



Unannounced Care Inspection Report 22 August 2019



Bridgeview

Type of Service: Residential Care Home
Address: 135 Bridge Road, Dunloy, Ballymena BT44 9EG
Tel no: 0282765 7789
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to four residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Bridgeview Residential Home Ltd Responsible Individual: Patricia Mary Casement	Registered Manager and date registered: Judith Purdy 5 February 2018
Person in charge at the time of inspection: Shannon Connor, senior care assistant	Number of registered places: Four 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	Total number of residents in the residential care home on the day of this inspection: Four

4.0 Inspection summary

An unannounced care inspection took place on 22 August 2019 from 11.15 hours to 15.05 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to staffing, adult safeguarding, risk management, person centred care planning and delivery, the culture and ethos of the home, governance arrangements, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to one resident's bathroom and the external environment.

Due to the severity of their learning disability, residents were unable to clearly verbalise their views about living in the home; however, residents were well presented, looked comfortable, and were relaxed and smiling when interacting with others, including staff.

Comments received from residents, relatives and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Shannon Connor, person in charge, and Judith Purdy, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 11 December 2018

No further actions were required to be taken following the most recent inspection on 11 December 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the last inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Easy read questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. One resident responded and confirmed that they feel safe, that staff are kind, that the care is good and that the home is well organised. One relative responded and stated they were very satisfied that care is safe, effective and compassionate and that the service is well led.

A poster was provided for staff detailing how they could complete an electronic questionnaire however no responses were received.

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

- staff induction and training records
- the care records of two residents
- accident/incident records from 26 January 2019 to 22 August 2019

- complaints policy dated July 2019
- monthly monitoring reports dated 12 April 2019, 13 May 2019, 6 June 2019 and 25 July 2019
- annual quality review report for 2018
- residents guide dated 21 February 2019
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 11 December 2018

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Discussion with staff and observation of practice did not identify any concerns in relation to staffing levels on the day of inspection. Staff stated that they had received clear direction and support from management. We saw care being delivered in an organised, calm and efficient manner. Residents' needs were responded to promptly at all times.

Review of staff training records confirmed there was a detailed induction for new staff. Staff confirmed that they were provided with regular supervision. The person in charge of the home on the day of inspection confirmed that they had received a competency and capability assessment. Staff told us:

- "I like working here. Yes, we get supervision and Judith (manager) checks with you about training. I'd asked for falls management training, and now it's been arranged in December."
- "This is a great place for training and development – the home put me through QCF level 3 and they always arrange other specialist training."

Correspondence with the home prior to and during the inspection confirmed that appropriate action was taken if any adult safeguarding concerns were identified. Staff were able to describe how they monitor this and complete relevant and detailed records, such as body maps.

Staff adhered to healthy and safe work practices by practicing good hand hygiene and using Personal Protective Equipment (PPE) such as aprons and gloves when necessary.

A range of practices were used in the home to ensure that residents remained safe and well. These practices did restrict resident’s freedom and rights; however, there was a robust risk assessment and care plan in place for each specific restriction. These practices had been discussed and agreed in conjunction with the resident’s relatives and multi-disciplinary professionals. Practices were regularly reviewed to ensure they were proportionate and necessary.

The interior of the home was clean, tidy and warm. Residents’ bedrooms were personalised and contained a range of mobility and sensory equipment to meet each resident’s needs. One en-suite bathroom required a deep clean and/or possible replacement of the tiles, grouting and shower equipment. This has been stated as an area for improvement.

The external environment required some attention. An area for improvement was made as the outside smoking area needed to be cleaned and tidied. The driveway needs to be tarmacked or repaired as the surface area is very uneven and damaged in some areas, making access difficult at times for resident who use wheelchairs. This was discussed with management who have agreed to submit an action plan in relation to the maintenance and repair of the drive way.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, adult safeguarding and risk management.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to one bathroom and the outside smoking area.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

When we arrived to the home, residents were relaxed and at ease, engaging in their preferred activities. Residents were well presented, and it was clear that time had been taken to attend to their personal care. Although unable to verbalise their specific thoughts and feelings, residents were smiling and making contented noises. Any signs of distress were promptly responded to by staff. For instance, staff knew that listening to pan pipes music was soothing for one resident. This was immediately played, with good affect, and this detail was also reflected in care records.

Review of care records was satisfactory. Risk assessments and care plans were individualised to the needs of each resident and were under regular review. There was clear evidence that relatives and multi-agency professionals were involved in the planning, delivery and review of care. Care plans were holistic and detailed. Annual care reviews had been completed, and feedback was positive about the care provided in the home.

Staff were knowledgeable about dysphagia and relevant information was displayed throughout the home and retained in care records. Residents' weights were regularly reviewed and action taken as required. Staff were also able to outline how they prevent and promote resident's skin integrity. This is important as some of the equipment which is used to support residents can have a negative impact on their health if used incorrectly.

Residents had just finished breakfast when we arrived. We saw residents being provided with a choice of drinks throughout the day. We observed part of the lunch time meal; residents ate together in the kitchen/dining area. There were sufficient staff to support residents with eating, and independence and choice was encouraged where possible. The week's menu was on display, offering a choice of meals at lunch and dinner; staff were also flexible depending on expressed preferences and needs of residents on the day. For instance, one resident requested crisps along with their sandwich, which was provided. Another resident wanted to sleep, and so their lunch was saved for later in the day.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred care planning and delivery and communication.

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 compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We saw care being delivered in a way which protected and promoted resident's dignity, privacy and choice. Staff were patient, kind and gentle with residents and appeared to have a genuine affection for them. Any signs of distress were promptly and effectively responded to.

A range of relevant information was available for residents and their representatives. It was positive to note that these were provided in a variety of ways, including written, pictorial, easy read and audio. This ranged from information about activities, catering arrangements, adult safeguarding, advocacy services, infection prevention and control and the residents guide.

Resident's contact with their families was promoted and encouraged. Staff advised that family members are welcomed to visit at any time. One resident was excited to tell us about their relative visiting from overseas; they had enjoyed a trip to the pub and they were looking forward to seeing them again later.

Residents were enabled and supported to engage in their preferred activities. We saw one resident contentedly sitting in their bedroom, playing their keyboard and tambourine. Another resident takes great pride in their personal appearance, and they were delighted to be getting their nails manicured and to receive a foot spa. Other residents enjoyed watching television,

listening to music, reading the newspaper, chatting with staff and completing word searches. One resident completed an easy read questionnaire and commented that they liked the home for “Good company.”

Staff were eager and enthusiastic to further develop activities in the home and outlined a range of ideas to improve the home’s involvement in the community. Staff had also identified a need to improve the availability of sensory activities in the home. Staff expressed confidence in bringing these ideas to management, and confirmed that management were receptive and supportive. It will be good to see how the home develops this in the future.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home.

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 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.

Staff were positive about management arrangements in the home:

- “Judith (the manager) is very good. You can go to her for anything you need.”
- “You always know who is in charge and on duty. It’s marked on the duty rota. Several staff live nearby as well and you now you can contact them if needed. It’s a close team.”

The complaints policy and procedure was on display in the home, and had recently been reviewed. The home had not received any complaints since the last inspection. Thank you and compliment cards from relatives were also on display.

Review of accidents and incidents records was acceptable. Incidents were appropriately managed, including notifying relevant agencies, including RQIA when required.

Care plan audits were conducted on a monthly basis and contained in care records. This has helped to maintain and drive improvement in the home. Staff also outlined additional quality improvement projects within the home, including an ongoing review of medication audits and training arrangements.

Monthly monitoring reports provided further managerial oversight and governance. Review of these reports was satisfactory; the views of residents and their representatives were sought, and feedback was positive. There were also clear, timely action plans, and evidence that these were reviewed and addressed by both management and staff. For instance, the completion of the annual quality review report for 2018. This had been completed and included complimentary feedback from residents' representatives, such as:

- “(relative) receives excellent care.”
- “we are always made welcome when we visit.”
- “staff are all very kind and caring.”
- “(relative) is very settled, happy and content.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shannon Connor, person in charge, and Judith Purdy, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 22 November 2019	<p>The registered person shall ensure that the building is kept clean and hygienic at all times. This is specifically in relation to one resident's en-suite bathroom.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Actioned deep clean was required, will be checked regularly.</p>
Area for improvement 2 Ref: Standard 27.5 Stated: First time To be completed by: 22 September 2019	<p>The registered person shall ensure that the grounds are kept tidy, safe, suitable for and accessible to all residents. This is in relation to the outdoor smoking area.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Area left clean and tidy, items removed and placed in garage, bins emptied.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care