



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 9 January 2020



## **Bloomfield Care Home Ltd**

**Type of Service: Nursing Home**  
**Address: 115-117 North Road, Belfast, BT5 5NF**  
**Tel no: 0289065 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 registered nursing home which provides care for up to 36 patients living with dementia.

### 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> 36

### 4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 11:50 hours to 15:00 hours.

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.

There were examples of good practice found throughout the inspection in relation to the provision of staff, staffs attentiveness to patients and the homely environment. We identified good practice in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were well supported by the chef with their nutrition needs and staff provided a positive dining experience.

Good practice was evident in relation to the atmosphere in the home, the reassuring manner of staff and the provision of activities. There were well established, effective management arrangements in place.

Patients were relaxed and comfortable in their surroundings and relatives who were visiting told us they were made to feel welcome.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jincy Mathew, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent inspection dated 30 May 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 30 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 6 – 12 January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- incident and accident records
- five patient care records
- complaints record
- records of the monthly visit completed by the registered provider
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 on 30 May 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that the systems in place to monitor the registration status of nurses with the NMC are effective in confirming registration at the time of renewal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The system for checking NMC registration has been reviewed and extended to include a second check for any staff due to renew their registration at the end of the month. This area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time	The registered person shall ensure that staff update the relevant MDT with regard to the dressing regime for the identified patient.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The patient is no longer in the home. Confirmation was received on the returned quality improvement plan of the action taken at the time of the inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> First time	The registered person shall ensure that where the outcome of a bedrail assessment identifies the possibility that bedrails may pose a hazard or recommends considering alternative measures a record of what alternatives were considered and, if appropriate, the rationale to proceed with using the bedrails is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients bedrail assessments contained the rationale for using bedrails. This area for improvement has been met.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered persons shall ensure that care plans for activities contain detail of patients' past likes, interests and life history.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed three patients care plans for activities all of which contained the patients' past likes, interests and life history. The care plans were completed to a high standard. This area for improvement has been met.	

**6.2 Inspection findings**

**6.3 Is care safe?**  
**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and explained that staffing levels were kept under review in response to the needs of the patients and the occupancy of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff were satisfied that there were sufficient staff to meet the needs of the patients. A review of the staff rota for week commencing 6 January 2020 confirmed that the staffing numbers identified were provided.

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted as required. Records also evidenced that healthcare professionals in the relevant health and social care trust were informed of accidents at the time they occurred.

The registered manager completes a monthly analysis of accidents to identify any trends with the patients involved, time of the accident and the location.

The environment in Bloomfields was warm, comfortable and fresh smelling throughout. The reception area has been refurbished since the previous inspection with the creation of a nurses station and new flooring. The improvements have created a bright, welcoming entrance to the home. The kitchen has been repainted and a rolling programme of redecoration continues with the bedrooms. The majority of bedrooms had been individualised with pictures, family photographs and items brought in from home. No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with hold open devices. The manager informed us that they were currently upgrading the hold open devices on the bedrooms with 16 rooms being completed to date. The recent investment in the environment was commended.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of staff, staffs attentiveness to patients and the homely environment.

**Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

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

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

We spoke with patients over lunchtime; those who could talk to us told us they liked where they were and that they were happy. Throughout the inspection we witnessed assistance being provided in response to individual need and numerous events which supported individual patient choice.

A range of assessments, to identify each patient’s needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced. Supplementary care charts, for example food and fluid charts and repositioning charts were completed daily for patients as required.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day.

We observed the serving of the lunchtime meal in both dining rooms and in the first floor lounge. The majority of patients had their meal in the dining rooms; a few had trays delivered to them as required. The lunches were served from heated trollies; staff were well organised and all of the patients received their meals without delay. Staff were observed offering condiments to patients and assisting those who required support to use them appropriately; this was commended by the inspector. There was a choice of two main dishes on the menu; staff confirmed that alternatives meals were also provided in response to their requests. The meals served appeared appetising and patients were complementary regarding the meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed assisting patients with their meal in a timely manner and there was a calm atmosphere throughout the meal.

We met with the chef who spoke passionately about the menu and the importance of providing good nutrition and a varied diet. The chef also recognised the pleasure good food can bring to patients, especially home baked produce which he strives to provide daily.

We spoke with the relative of three patients who commented positively regarding the caring attitude of staff, the delivery of care, the provision of activities and the quality of the meals. We provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the assessment of patients’ needs and the planning of how these need would be met. Patients were well supported by the chef with their nutrition needs and staff provided a positive dining experience.

**Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

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

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:25 hours and were welcomed into the home by the manager. We walked round the home prior to lunchtime; patients were in the lounges, walking around the units or in their bedrooms, as was their personal preference. Some patients remained in bed. The atmosphere in the home was calm and relaxed.

Staff interactions with patients were observed to be caring and timely. When providing reassurance to patients who were unable to say why they were anxious we observed staff spend time with the patient in an attempt to find out what they needed.

We spoke with the relatives of three patients who told us the following:

“It’s a very good home.”

“Staff are first rate.”

“Staff know mum, they take such good care of her...they are so kind to her.”

There is varied range of activities provided within the home. The weekly programme was displayed in various locations around the home to inform patients and their visitors of the daily activities.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the atmosphere in the home, the reassuring manner of staff and the provision of activities.



## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

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

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Since the last inspection there has been no change to the management team in the home. There continues to be well established management arrangements; the manager is supported in their role by a deputy manager and an administrator. Staff and relatives reported that the manager was very approachable and they were confident that any concerns or issues brought to their attention would be appropriately addressed. The responsible individual (RI), Mr D McLaughlin, is available in the home daily and provides day to day support and advice as needed.

An unannounced visit was completed monthly by the RI, Mr McLaughlin, to check the quality of the services provided in the home. The reports of these visits included the views of relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

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

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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