The Regulation and Quality Improvement Authority

Inspection Report

28 January 2022

Bloomfield Care Home Ltd

Type of Service: Nursing Home
Address:115-117 North Road, Belfast, BT5 5NF
Tel no: 028 9065 7799

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: Bloomfield Care Homes Limited **Responsible Individual** Mr Desmond McLaughlin	**Registered Manager:** Mrs Jincy Mathew **Date registered:** 14 March 2016
Person in charge at the time of inspection: Mrs Jincy Mathew	**Number of registered places:** 36
Categories of care: Nursing Home (NH) DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 35
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 36 patients living with dementia. The home is a purpose built, two storey building with a range of bedrooms, bath/shower rooms, toilets, a lounge and dining room provided on both floors. There is an enclosed garden to the front of the home and an enclosed patio area adjacent to the main entrance door which provide patients with outside space.	

2.0 Inspection summary

An unannounced inspection took place on 28 January 2022 from 10:00am to 3:30pm by a care inspector.

The inspection was undertaken to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that the care in Bloomfield was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and systems in place to provide oversight of the delivery of care.

One area for improvement was identified to ensure that staff support patients with the choice of meals provided by the kitchen.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager was provided with details of the findings.

4.0 What people told us about the service

Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However all of the patients were well presented with good detail to their dress and appearance. Patients were relaxed in the company of staff and when asked if they were warm and comfortable they told us they were. A number of patients were able to articulate their opinion of the home; one patient spoke at length of their enjoyment of the activities and that they liked to be kept busy. Staff were described as helpful. Patients described their life in the home as comfortable and said it (the home) was a good place. Patients said they enjoyed the food and we saw that the dining experience was unhurried and social.

Two relatives provided their opinion of the home and the delivery of care. Both were highly complementary of the staff and the standard of care provided. They commented positively on the attitude of staff, the visibility of the manager and their approachability.

Eight staff were spoken with from the registered nurses, care staff, housekeeping and catering teams; they were unanimous in their satisfaction with the quality of care delivered. They reported good working relations and were confident in the management of the home.

Following the inspection a completed questionnaire was received from one relative. They responses ranged from very satisfied to satisfied with regard to the care, staff and how the home was managed.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 08 December 2020.		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 23.5 **Stated:** First time	The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately. Systems to ensure that correct setting is maintained must be implemented.	**Met**
	Action taken as confirmed during the inspection: Observations and a review of care records evidenced that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work; this included receiving references, completing police checks and having sight of the candidates full employment history. Staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. Systems were in place to regularly check that they were appropriately registered and that their registration remained live. Newly appointed care staff were being supported by the Manager to complete their registration.

The staff duty rota accurately reflected the staff working in the home on a daily basis. There was evidence that where staff reported unfit for duty at short notice reasonable attempts were made to replace staff. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. It was obvious from the interactions between patients and staff that they were familiar with each other.

Staff were knowledgeable of patients care needs, their likes, dislikes and their preferred routines.

Patients told us that the staff were helpful. Staff interactions were familiar, comfortable and unhurried and patients were relaxed in the company of staff.

Relatives spoke of the friendly and supportive nature of the staff. They were complimentary regarding the standard of care. They confirmed that visiting was well organised and that they were always made to feel welcome. One relative commented that throughout the time when visiting was not permitted staff had gone "over and above" what they expected to ensure they could keep in touch with their loved one.

5.2.2 Care Delivery and Record Keeping

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.

Patients' needs were assessed 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. Care records contained detail of the individual care each patient required and were reviewed regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded and evidence that patients were assisted to change their position regularly. Patients with wounds had these clearly recorded in their care records. Records reflected the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. The circumstances of each fall was reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records confirmed that appropriate referrals were made if patients were losing weight. Daily records were kept of what patients had to eat and drink.

Patients had the choice of having their lunch in the dining room, their bedroom or a quiet area of the home. Meals were transported from the kitchen in a heated trolley to the first floor. There was a variety of drinks offered with meals. Staff attended to patients in a timely manner offering patients encouragement with their meals. The meals served were attractively presented and smelled appetising. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need.

A choice of two main dishes was available at each meal. The cook explained that they plated a number of both dishes for staff to offer and allow the patients to choose which meal they preferred at the point of service; this approach to meal choice for patients with dementia is good practice. However at the serving of lunch on the first floor staff were not using this approach to support patient choice; they were selecting which meal was served to the patient without any consultation with the patient. This was identified as an area for improvement.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere in the home was relaxed and well organised. The environment provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were suitably furnished and comfortable.

The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out regularly. The upgrade to the automatic door closures had recently been completed.

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners; a number of patients were benefiting from the support of their care partners. Precautions such as temperature checks, completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Patients participated in the regional monthly Covid-19 testing and staff continued to be tested weekly.

5.2.4 Quality of Life for Patients

Staff introduced us to patients using their preferred name. Staff were knowledgeable of the life experience of patients and used this knowledge in their everyday interactions with them.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the Covid-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients used words such as “fantastic” and “good” when talking about their experiences of the home and how staff treated them. When staff spoke with patients there was good eye contact and patients responded with a smile.

The staff member employed to plan and deliver activities was enthusiastic about their role and the benefits and enjoyment that daily activities provided to the patients. Some patients recognised the Activity Leader and associated them with providing entertainment. They were supported by the wider care team who also involved patients in social activities.

The Activity Leader explained that activities were delivered in both small group settings and on a one to one basis. The programme of activities was planned around the interests of the patients and included music, armchair games and reminiscence. The Activity Leader explained how they used their knowledge of patients past interests and life experiences to connect with the patients through casual conversations. One patient spoke of how they liked to be busy and that the activities, such as the recent task of planning the summer garden and planting seeds, had made them feel busy and useful. Staff were supportive of the role of the Activity Leader and valued the provision of activities in the patients daily routine.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager is supported on a daily basis by the Deputy Manager. Management support is also provided by the RI and Administrator who were available throughout the inspection and were knowledgeable of the day to day running of the home.

Staff commented positively about the Manager and described them as supportive, approachable and knowledgeable of the daily life and preferences of the patients.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home’s safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed of the environment, IPC and accidents and incidents.

There was a system in place to manage complaints; complaints received, alongside the action taken, were recorded. Records were also maintained of compliments received about the home. In recent compliments the care was described as “wonderful”. The support provided by staff to both patients and family were also complimented.

Unannounced visits were undertaken each month by the Responsible Individual, to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were addressed. The reports were available in the home if requested.

6.0 Conclusion

Discussion with patients, relatives and staff, observations and a review of patient and management records evidenced that care in Bloomfield was delivered in a safe, effective and compassionate manner with good leadership provide by the Manager.

Patients were well presented and relaxed in the company of staff. Patient and staff interactions were familiar yet respectful. Staff engaged with patients on an individual and group basis; they were knowledgeable of the life experience of patients and used this knowledge in their everyday interactions with them. The programme of activities was planned around the interests of the patients and provided them with positive outcomes.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with Jincy Mathews, 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 12.1 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection.	The Registered Person shall ensure that staff support patients during mealtimes to choose which meal they prefer. Ref: 5.2.2
	Response by registered person detailing the actions taken: his practice is already in place and the Nurse in Charge will ensure that the resident is given a choice of meal before the staff serve food to the resident.

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

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