The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bridgeview**

Provider: **Bridgeview Residential Home Ltd**

Date of Inspection: **12 December 2024**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Bridgeview Residential Home Ltd
Responsible Individual:	Ms Patricia Mary Casement
Registered Manager:	Miss Megan Edel McGowan
Service Profile – This home is a registered residential care home which provides health and social care for up to four residents. The home is situated on one floor and provides general health and social care for residents living with a learning disability. There are a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 12 December 2024, between 10.00 am and 12.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 21 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

A resident spoken with said they were very happy living in Bridgeview and enjoyed walks and spending time in their room. Other residents were relaxed and spent their time in areas of the home they enjoyed.

Staff asked residents where they preferred to sit in the home and were familiar with residents' preferences and wishes. Staff were positive in their comments about staffing levels, support from the manager and the care provided to residents.

Discussion with a resident confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or spend time doing their preferred activities such as paying music and going for walks.

A resident said that they were enjoying getting ready for Christmas and were excited about going out for Christmas dinner with staff on the day of inspection.

A resident told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. 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; going out on trips and going for walks.

Review of the staff supervision and appraisal records showed evidence that these had not been completed regularly for all staff in line with the home's policies. This was discussed with the manager during feedback and an area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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 were respectful, understanding and sensitive to residents' needs.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Residents were well cared for and were observed having friendly interactions with staff. Staff were observed to be polite and chatty with residents.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

Examination of care 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 and their diet modified.

Review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

The dining experience on the day of inspection was a planned Christmas outing to a local restaurant for all residents. Residents were excited and looking forward to this event.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activities showed that this was individualised to each residents' peferences and included reading, listening to music, playing music and using a keyboard..

Activities for residents included birthdays and annual holidays which were celebrated through parties, crafts and decoration of the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, welcoming and tidy. Recent redecoration and new funishings were noted in the communal lounge of the home. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks.

There was evidence that systems and processes were in place to manage infection prevention and control which included the regular monitoring of the environment and staff practice to ensure compliance, however, it was noted that vinyl gloves gloves were in use which are not appropriate for patient care. This was discussed with the manager for her action and an area for improvement was identified.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Megan McGowan has been the manager in this home since 29 April 2022.

Residents and staff commented positively about the manager and described her as supportive and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Megan Edel McGowan, registered 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 Minimum Standards (version 1.1 Aug 2021).	
Area for improvement 1 **Ref:** Standard 24 **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure staff are supervised and their performance appraised in line with the home's policies Ref: 3.3.1
	Response by registered person detailing the actions taken: This is in relation to bank staff not attending planned supervisions. Bank staff have been made aware of responsibilities to attend supervision sessions. System now in place to remove bank staff from staff list if unable to attend mandatory supervisions, policy updated to reflect this.

Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 17 September 2024	The registered person shall ensure that appropriate gloves are used for resident care to minimise the risk of spread of infection. Ref: 3.3.4
	Response by registered person detailing the actions taken: Vinyl gloves removed from stated area and staff reminded that these gloves are not for use in patient care.

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

The Regulation and Quality Improvement Authority

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