

Inspection Report

10 August 2023



Bloomfield Care Homes Limited

Type of service: Nursing

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Bloomfield Care Homes Limited	Registered Manager: Mrs Jincy Mathew
Responsible Individual: Mr Desmond McLaughlin	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: 36
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 10 August 2023 from 10am to 4:45pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and there was a welcoming atmosphere. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs

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

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients 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.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; "staff go above and beyond" and "the staff look after me well". Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Relatives said they were very happy with the care provided, one relative commented that the move to the home for his relative had been "transformational" in regards to their well-being. Comments made by patients, staff and relatives were shared with the manager for information and action if required.

No responses were received from the resident/relative questionnaires following the inspection. No responses were received from the staff questionnaires following the inspection.

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

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 17 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 (1) (d) Stated: First time	The registered person shall ensure that RQIA are notified of all accidents where medical advice is sought.	Met
	Action taken as confirmed during the inspection: Following discussion with the manager after the inspection there was evidence that this area for improvement was met	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that care records for patients who require a pressure relieving mattress accurately reflect the prescribed pressure setting and evidence the regular review of these settings.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the daily menu is clearly displayed in a suitable format and location in order that patients know what the choices are at each mealtime.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure that staff meetings for all grades of staff are held a minimum of quarterly.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person should ensure that audits to monitor the delivery of nursing care services are completed regularly.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records evidenced that reasons for gaps of employment and reasons for leaving were not always explored. This was discussed with the manager and an area for improvement was identified.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). A record was maintained by the manager of any registrations pending with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff were observed to respond to patients' requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the patients' needs.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for patients who had experienced a fall evidenced that neurological observations were not completed for the recommended timeframe as set out within local and regional head injury protocols. This was identified as an area for improvement.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Care plans reflected the patients' needs regarding the use of pressure relieving mattresses.

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. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of patients' nutritional needs, if required records were kept of what patients had to eat and drink daily.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The home's most recent fire safety risk assessment was 21 June 2023. An action plan was in place to address the recommendations made by the fire risk assessor.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Jincy Mathew has been the manager in this home since 14 March 2016.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the management team and described them as supportive and approachable.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Review of records and discussion with the manager identified that clarification was needed regarding the regional falls protocol in respect of notifications to RQIA in accordance with Regulation 30. The regional falls protocol would ask that a patient's GP is notified of any accident/fall but RQIA only needs to be notified if nursing staff contact the GP for medical advice due to the patient's condition as a result of an injury. Assurances were given that all notifiable incidents would continue to be reported and that going forward care records would state the reason for contacting the patient's GP.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

The home was visited each month by the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints with records available of any complaints received and the action taken by the manager.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jincy Mathew, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance. Ref: 5.2.2 Response by registered person detailing the actions taken: Immediately after the Inspection Neurological Observations procedure within the Home was updated to reflect the best practice guidance and communicated to all Nursing Staff.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 38.3 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that before staff commence working in the home that all gaps in employment and reasons for leaving are explored and recorded. Ref: 5.2.2 Response by registered person detailing the actions taken: It will be in our practice to explore any gaps in employment within a reasonable time. On this occasion the gap highlighted was from ten years ago which we did not feel it was important to explore as the person was working in a care home setting after this date. All gaps will be explored with immediate effect.

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