

Inspection Report

28 April 2022



Bridgeview

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Bridgeview Residential Home Ltd Responsible Individual: Ms Patricia Mary Casement	Registered Manager: Miss Megan Edel McGowan Not registered
Person in charge at the time of inspection: Miss Megan Edel McGowan - manager	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: 3
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. The home has four bedrooms, two of which are ensuite, and a communal bathroom, dining area and lounge. There is an outside seating area and mature gardens for residents use.	

2.0 Inspection summary

An unannounced inspection took place on 28 April 2022, from 9.45 am to 2.45 pm by a care inspector.

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 clean and bright and residents were relaxed and comfortable in their interactions with staff while staff provided care and support to meet their individual needs.

It was evident that staff promoted the dignity and well-being of residents. On discussion it was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate manner while carrying out assistance with personal care, assistance with eating and drinking and individual activities.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

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

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 Miss Megan Edel McGowan at the conclusion of the inspection.

4.0 What people told us about the service

The residents in the home were comfortable and relaxed in the company of staff. Residents were assisted with how they spent their day and the activities they preferred.

Two staff spoke positively about the residents care and the managerial support. Staff raised no concerns about staffing and said they loved working in Bridgeview.

One relative questionnaire was received and verified that they were happy with the care provided in Bridgeview. They confirmed that they were very satisfied that care was safe, effective, compassionate and well led.

A visiting professional complimented the staff and manager of the home on being well organised and professional.

A record of compliments received about the home was kept and shared with the staff team.

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 14 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: Whilst improvement had been made in minimising the risk of infection, equipment had not been appropriately cleaned and gloves had not been disposed of appropriately. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 13 4 (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 14 (2) (a)	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	Met

Stated: First time	chemicals.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 32 (1) (h) Stated: First time	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.	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 19.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 25 Stated: First time	The registered person shall ensure there are sufficient numbers of staff on duty to meet the assessed care needs of the residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 12.10 Stated: First time	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	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard N26</p> <p>Stated: First time</p>	<p>The registered person shall ensure furniture and fittings are safely secured and fitted. This is in relation to wardrobes in residents bedrooms.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 23</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure working practices are systemically audited. This is in relation to restrictive practices and wounds.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. As well as mandatory training, additional training was completed including autism awareness and epilepsy awareness. Staff confirmed that they had received a robust induction to prepare them for working with the residents.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, one to one activities were provided by staff and residents were supported to spend time in communal areas or in their own bedrooms.

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.

Systems were in place to ensure staff were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Visiting professionals said staff were well organised and professional during their visit.

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 spoke to residents in a kind and respectful manner.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails. 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, resident care records were maintained which accurately reflected the needs of the residents. 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.

Residents who are less able to mobilise require special attention to their skin care. These residents were assisted by staff to change their position regularly. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example bed rails were in place where assessed as appropriate. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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.

The dining experience was an opportunity of residents to socialise, music was playing, 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.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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 well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were 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.

The home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Covid-19 vaccinations were provided by the local pharmacist for residents and staff assured residents while throughout this process.

Review of records confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided; however, a number of issues were identified with the use and disposal of PPE including, suitable bin provision, sharing of an ensuite bathroom and appropriate storage of equipment. This area for improvement has been stated for a second time.

Observation of bathrooms in the home identified two radiators which required repair. This was discussed with the manager for her action and will be reviewed at the next inspection.

5.2.4 Quality of Life for Residents

Discussion with staff and the manager confirmed that residents, were able to choose how they spent their day. For example, residents could have family or friends in their room to visit, could take part in the seasonal activities and were looking forward to restarting trips out of the home.

It was observed that staff offered choices to residents throughout the day which included what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff including sensory stimulation, movies, music, hand massage, nail painting and one to one activities.

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

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Megan Edel McGowan has been the manager in this home since 31 July 2020 and she has applied to register as the permanent manager with RQIA.

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

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 incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 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) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Megan Edel McGowan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
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: Second 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: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Additional 'Spot check' audit put in place. Pedal bin in place for Room 4. Equipment deep cleaned & now stored elsewhere. Contractor coming out to fix radiators. Arrangements being put in place to allow for service user to be showered in main bathroom - ensuite vacant at present.</p>

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