The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Bridgeview, Toomebridge**

**Provider:** **Bridgeview, Toomebridge Limited**

**Date of Inspection:** **3 February 2026**

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Bridgeview, Toomebridge Limited |
| **Responsible Individual:** | Ms Patricia Mary Casement |
| **Registered Manager:** | Mrs Fionnuala Kidd- not registered |
| **Service Profile –** This is a nursing home registered to provide care for up to 44 patients with a learning disability over and under the age of 65yrs old. The home is single story with bedrooms situated across four units; Aran, Rathlin, Boa and Coney. Patients have access to communal lounges, a dining room and outdoor gardens. | |

## 2.0 Inspection summary

An unannounced inspection took place on 3 February 2026, from 9:50 am to 4:30 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 19 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in an effective and compassionate manner, areas for improvement were identified to ensure the effectiveness and oversight of certain aspects of the home environment and care records. Details and examples of the inspection findings can be found in the main body of the report.

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

Patients said that living in the home was a good experience.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been stated again. 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 patients', 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

Patients told us they were happy with the care and services provided. Comments made included "I am happy here and the food is nice" and "the food is lovely and the staff are the best".

Questionnaires returned from patients indicated that they were happy with the care, the comments included "when I feel alone, the staff are here to chat to me" and "I feel very safe here, staff are like my family."

Patients told us that staff offered choices to patients 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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Following the inspection, no staff or relative questionnaires were received within the timescale specified.

## 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 patients.

Patients said that there was enough staff on duty to help them. 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 patients' 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.

### 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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients 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 patients and to manage this aspect of care. Review of the restrictive practice audits evidenced that they required further detail in regards to the type of restraint in place. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

When a patient required to be assisted with positional changes, care plans identified the frequency of the repositioning and records of repositioning had been maintained well.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

The activity schedule was on display. Activities planned for the week included table top games, arts and crafts and a number of live music singers. Patients were very complimentary in regards to the activity provision. In the afternoon, the majority of patients were observed to be enjoying live music with staff in attendance, supporting patients as required. Records were maintained of patients' engagements with the activities provided.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Access to confidential patient information was evident within the nurses' station in Boa unit. This area for improvement was stated for a second time.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

However, review of patient care records identified concerns in relation to wound management. For example, in two patients' care records, it was unclear if the wound had healed or not. An area for improvement was identified.

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

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A small number of walls throughout the home required painting, this was discussed with the manager and assurances were given that this would be addressed.

The home's most recent fire safety risk assessment was dated 23 May 2025. An action plan was in place to address the recommendations made by the fire risk assessor. Confirmation was received after the inspection that the one remaining recommendation was being addressed.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control.

## 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Fionnuala Kidd has been the acting manager since 11 November 2025, an application for registration with RQIA is in progress.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was evidence of auditing across various aspects of care and services provided by the home. However, in the care plan audits, there were omissions in relation to dates the audits were completed, when actions were to be addressed and the signatures of the auditor, this area for improvement was stated for a second time.

Additionally, review of environmental and weight loss audits identified deficits but there was no action plans developed to address these issues. This area for improvement was stated for a second time.

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 the quality of services provided by the home.

Compliments received about the home were kept and shared with the staff team.

There was a system in place to manage any complaints received.

## 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 |
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| **Total number of Areas for Improvement** | 1* | 3* |

* the total number of areas for improvement includes one regulation and two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 10 (1)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>28 February 2026 | The registered person shall ensure the system in place for the auditing of care records is reviewed to ensure deficits are identified and addressed.<br><br>Ref: 2.0 & 3.3.3 |
| | **Response by registered person detailing the actions taken**:<br>The system in place for auditing of care records was reviewed. Care records are to be audited monthly. A specific time frame is scheduled for return, with issues addressed by the managment and named nurses |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 37<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>3 February 2026 | The registered person shall ensure that any record retained in the home which details patient information is stored securely in accordance with the General Data Protection Regulation (GDPR) and best practice guidance and that records are not accessible to visitors to the home.<br><br>Ref: 2.0 & 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The registered person has taken action ensuring that all relevant staff were retrained in their GDPR, under their online evolve training and supervision |
| **Area for improvement 2**<br><br>**Ref:** Standard 35<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>28 February 2026 | The registered person shall ensure a time bound action plan is developed to address any deficits found throughout the auditing processes. This is stated in reference but not limited to the IPC and environmental audits.<br><br>Ref: 2.0 & 3.3.5 |
| | **Response by registered person detailing the actions taken:**<br>The registered person shall review the auditing system and review the recording system to include specific time schedules for completion of any works or processes. |

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| **Area for improvement 3**<br><br>**Ref:** Standard 4.8<br><br>**Stated:** First time | The registered person shall ensure that care plans for wound care are contemporaneous and reflect the current needs of the patient.<br><br>Ref: **3.3.2** |
| **To be completed by:**<br>28 February 2026 | **Response by registered person detailing the actions taken:**<br>The registered person will ensure all nurses will address the care plans for wound care, removing all healed wounds and ensuring relevant up to date person centred treament and regimes are in place. |

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

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