

Inspection Report

30 May 2024



Bloomfield Care Homes Limited

Type of service: Nursing Home
Address: 115-117 North Road, Belfast, BT5 5NH
Telephone number: 028 9065 7799

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 30 May 2024, from 09:40 am to 4:55 pm 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; "I love it here" and "the staff treat me well". Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about 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 and the communication with the home. 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 10 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance.	Met
	Action taken as confirmed during 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 38.3 Stated: First time	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	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

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 these 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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or 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.

Wound care records were reviewed, in one record reviewed, the recommended frequency of dressing changes in the care plan was different to the frequency of dressing changes being carried out, also there was more than one care plan in place for one wound. This was discussed with the management team and an area for improvement was identified.

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.

Care plans were in place for patients who required their diets to be modified. However, choking risk assessments reviewed lacked detail of the patients' diet and the care required. This was discussed with the manager and an area for improvement was identified.

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.

Observation of the environment identified that a fire door was propped open with a fire extinguisher preventing it from closing in the event of the fire alarm being activated, this was discussed with the manager and an area for improvement was identified.

Observation of the environment identified concerns regarding the management of risks to patients. Food and fluids and a tub of thickening agent was observed unsecured and accessible to patients. This was identified as an area for improvement.

The area under the stairwells was observed cluttered. This was discussed with the manager to address and written confirmation was received after the inspection that this had been addressed.

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. Mrs 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.

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	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jincy Mathew, Registered Manager and Mr Desmond McLaughlin, Responsible Individual 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 27 (4) (b) Stated: First time To be completed by: 30 May 2024	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 5.2.3
	Response by registered person detailing the actions taken: Practice stopped immediately on day of inspection. A permanent sign has been placed on kitchen door to remain closed at all times.
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: First time To be completed by: 30 May 2024	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3
	Response by registered person detailing the actions taken: The fridge and cupboards located in the dining rooms have now been fitted with key locks to ensure drinks and food thickener are not accessible to residents.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4.8 Stated: First time To be completed by: 30 June 2024	The registered person shall ensure that wound care plans reflect the recommended dressing frequency and care plans in place reflect the current needs of the patient. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Nursing staff were reminded after a wound has healed, the care plan and wound chart should be discontinued immediately to avoid confusion. Any alterations in dressing frequency are to be documented clearly as to why it was changed in their dressing regime.

Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 June 2024	The registered person shall ensure that choking risk assessments are recorded accurately and reflect the current needs of the patient. Ref: 5.2.2
	Response by registered person detailing the actions taken: A choking risk assessment is in place for all residents who are on modified diet or fluids.

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



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