



# Unannounced Care Inspection Report 8 December 2020



## Bloomfield Care Home Ltd

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 36 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Bloomfield Care Homes Limited  <b>Responsible Individual:</b> Desmond McLaughlin	<b>Registered Manager and date registered:</b> Jincy Mathew - 14 March 2016
<b>Person in charge at the time of inspection:</b> Jincy Mathew	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 35

### 4.0 Inspection summary

An unannounced inspection took place on 8 December 2020 from 11:45 hours to 17:00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to review the delivery of care within the home.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and the use of personal protective equipment (PPE)
- environment
- leadership and governance.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jincy Mathew, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with patients and staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. No questionnaires were returned.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 30 November 2020 and 7 December 2020
- care records for three patients
- repositioning care charts
- accident and incident reports
- record of complaints and compliments
- staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- records of audit
- monthly monitoring reports for the period February 2020 - November 2020.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 January 2020. There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the weeks commencing 30 November 2020 and 7 December 2020 confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with seven members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. Staff said that there was good team working and that there was effective communication between staff and management.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of registering.

Records evidenced that arrangements were in place to ensure that staff received regular supervision. The manager maintained a matrix to record the dates supervision was completed and the dates of planned sessions. Records showed that this year supervision topics had included hand hygiene and PPE.

We provided questionnaires in an attempt to gain the views on staffing from relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

### 6.2.2 Care delivery

We walked around the home at lunchtime. The atmosphere in the home was relaxed and well organised. Due to the current pandemic some patients were being cared for in their individual bedrooms. However staff explained that if patients were at risk of falls or becoming distressed they were encouraged to spend their day in the lounge area where patients were supported by staff to adhere to social distancing. Staff were knowledgeable of the importance of social distancing but at times were challenged in maintaining it with the level of understanding many of their patients had. Staff recognised the impact of the current COVID-19 pandemic on patients and relatives.

Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

We joined the patients in the dining room on each floor for lunch. The meals were appetising and nicely presented. Patients were assisted with their lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtime.

A number of patients were being nursed in bed. Some patients had pressure relieving mattresses in place which required to be set manually – a number were not set accurately in accordance with the patients weight. Systems to ensure that correct setting is maintained must be implemented. An area for improvement has been made. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

We discussed the arrangements for patients to receive visitors. The manager explained that over the summer visits had been facilitated in the enclosed area outside the main door. Currently visiting was being facilitated via an intercom system that had been installed at a window area. On the day of the inspection planned visits were taking place and were enjoyed by both patients and their relatives. Staff supported the patients as required during their visits. Systems such as video calls and regular telephone calls between the home, patient and their relatives were also in place. Separate visiting arrangements were in place for any patient receiving end of life care.

Arrangements were place to ensure that patients continued to receive personal items from relatives and friends, for examples sweets, drinks and toiletries. Bags were available to deposit the items into, the bags were then quarantined for 72 hours before being delivered to the patients.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“The care in Bloomfields is excellent and all the staff are so caring.”

“When lockdown came we knew (relative) was being well cared for when we couldn’t visit and that meant so much.”

“Thank you so much for the looking after (relative) in these difficult times, it was very thoughtful to be getting a facetime with her.”

### **6.2.3 Care records**

A range of assessments, to identify each patient’s needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients’ notes.

Staff were well informed with regard to patients’ needs, what areas patients required support with and the level of assistance they required in daily life. Staff encouraged choice and independence.

### **6.2.4 IPC measures and the use of PPE**

On arrival to the home staff checked and recorded our temperature and asked us to complete a health declaration form; 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. The manager confirmed that staff and patient temperatures were being checked daily and recorded. Patients' oxygen saturation levels were also being recorded daily.

The home were part of the national COVID-19 screening programme for care homes with staff being tested every week and patients being tested monthly.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE correctly. Staff washed and sanitised their hands as required. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

A range of IPC audits were completed regularly, for example hand hygiene, PPE and cleanliness of the environment. Records evidenced good compliance with IPC practices.

### **6.2.5 Environment**

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. 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. The manager explained that the amount of domestic hours had been increased to facilitate enhanced cleaning. We spoke with two members of housekeeping staff; both were well informed regarding the use of PPE, enhanced cleaning arrangements; they confirmed that the rooms of patients were self-isolating would be cleaned last.

### **6.2.6 Leadership and governance**

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the responsible individual, who was in the home daily, and by the deputy manager. Staff commented positively about the management team and described them as supportive, approachable and available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

Records were available of any complaints and compliments received. Complaints records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

As previously discussed we reviewed records which confirmed that there was a system of audits which covered areas such as complaints, IPC, accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas.

We examined the reports of the visits by the registered provider for the period February 2020 to November 2020. Where any issues were identified, an action plan and was reviewed and commented on at each subsequent visit.



## Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and effective team work throughout the home.

## Areas for improvement

One area for improvement was identified in relation to the settings of pressure relieving mattresses.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

### 6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients individual needs.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Bloomfield was safe, effective, compassionate and well led.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jincy Mathews, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).



## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection</p>	<p>The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.</p> <p>Systems to ensure that correct setting is maintained must be implemented.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> A reminder card has been put in place along with the pump to remind the staff of the residents current mattress setting.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)