

# Inspection Report

**Name of Service:** Bridgeview  
**Provider:** Bridgeview Residential Home Ltd  
**Date of Inspection:** 5 June 2025

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

## 1.0 Service information

<b>Organisation:</b>	Bridgeview Residential Home Ltd
<b>Responsible Individual:</b>	Ms Patricia Mary Casement
<b>Registered Manager:</b>	Miss Megan Edel McGowan
<p><b>Service Profile –</b>  This home is a registered residential care home which provides health and social care for up to four residents living with a learning disability. The home has individual bedrooms and a communal bathroom, dining room and lounge.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 5 June 2025, from 9.25 am to 1.00 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 care inspection on 12 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident 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.

As a result of this inspection two Standards identified as requiring 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 residents spoken with said they loved it in Bridgeview, they often went out on bus trips and the staff were very good to them. Other residents were seen to be comfortable and relaxed in their interactions with staff.

Staff knew their roles and were caring for residents compassionately throughout the day of the inspection. Staff had a good knowledge of the modified meals required and residents' preferences.

Completed questionnaires was returned from a resident and a relative which confirmed they were very happy with the care in Bridgeview. Comments included "Staff are pleasant and friendly" and "They look after me really well".

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 go out for a walk around the garden.

Residents 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 observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of the system to manage the registration of care staff evidenced that this was well managed.

### 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, including those residents who had difficulty in making their wishes or feelings known. Staff 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.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision.

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.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their breakfast and their dining experience.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games.

### 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 staff recorded regular evaluations about the delivery of care. 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. Care records required for skin care were not in place for those residents who require them. This was brought to the attention of the manager and an area for improvement was identified.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was generally clean, tidy and well maintained, however, the dining room required maintenance to a worktop and a missing kitchen door. An area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

A cupboard containing a hot press and electrical switchboard was not locked. This was brought to the manager's attention for immediate action. The manager confirmed after the inspection that the door had been secured and an area for improvement was identified.

Staff were observed not completing hand hygiene during the lunch time meal. This was discussed with the manager and an area for improvement was identified.

The outside area of the home was well maintained for residents use.

### 3.3.5 Quality of Management Systems

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

Staff commented positively about the manager and described her as supportive, approachable 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.

A record of compliments and thanks received by the home about the care and attention received by residents was kept in the home and shared with staff.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time <b>To be completed by:</b> 5 June 2025	The Registered Person shall ensure all parts of the home to which residents have access to are free from hazards to their safety. This is in relation to access to a hot press and electrical switchboard.  <b>Ref:</b> 3.3.4  <b>Response by registered person detailing the actions taken:</b> A lock has been fitted to the hotpress door preventing access.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021).</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24 <b>Stated:</b> First time <b>To be completed by:</b> 10 June 2025	The registered person shall ensure care records including risk assessments and care plans are in place for skin care.  <b>Ref:</b> 3.3.3  <b>Response by registered person detailing the actions taken:</b> Specific skincare care plan now in place.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	The registered person shall ensure that the premises are maintained and remain suitable for their purpose. This is in relation to a damaged worktop and a missing kitchen door.  <b>Ref:</b> 3.3.4

<b>To be completed by:</b> 30 June 2025	<b>Response by registered person detailing the actions taken:</b> Worktop has been replaced and kitchen cupboard door has been re-attached.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The Registered Person shall ensure staff complete hand hygiene in line with best practice; for example, at mealtimes.  Ref: 3.3.4
<b>To be completed by:</b> 5 June 2025	<b>Response by registered person detailing the actions taken:</b> Addressed at staff meeting and an increase in hand hygiene audits at mealtimes has been put in place.

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



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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