The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Bridgeview

**Provider:** Bridgeview Residential Home Ltd

**Date of Inspection:** 12 May 2026

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 Leah Holmes – not registered |

**Service Profile –**

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.

## 2.0 Inspection summary

An unannounced inspection took place on 12 May 2026, from 10.15 am to 1.50 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 5 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, compassionate care was delivered to residents, and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and 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, three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 residents, 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

One resident spoken to Residents described staff as "Nice." Comments included, "We do a lot of activities, we are well looked after."

Staff said that they enjoyed working in Bridgeview, staff comments included, "I love working here," "We are very well supported," and "There is a family atmosphere here."

A recent compliment to the home referred to the "Excellent care" provided in the home.

## 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 teamwork, 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.

### 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 skilled in communicating with residents; they 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 residents choice in how and where they spent their day or how they wanted to engage socially with others.

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; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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.

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

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Each resident had their own individual activity plan, activities included, walks, going out for meals, movie nights and games. On the day of the inspection, residents were observed to be chatting with staff, playing games and going out for a walk.

A programme for group activities was displayed on the noticeboard, however, the date on the programme was October 2025, this was discussed with the manager who agreed to update this planner with immediate effect. This will be reviewed at a future inspection.
Arrangements were in place to meet residents' social, religious and spiritual needs within 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 and well maintained. Two care files reviewed, required more information regarding the residents assessed care needs, for example Deprivation of Liberty and falls. An area for improvement was identified.

One residents risk assessments had not been kept under regular review. This was discussed with the manager who agreed to review and update the assessments; this will be reviewed at a future inspection.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, 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. An area for improvement was stated for a second time.

There was evidence that systems and processes were in place to manage infection prevention and control, which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, inappropriate use of PPE was observed during the day; for example, staff were observed carrying soiled laundry whilst not wearing any PPE. This was discussed with the manager and an area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Leah Holmes has been the Acting Manager in this home since 12 November 2025. The manager confirmed she had received an induction on commencement to her role; however, no documentary evidence was available for inspection. In addition to this, there was no evidence that the manager had received formal supervision within the required timeframe. An area for improvement was identified.

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 |
|---|---|---|
| **Total number of Areas for Improvement** | 1* | 4* |

* the total number of areas for improvement includes one Regulation that has been stated for a second time and one Standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Leah Holmes, 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** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 14 (2) (a)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>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.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>Appropriate safety measures have been implemented to eliminate the identified hazards. |
| **Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021).** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 32<br>**Stated:** First time<br><br>**To be completed by:**<br>27 April 2026 | The registered person shall ensure that current, maximum and minimum refrigerator temperatures are recorded and monitored each day and corrective action should be taken if outside of the recommended range.<br><br>Ref: 3.3.2 |
| | **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** |
| **Area for improvement 2**<br><br>**Ref:** Standard 6.6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 May 2026 | The registered person shall ensure care plans are kept up to date and reflect the residents' current needs.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken**<br>a All residents care plans have been reviewed and updated to relfect their current needs regular auidts will be completed to ensure care plans remain accurate and up to datr |
| **Area for improvement 3**<br><br>**Ref:** Standard 35<br><br>**Stated:** First time | The registered person shall ensure that staff wear PPE at the appropriate tine to reduce the risk of infection for staff, residents and visitors.<br><br>Ref: 3.3.4 |

| | |
|---|---|
| **To be completed by:**<br>12 May 2026 | **Response by registered person detailing the actions taken:**<br>staff have been given training to complete to ensure that they are in line with infectiong prevention control. PPE compliances will be monitored through regular supervision and aduits to ensure the safety of residents, staff and visitors |
| **Area for improvement 4**<br><br>**Ref:** Standard 24.2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>12 May 2026 | The Registered Person shall ensure the manager receives formal recorded supervision no less that every six weeks.<br><br>Ref: 3.3.5 |
| | **Response by registered person detailing the actions taken:**<br>supervisons have been implemented to ensure the manager recevies recored supervision every six weeks. |

***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**

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews