

# Announced Premises Inspection Report 14 April 2016



## Bridgeview Residential Home

**Type of Service: Residential**

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

**Tel No: 028 2765 7789**

**Inspector: Colin Muldoon**

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## Assurance, Challenge and Improvement in Health and Social Care

**1.0 Summary**

An announced premises inspection of Bridgeview Residential Home took place on 14 April 2016 from 10:40 to 13:45hrs.

This was the first premises inspection under the current ownership of the home. The inspector found the new owner and manager to be very positive in their approach to the inspection and were receptive to advice and guidance.

**Is care safe?**

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered person. Refer to section 4.3

**Is care effective?**

On the day of the inspection the premises supported the delivery of effective care.

**Is care compassionate?**

On the day of the inspection the premises supported the delivery of compassionate care.

**Is the service well led?**

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

**Standard 27: Premises and Grounds****Standard 28: Safe and Healthy working Practices****Standard 29: Fire Safety****1.1 Inspection outcome**

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	6

Details of the QIP within this report were discussed with Ms Patricia Casement (Registered Responsible Person) and Ms Judith Purdy (Acting 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.

## 1.2 Actions/enforcement taken following the most recent premises 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 person:</b> Bridgeview Residential Home Ms Patricia Casement	<b>Registered manager:</b> Ms Judith Purdy Application not yet submitted
<b>Person in charge of the home at the time of inspection:</b> Ms Judith Purdy	<b>Date manager registered:</b> Ms Judith Purdy Application not yet submitted
<b>Categories of care:</b> RC-LD RC-LD(E)	<b>Number of registered places:</b> 4

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Ms Patricia Casement (Registered Responsible Person) and Ms Judith Purdy (Acting Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the previous inspection dated 05/01/22016

The previous inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

#### 4.2 Review of requirements and recommendations from the last estates inspection dated 16/01/2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.-(2)(c)  <b>Stated:</b> First time	It should be confirmed that the hoisting equipment is being thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999 (LOLER).	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were LOLER thorough examination reports dated 06 June 2015 which confirmed that no defects were found with the hoists. Refer also to section 4.3 item 1 and requirement 1 in Quality Improvement Plan.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13.-(7) 14.-(2)(c)  <b>Stated:</b> First time	The legionella risk assessment should be reviewed to ensure that the scheme being used for the control of legionella remains valid. The Health and Safety Executive approved code of practice L8 - <i>Legionnaires' disease. The control of legionella bacteria in water systems</i> should be used to inform the review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The legionella risk assessment was carried out by the previous provider/manager. This assessment was subsequently reviewed by a health and safety consultant who verified that the risk of proliferation of legionella bacteria was minimised because of the knowledge and understanding of the assessor and the systems they had established. These systems have been maintained by the current provider. Refer also to section 4.3 item 2 and recommendation 1 in Quality Improvement Plan.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The emergency plan should be tested and rehearsed by staff using the information in the PEEPs. It should be ensured that an effective evacuation can be carried out when the minimum number of staff are on duty.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The current manager carried out a fire drill on 04 April 2016 which involved two new members of staff and the residents. Refer also to section 4.3 item 3 and recommendation 2 in Quality Improvement Plan.	

**4.3 Is care safe?**

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this estates inspection. These are detailed in the 'areas for improvement' section below.

**Areas for improvement**

1. On the day of inspection there were no current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports available for inspection. The June 2015 reports did not appear to cover sling equipment associated with the hoists. Refer to requirement 1 in Quality Improvement Plan.

2. Legionella control was discussed during the inspection. The inspector drew attention to the document HSG274 Part 2 which has been issued by the HSE to support the code of practice (L8) for the control of legionella. The inspector recommended that the legionella risk assessment be reviewed taking into consideration the change of ownership of the home since the last risk assessment and the guidance in HSG274 Part 2. The arrangements for maintaining the showers (which appear to be electric and assumed to be supplied with mains cold water only) and thermostatic mixing valves should be included in the review of water safety.

Refer to recommendation 1 in Quality Improvement Plan.

3. Practice fire drills were discussed and while the manager stated that she believed all members of staff have participated in drills within the last year (with the previous provider) there were insufficient records to confirm this. It was agreed that a program would be put in place to carry out practice drills with all staff within the next two weeks.

Refer to recommendation 2 in Quality Improvement Plan.

4. There was a fire risk assessment which had been carried out by an accredited fire risk assessor on 23 April 2015. The assessor considered the overall fire risk to be trivial. At present bedroom corridors are not fitted with automatic closing devices, which is an expectation of the Northern Ireland Fire and Rescue Service. The inspector was informed that arrangements were being made for the fire risk assessment to be reviewed by an accredited fire risk assessor.

The home is in a rural setting and the inspector recommended that the advice of the fire risk assessor be sought regarding external emergency lighting.

Refer to requirement 2 in Quality Improvement Plan.

5. There were records of weekly function tests of the fire alarm system which consists of a number of self-contained and linked fire detectors. The records indicate that the fire alarm installation was last maintained by a specialist contractor in April 2015 when it was considered to be in satisfactory condition.

There are weekly visual checks of the emergency lighting but no function tests. The records indicate that the emergency lights were last maintained in October 2014. The records also indicate that the duration of the service was 60 minutes.

Refer to requirement 3 in Quality Improvement Plan.

6. There were a number of risk assessments including ones for tall furniture and hot surfaces. The risk assessments were based on all residents being immobile. Some residents currently in the home are mobile and therefore the risk assessments should be reviewed. A risk assessment should also be carried out on unrestricted windows.

Refer to recommendation 3 in Quality Improvement Plan.

7. During the walk round, the final exit door from a bedroom at the rear of the building was found to require some attention to make it easier to open.

Refer to recommendation 4 in Quality Improvement Plan.

- 8. The home has an emergency generator. The procedure for using the generator and general contingency arrangements should be reviewed and formalised. Staff should be trained in the implementation of contingency arrangements.  
Refer to recommendation 5 in Quality Improvement Plan.
  
- 9. A system should be established for making a weekly visit to the DHSSPS Northern Ireland Adverse Incident Centre (NIAIC) website to check for relevant safety alerts.  
Refer to recommendation 6 in Quality Improvement Plan.

<b>Number of requirements:</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>6</b>
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**4.4 Is care effective?**

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.  
This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

The areas of the premises reviewed during this estates inspection were well presented, comfortable, clean, free from malodours and adequately lit

Service users are consulted about decisions around décor and the private accommodation where appropriate.  
This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.  
This supports a well led service.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Patricia Casement (Registered Responsible Person) and Ms Judith Purdy (Acting Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.



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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27.-(2)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 14 May 2016</p>	<p>Current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) reports should be obtained for all the hoisting equipment including slings. The reports should verify that all equipment is in satisfactory condition and safe to use.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> LOLER (NI1999) report obtained in January 2016. Verified all equipment is in satisfactory condition and safe to use. Next LOLER checks and report pre-booked for July 2016.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27.-(4)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 May 2016</p>	<p>With regard to the planned review of the fire risk assessment by an accredited fire risk assessor the provider should ensure that the risk assessor is made aware of the expectations of the NIFRS regarding automatic closers on doors in bedroom corridors and that this matter is covered in the risk assessment.</p> <p>The letter setting out the NIFRS expectations regarding bedroom door closers and guidance on accreditation of fire risk assessors is available on the RQIA website. A link to the NIFRS letter was forwarded to the responsible person by email on 15 April 2016.</p> <p>It is recommended that the advice of the fire risk assessor be sought regarding external emergency lighting.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Fire Risk assessment takes into consideration automatic closers on doors in bedroom corridors. Bridgeview researched installation of automatic bedroom door closure x4 and other fire safety solutions. As a result, a bespoke team meeting will take place at Bridgeview 12MD on Wed 17<sup>th</sup> June, with Bridgeview management, electrician, plumber, Fire Safety officer and electrical engineer to devise one system with fireboard, incorporating all areas of the residential home. Outdoor lighting, patent during a power cut will also be addressed at this meeting.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation</p>	<p>The test and maintenance of the fire alarm system and the emergency lights should be reviewed and any changes made as deemed necessary to bring this into line with good practice.</p>

<p>27.-(4)(d)(iv) and (v)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 May 2016</p>	<p>Reference should be made to BS5839 (Alarm system) and BS5266 (Emergency lights) Advice should be sought from the fire safety advisor.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Fire alarm system and emergency lights tested weekly.</p>
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<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 May 2016</p>	<p>The water safety (including legionella) risk assessment should be reviewed taking into account the code of practice support guidance HSG274 Part 2. The review should include the arrangements for maintaining the showers and the thermostatic mixing valves.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Water safety (including) risk assessment reviewed (H&amp;S Executive, R Clarke) and Codes of Practice incorporated into annual checks with residential home. These include, checking cold water tank for physical decontamination and temperature settings of thermostatic mixing valves (R ensuite). Weekly auditing incorporates deep cleans of showerheads.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 28 April 2016</p>	<p>A program of practice fire drills should be put in place to ensure that all staff are familiar with and can carry out the emergency fire procedure. The drills should confirm that an evacuation can be carried out when the minimum number of staff are on duty. If necessary, advice should be sought from the fire safety advisor.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Fire drills have already taken place and all individual staff involved. Fire drills confirm evacuation are complete at day &amp; night.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 May 2016</p>	<p>General risk assessments including those for tall furniture and hot surfaces should be reviewed taking into account the mobility of the residents.</p> <p>A risk assessment should also be carried out on unrestricted windows. The review and subsequent actions should be in line with relevant guidance such as safety alert MDEA(NI)2007/100 which says:</p> <ol style="list-style-type: none"> <li>1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55.</li> <li>2. A review should be carried out on all installed window restrictors to ensure: <ul style="list-style-type: none"> <li>• They meet the restricted opening cited in the HTM;</li> <li>• They are in good working order and have not been damaged or defeated;</li> <li>• Where problems are identified, a programme to repair or replace damaged restrictors is put in place.</li> </ul> </li> <li>3. Where a single restrictor is fitted, consideration should be given to replacing it and /or fitting a second restrictor on the opposite side of the window if. For example: <ul style="list-style-type: none"> <li>• the existing restrictor is assessed as being of inadequate strength for the</li> </ul> </li> </ol>

	<p><i>situation;</i></p> <ul style="list-style-type: none"> <li>• <i>the restrictor can be disengaged without the use of a special tool or key;</i></li> <li>• <i>the maximum opening exceeds 100mm; or</i></li> <li>• <i>the window is located within a mental health area where it could be subject to physical attack.</i></li> </ul> <p>4. <i>Assess the need for window restrictors in those patient locations where none currently exist.</i></p> <p>Safety alerts EFA-2014-003 and EFA-2013-002 should also be referred to.</p>		
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> General risk assessments x22 carried out within Bridgeview for each of the residents, including consideration of individual bedroom furniture and communal areas. On assessment of unrestricted windows, Bridgeview has, since inspection, installed a window restrictor into one residents bedroom.</p>		
<p><b>Recommendation 4</b></p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be Completed by: 14 May 2016</p>	<p>The final exit door from the bedroom at the rear of the building should be adjusted to be easily opened.</p>		
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> Final exit door from residents bedroom has been adjusted and door frame cleaned.</p>		
<p><b>Recommendation 5</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: 14 May 2016</p>	<p>Contingency arrangements, including the operation of the emergency generator, should be reviewed, formalised and staff trained in their implementation.</p>		
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> <b>Generator serviced and checked by electrician. Procedure for use now in place, all staff aware of and included in Induction to home for new staff.</b></p>		
<p><b>Recommendation 6</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be Completed by: 14 May 2016</p>	<p>A system should be established for making a weekly visit to the NIAIC website to check for relevant safety alerts which should be actioned as appropriate. Reference should be made to the correspondence from RQIA regarding this. <a href="http://www.rqia.org.uk/cms_resources/Letter%20Re%20MDEA.pdf">http://www.rqia.org.uk/cms_resources/Letter%20Re%20MDEA.pdf</a></p>		
	<p><b>Response by Registered Manager Detailing the Actions Taken:</b> Home manager checks this website weekly and prints relevant alerts. Documents signed and dated by management staff as read and actioned upon.</p>		
<b>Registered Manager Completing QIP</b>	Patricia Casement	<b>Date Completed</b>	08/06/2016
<b>Registered Person Approving QIP</b>	Patricia Casement	<b>Date Approved</b>	08/06/2016
<b>RQIA Inspector Assessing Response</b>	C Muldoon*	<b>Date Approved</b>	22/06/16*

***\*Please ensure this document is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\****

\*Some items require clarification or follow up.



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