there were no areas identified for improvement.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.3.1 Residents

We spoke with all four residents. Three were unable to verbalise their views. They demonstrated a good rapport with staff and were at ease with their surroundings. One resident informed us that he is happy in the home and that the staff are “good and kind.”

5.3.2 Relatives

There were no relatives in the home. We examined satisfaction questionnaires returned to the registered manager in April 2015 as part of her quality assurance measures. Comments from relatives were all positive in relation to the care their loved ones receive in Bridgeview.

5.3.3 Environment

Bridgeview is a domestic bungalow which has been adapted to meet the needs of the four persons who live there. There is a homely atmosphere in the communal areas and residents bedrooms are personalised with the possessions of the occupant. The standard of cleanliness and décor was found to be high. No hazards were noted on an inspection of the internal premises.

5.3.4 Staff

In addition to the registered manager there were two care staff on duty. We spoke individually to both staff members. Staff feel that care is compassionate in the home. We were informed that due to the small number of residents staff feel “they(residents) live more like a family.” We were informed that staff work well as a team and have a common goal of “the best we can do for the residents”

5.3.5 Fire Safety

The home’s fire risk assessment in line with HTM84 was undertaken on 23 April 2015. No recommendations/requirements were made as a result of that report. Fire training for staff was most recently provided in April 2015. Fire alarms are tested weekly and the outcome recorded.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Rosemary Clarke	Date Completed	27/08/15
Registered Person	Rosemary Clarke	Date Approved	27/08/15
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	27/08/15

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.