

# Unannounced Care Inspection Report

## 23 June 2016



## **Bridgeview**

**Type of Service: Residential Home**

**Address: 135 Bridge Road, Dunloy, BT44 9EG**

**Tel No: 0282765 7789**

**Inspector: Ruth Greer**

## 1.0 Summary

An unannounced inspection of Bridgeview residential care home took place on 23 June 2016 from 10:00 to 14:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

No requirements and no recommendations were made in regard to safe care. There were examples of good practice found throughout the inspection in relation to staff induction and supervision.

### Is care effective?

No requirements and no recommendations were made in regard to effective care. There were examples of good practice seen in regard to the communication methods between the home and the representatives of the residents.

### Is care compassionate?

No requirements and no recommendations were made in regard to compassionate care. There were examples of good practice seen in regard to staff knowledge of and attitude to residents.

### Is the service well led?

No requirements and no recommendations were made in regard to well led care. There were good examples of regular audits and quality assurance systems in place.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

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

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Bridgeview Residential Home	<b>Registered manager:</b> Judith Purdy
<b>Person in charge of the home at the time of inspection:</b> Judith Purdy	<b>Date manager registered:</b> February 2016 in an “acting” capacity pending completion of the required qualification.
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 4
<b>Weekly tariffs at time of inspection:</b> £ 554 to £1,244	<b>Number of residents accommodated at the time of inspection:</b> 4

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report, notifications of accidents/incidents, duty log, any correspondence received at RQIA in regard to the home since the previous inspection.

During the inspection the inspector met with four residents and two care staff. There were no visiting professionals and no resident’s visitors/representatives present.

The following records were examined during the inspection:

- Staff duty roster
- Induction programme
- Staff training matrix
- Supervision programme
- Accidents/incidents
- Complaints
- Fire safety records
- Reports of visits by the registered provider
- Care files (4)
- A selection of policies and procedures

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 14 April 2016

The most recent inspection of the home was an unannounced estates inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at his next inspection

### 4.2 Review of requirements and recommendations from the last care inspection dated 5 January 2016 .

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 3.1  Stated: First time	The statement of purpose should be updated to accurately reflect the recent changes in the management structure.  <b>Action taken as confirmed during the inspection:</b> Inspector confirmed that an updated version of the statement of purpose was available at the time of inspection.	<b>Met</b>
<b>Requirement 2</b> Ref: Regulation 27 (4)(b)  Stated: First time	The broken hold open door device should be repaired. In the meantime internal fire doors must not be wedged open.  <b>Action taken as confirmed during the inspection:</b> Inspector confirmed that hold open devices had been repaired and no doors were wedged open.	<b>Met</b>

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. Review of the duty rota confirmed that additional staff were on duty each Friday when all the residents go out to a local hotel for lunch.

On the day of inspection the following staff were on duty –

- Manager x1
- Care staff x 2

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. This showed that some recently recruited care staff have supervision sessions on a monthly basis for the first several months of employment.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of the personnel file for the most recently recruited staff member confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established the registered manager as safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Newly appointed staff who spoke with the inspector confirmed that safeguarding training had been provided in their induction period.

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

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours dated June 2014 which challenge confirmed that this 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 confirmed that areas of restrictive practice were employed within the home, notably lap belts (at times) and bed rails. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required and were recorded within the care plan. Residents care files showed that consent had been sought from families in any instance where restrictive practice was used. Residents would be unable to understand or give consent.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that were appropriately maintained and reviewed regularly

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The registered manager has recently taken up post and confirmed that there had been no outbreaks of infection since her arrival at the home. She confirmed that any outbreak would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine the bedrooms, bathrooms, lounges and kitchen. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were 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. Discussion with the registered manager confirmed that action plans were in place to reduce any identified risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 24 November 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 5 April and 22 April 2016 and records retained of staff who participated and any 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. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

There were no areas for improvement identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statements of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Staff stated that they get to know the residents well as there are just four residents accommodated in the home. Three residents have no verbal communication and staff described an advocacy aspect to their caring duties for these residents as they informed the inspector that "we can interpret what every gesture means just by getting to know each person"

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed 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 risk assessments, care plans, care review, accidents and incidents, complaints, environment were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports completed most recently by the registered provider on 10 June 2016.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Relatives' meetings had not taken place. The registered manager has just taken up her post and plans to meet with relatives within the next few weeks.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. Written information was available for relatives in regard to the advocacy services provided by the Patient and Client Council

### Areas for improvement

There were no areas of improvement identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff confirmed that residents' spiritual and cultural needs, were met within the home.



The registered manager and a review of care notes confirmed that consent was sought in relation to care and treatment. For example, the home is planning a day trip to Rathlin and there was evidence that consent had been sought from relatives for the residents who would be unable to consent for themselves. Discussion with staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected in response to questions asked by the inspector

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Activities take place for short periods three times daily and include music, nail therapy, gardening, wood search, foot spa and DVDs. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. In some instances this was in the basic form of staff providing residents with an elementary choice between two alternatives.

Residents/relatives are consulted about the standard and quality of care and about the home environment. An action plan was developed and implemented where improvements are required. For example, the home is currently been re decorated internally. The manager had brought several samples of wall paper/paint for relatives and residents (where possible) to choose.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

#### Areas for improvement

There were no areas of improvement identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur. The inspector was informed that the registered provider was visiting the home on the afternoon of the inspection to work with the manager to review the policy file. Advice was provided to the manager which should inform this work.

The home had a complaints policy and procedure in place dated April 2016. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of information leaflets. There was a flow chart on display which tracked the process of making a complaint. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there had been no complaints received since the previous inspection

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits including care files, fire precautions and staff training. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example staff had received training in relation to a specialist medication for one resident.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home’s certificate of registration and employer’s liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place dated June 2014. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

**Areas for improvement**

There were no areas for improvement identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews