



Unannounced Care Inspection Report 11 January 2019



Bloomfield Care Home Ltd

Type of Service: Nursing Home

Address: 115-117 North Road, Belfast, BT5 5NF

Tel no: 0289065 7799

Inspector: Sharon McKnight & Fionnuala Breslin

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Bloomfield Care Homes Limited Responsible Individual: Desmond McLaughlin	Registered Manager: Jincy Mathew
Person in charge of the home at the time of inspection: Jincy Mathew	Date manager registered: 14 March 2016
Categories of care: Nursing Home (NH) DE- Dementia	Number of registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 11 January 2019 from 10:30 to 15:40 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing, notification of accidents and the home's environment. There were examples of good practice found throughout the inspection in relation to care records, management of accidents and communication of patient need between staff. There were further examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to auditing, the positioning of alarm mats and care plans for activities.

Patients said they were happy in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	0	3

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.

4.2 Action/enforcement taken following the most recent inspection dated 27 June 2018.

The most recent inspection of the home was an unannounced care inspection undertaken on 27 June 2018. 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with the majority of patients in small groups, two patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line.

The inspectors provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the entrance door to the home.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 7 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two staff recruitment and induction files
- tenpatient care records
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 June 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1	The registered persons must ensure that there is proper provision for the health and welfare of patients.	Met
Ref: Regulation 13 (1) (a) Stated: Second time	In the event of a suspected head injury neurological observations must be recorded.	

	<p>Action taken as confirmed during the inspection: A review of four patients care records evidenced that neurological observations had been completed. This area for improvement has been met. A further area for improvement has been made that the registered manager will complete regular audits to ensure that neurological observations are consistently recorded.</p>	
<p>Area for improvement 2 Ref: Regulation 30 Stated: First time</p>	<p>The registered person shall ensure that head injuries are notified to RQIA in accordance with the regulation.</p> <p>Action taken as confirmed during the inspection: A review of accidents records and notifications submitted to RQIA evidenced that head injuries were notified to RQIA in accordance with the regulation. This area for improvement has been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 16.11 Stated: Second time</p>	<p>The registered provider should ensure that the recording of complaints is further developed to include how the complainant's level of satisfaction was determined.</p> <p>Action taken as confirmed during the inspection: A review of the complaints record evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 2 Ref: Standard 38 Stated: First time</p>	<p>The registered person shall ensure that the recruitment process is reviewed to ensure that any gaps in employment and pertinent information in the application form are discussed at interview with the prospective employee and a record maintained to include the rationale for proceeding with employment.</p> <p>Action taken as confirmed during the inspection: A review of two staff recruitment files and discussion with the registered manager evidenced that this area for improvement has been met.</p>	Met

<p>Area for improvement 3</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is evidence that the registered manager has reviewed the registration status of staff on a monthly basis.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the records of monthly checks to confirm staff registration confirmed that these were signed monthly by the registered manager. This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is in place to monitor the settings of pressure relieving, airwave mattresses to ensure these are appropriately set for the weight of the patient.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff confirmed that systems were in place to ensure pressure relieving mattresses were set appropriately for the weight of the patient. We reviewed the settings of two patients' mattresses, both were set correctly. This area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 17, 22 and 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that audits are further developed to identify any patterns or trends, lessons learned or actions taken to address identified deficits. This includes, but is not limited to, audits of incidents/accidents and complaints.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the records of audits of accidents and complaints evidenced that this area for improvement has been met.</p>		

Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that the monthly quality monitoring reports, under regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, are further developed to provide analysis of the information collated. Actions identified should be carried forward from month to month with evidence that any identified issues have been effectively addressed.	Met
	Action taken as confirmed during the inspection: A review of the monthly quality monitoring reports completed for September – December 2018 evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.4 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 subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 7 January 2019 evidenced that the planned staffing levels were adhered to.

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 advised that there were sufficient staff to meet the needs of the patients. We spoke with the relatives of two patients; no issues were raised with regard to the provision of staff. Questionnaires were provided for relatives and staff; none were received within the timescale for inclusion in this report. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats. We observed that alarm mats were not always located in appropriate proximity to the

patient to ensure they were activated if/when the patient attempted to walk unsupervised. If a patient is known to move the mat there should be regular checks to ensure the mat is appropriately placed. This was identified as an area for improvement

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm, well decorated, clean and fresh smelling.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, notification of accidents and the home’s environment.

Areas for improvement

An area for improvement was identified for improvement in relation to the positioning of alarm mats.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements and a daily record was maintained to evidence the delivery of care. Interventions prescribed were individualised and care records were reviewed regularly.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

A review of accidents/incidents records evidenced that patients were appropriately monitored following falls and that medical advice was sought as required.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, management of accidents and communication of patient need between staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 10:30. Patients were seated in the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients' assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be caring and timely. Patients were afforded choice, privacy, dignity and respect.

We reviewed the provision of activities. We spoke with the activity co-ordinator who explained that activities were planned on a weekly basis and the programme was displayed in the foyer for patients, relatives and visitors. The activity co-ordinator explained that activities were delivered on both a group and individual basis. Group activities included social games, exercise programmes and seasonal activities. One to one activities were delivered to those patients who, due to their dementia, participated better on a one to one basis.

We discussed with the activity co-ordinator how they identify patients' interests and if any life story work was completed. They explained that as part of the admission process relatives were provided with a life history form; however the information provided varied greatly between patients. We reviewed four patients care plans for activities and noted that the interventions to meet the patients' needs were generic and did not contain any detail of their individual past likes, interests or life history. This was identified as an area for improvement.

Discussion with relatives and a review of patients' records evidenced that during December 2018 there had been a range of activities. However a review of five patients care records evidenced that during October, November and the beginning of January there were only a few days when patients were engaged in meaningful activities. We discussed this with the registered manager and asked what the arrangements for the provision of activities was when the activity co-ordinator was not on duty. They explained that care staff have a responsibility to deliver activities as part of their role; however these activities would not always be recorded. The registered manager agreed to discuss the recording of activities with care staff to ensure that records accurately reflected the full range of activities each patient participates in. This will be reviewed at the next inspection.

We discussed how the patients were supported with their spiritual needs. The activity co-ordinator explained that a service is held in the home monthly and that patients' ministers visit them on an individual basis. Eucharist ministers visit the home each Sunday.

We spoke with the relative of two patients who were satisfied with the caring attitude of staff and the delivery of care. One relative commented that they would like to see more activities. This comment was shared with the registered manager for their attention.

As previously discussed questionnaires were also provided for relatives; no completed questionnaires were received prior to the issue of this report.

We spoke with five members of staff. Staff were of the opinion that care was delivered to a good standard. Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires received after this report is issued will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient dignity and privacy and activities.

Areas for improvement

An area for improvement was identified for improvement in relation to care plans for activities.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. The registered manager continues to be supported daily by the responsible individual. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns enabled them to have contact with her as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

As previously discussed a review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. As previously discussed neurological observations were completed where there was an unwitnessed fall or a suspected/actual head injury. An area for improvement has been made that the registered manager will complete regular audits to ensure that the recording of neurological observations is consistent.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Mathew, 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: From the day of the inspection</p>	<p>The registered manager will complete regular audits to ensure that the recording of neurological observations is consistent.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: From the day of inspection, the registered manager has created a new audit form for all unwitnessed falls and falls with head injury to ensure all documents are completed and consistent.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2019</p>	<p>The registered persons shall ensure that alarm mats are located in appropriate proximity to the patient to ensure they are activated if/when the patient attempted to walk unsupervised.</p> <p>If a patient is known to move the mat there should be regular checks to ensure the mat is appropriately placed.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: From date of inspection, regular checks are undertaken for all residents who prefer to stay in their bedroom and identify at risk of falls where alarm mats in situ.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2019</p>	<p>The registered persons shall ensure that care plans for activities contain detail of patients' past likes, interests and life history.</p> <p>Ref: Section 6.3 & 6.7</p>
	<p>Response by registered person detailing the actions taken: From the date of inspection, the Activities Co-ordinator has modified the residents care plans for activities to ensure that they are person-centred for each resident.</p>

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



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