Unannounced Care Inspection Report
30 May 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

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 servicefrom 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

Organisation/Registered Provider: Bloomfield Care Homes Limited **Responsible Individual:** Desmond McLaughlin	**Registered Manager and date registered:** Jincy Mathew 14 March 2016
Person in charge at the time of inspection: 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

4.0 Inspection summary

An unannounced inspection took place on 30 May 2019 from 09:30 to 16:45.
This inspection was undertaken by a care inspector.

The inspection assessed progress withareas for improvement identifiedin the homesince the last care and financeinspections and to determine if the homewas delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was supportive of people with dementia without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to staff support of those patients who required assistance to make a decision, wound care management and post falls management.

We observed that patients were offer choice with the daily routine and that the activities provided had a positive impact on patients.

There were well established management arrangements in place with systems to provide management with oversight of the services delivered.

Three areas requiring improvement were identified. The systems in place to confirm registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) should be reviewed to ensure that are effective in confirming registration at the time of renewal.Staff should update the relevant mutli-disciplinary team with regard to the dressing regime for the identified patient. The process for assessing patients for bedrails requires further development and recording.

Patients said that they were generally happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4*

*The total number of areas for improvement include one which has been stated for a second time.

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.

Enforcementaction did not result from the findings of this inspection.

4.2Action/enforcementtaken following the most recent inspection dated 25 January 2019.

The most recent inspection of the home was an unannounced finance inspection undertaken on 25 January 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 findingsincludingfinance issues,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 for week 27 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of the monthly monitoring visits
- 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 theinspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspections

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement three were met and one was partially met and has been included in the QIP at the back of this report.

Areas of improvement identified at previous finance inspection have been reviewed. All of the areas for improvement were met.

Areas of improvement identified at previous estates inspection have been reviewed. All of the areas for improvement were met.

There were no areas for improvement identified as a result of the last medicines management inspection.

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.

We asked visitors and staff about staffing levels.We spoke with the relatives of two patients who told us they were happy with how staff supported their loved ones with personal care and with their appearance. They were confident that staff responded to changes in their relatives' condition and that timely advice/attention was sought for medical issues.

Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the patients.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 27 May to 2 June 2019 confirmed that the staffing numbers identified were provided. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was employed to plan and deliver a range of social activities; they were supported by the wider staff team on the delivery of activities.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriately checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides training for staff via an eLearning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities.

We discussed how patients are protected from abuse. The safeguarding and protection of patients was included in the induction and annual training programme for staff. Staff spoken with were knowledgeable of the action to take, and who to inform, in the event of an allegation of abuse being made or witnessing any practice which they were concerned about.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC).The registered manager is responsible for ensuring all staff are registered appropriately. 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. The records showed that one nurse's registration was due to be renewed at this end of May 2019; the date was prior to the next check being completed. Following discussion with the registered manager it was agreed that the systems in place would be reviewed to ensure that they are effective in confirming registration at the time of renewal. This was identified as an area for improvement.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bed rails or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, were possible, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The registered manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' relatives, the registered manager and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We reviewed practices to ensure they minimised the risk of the spread of infection. A sign was displayed on the front door of the home asking visitors to consider delaying their visit until another day if they had been in contact, or had symptoms of illnesses, such as vomiting and diarrhoea or colds and flus etc. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations in the home as an additional resource to support good hand hygiene. Hand washing facilities were available throughout the home and in each bedroom. Gloves and aprons were readily available and we noted that staff used these appropriately. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately.

The environment in Bloomfield was fresh, bright and tastefully decorated to provide a homely and comfortable surroundings for the patients and those that visit them. There was an appropriate use of signage to help direct patients and visitors to facilities around the home. Patients' were encouraged to individualise their own bedroom with belongings that were meaningful to them; many had pictures, family photographs and ornaments brought in from home. These familiar objectives are very important as they can provide a sense of belonging and identity for people with dementia.

There were a choice of two sitting rooms available for patients to spend their day in; armchairs in the reception area provided a further option for patients. The majority of patients spent their day in the company of others in these communal areas. Patients also have access to an enclosed garden via the dining room on the ground floor. There was a variety of planters and seating provided in the garden.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe.The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was supportive of people with dementia without detracting from the homely atmosphere.

Areas for improvement

The systems in place to confirm registration with the NMC and NISCC should be reviewed to ensure that are effective in confirming registration at the time of renewal.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Staff told us that received a report on each patient at the start of each shift. Staff were well informed with regard to patients' needs and the level of assistance they required in daily life. They supported patients to make daily decisions and we observed that with patients who required support to make a decision staff used their knowledge of individual likes and dislikes to prompt decisions. Staff worked well as a team and reported that there were good relations between differing roles within the team.

As previously discussed 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.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

Admissions to hospital can be an unsettling time for patients with dementia. The home work closely with Belfast Health and social care Trust acute care team who can provide care in the home and prevent admissions to hospitals for some patients.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients' care and treatment and that any recommendations made by the MDT had been incorporated into the patients care plan. It is important that staff inform the relevant MDT if there are issues with adhering to prescribed regimes; this was identified as an area for improvement.

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place and care delivered was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs, were in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed.

Patients have a choice of going to the dining room for lunch or having their meal served to them in the lounge or bedroom. The food was transported from the kitchen in heated trollies and served by the kitchen staff. The chef explained that they plate the meals in response to individual likes, for example portion size, choice of vegetables. There was a calm atmosphere in the dining room with staff attending to patients' need promptly. A number of staff were allocated to deliver trays to the patients outside the dining room. Patients told us:

"The food is lovely."
"I m enjoying the sausages."

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. Post fall reviews were completed within 24 hours of a reported fall. As previously discussed a number of patients had bedrails erected. A bedrail assessment was completed prior to the use of this equipment. Where the outcome of the assessment identified the possibility that bedrails may pose a hazard or recommended considering alternative measure there was no record of what alternatives were considered or of the rationale to proceed with using the bedrails. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff support of those patients who required assistance to make a decision, wound care management and post falls management.

Areas for improvement

Staff should update the relevant MDT with regard to the dressing regime for the identified patient.

The process for assessing patients for bedrails requires further development and recording.

	Regulations	Standards
Total number of areas for improvement	0	2

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 09:30 and were met immediately by staff who offered us assistance. Patients were present in the lounges or finishing their breakfast in the dining rooms, as was their personal preference. Some patients remained in bed, again in keeping with personal preference.The atmosphere in the home was calm and quiet. Due to the unpredictability of patient need staff were very aware of the need for a flexible routine. Staff displayed a great understanding of each patient's needs; they aware of potential clashes of personalities between the patients and the need to provide discreet diversions on occasions.

We spent time with the patients in the lounges throughout the morning. Patients told us the following:

"We all like it here."
"I'm not here long it seems a fine place."
"I'm waiting for a cup of tea."
"I'm comfortable."

We spoke with the relatives of two patients who was very happy with the way their relatives were being looked after. They told us:

"The manager is always around, a pleasure to speak to."
"The staff are fantastic."
"She is very well looked after."
"Never any smells"
"My … is in a much better place since she moved here."

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately there were no responses received.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

"…came into your care in August 2017….over that time you have become our extended family and what a wonderful job you do." (April 2019)
"Very many thanks to Mr McL, yourself (manager) and the staff for the kindness and excellent care shown to ….during his stay." (March 2019)

Questionnaires are issued annual to relatives in an attempt to gain their opinion on behalf of their loved one; these were recently issued on 17 May 2019. Relatives are asked to give their opinions on a variety of areas including staffing and how quickly staff respond to them, the availability of the manager, complaint satisfaction, activities, meals and the environment. A report of the responses will be completed and shared with the patients and relatives in due course.

There is a varied range of activities provided within the home. We spoke at length with the activity co-ordinator who explained that following the previous inspection they had reviewed how activities were delivered and what best suited the patients. They had also attended some dementia specific training which they felt had greatly increased their understating of dementia. They were knowledgeable of the need for age-appropriate activities and of considering the complexity/difficulty to ensure that the majority of patients could participate at some level. Activities, such as crafts, baking, music, quizzes and film afternoons were part of the weekly programme. Some of the crafts the patients had recently created were displayed in their bedrooms. Crafts were completed in both a group setting and on a one to one basis if required. The activity co-ordinator explained that some patients are reluctant to join in with others. They explained that rummage boxes and reminiscence boxes are used successfully on an individual basis to engage with these patients. The activity co-ordinator explained of the need to be mindful of the length of activities as patients sometimes lost interest if the event lasted too long. Staff and relatives commented positively on the enjoyment and benefits for patients from the range of activities provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine and the positive impact of the activities provided.

Areas for improvement

During the previous care inspection the need to ensure that care plans for activities contain detail of patients' past likes, interests and life history was identified as an area for improvement. Improvements were noted in two of the five care plans for activities we reviewed. This area for improvement has been partially met and is stated for a second time.

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

	Regulations	Standards
Total number of areas for improvement	0	1

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.

There are well established management arrangements in the home. The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2016 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by a deputy manager, administrator and nursing staff who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Relatives reported that the registered manager was very approachable and available to speak to. The registered manager is well supported by the Responsible Person, Mr McLaughlin, who is in the home daily.

We asked staff if they felt supported in their day to day work by the management of the home. Staff confirmed that they are provided with all of the necessary equipment they need, they never run out of supplies and that the registered manager is receptive to suggestions they make. They commented that there is always work ongoing to maintain the environment to a high standard.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included care records, restraint, patients' weights and the environment. Complaints and accidents are reviewed monthly to identify trends and any common themes. The registered manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked to ensure the action has been completed.

The responsible person is required to check the quality of the services provided in the home monthly and complete a report. The reports of these visits were available in the home and included the views of patients, relatives and staff, an overview of the records, for example accident reports, complaints records and a review of the environment.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The 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. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.5 of this report.

Areas of good practice

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

Areas for improvement

Noareas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of theQIP 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 standardsthis 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 improvementidentified 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 providershould confirm that these actions have been completed and return the completed QIPvia Web Portalfor assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance withthe Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 31 May 2019	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. Ref: 6.3
	Response by registered persondetailing the actions taken: All staff registration checks will now be undertaken on the third week of each month to allow time for to follow-up and confirmations if needed before month end.
Area for improvement 2 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 31 May 2019	The registered person shall ensure that staff update the relevant MDT with regard to the dressing regime for the identified patient. Ref: 6.4
	Response by registered persondetailing the actions taken: All Nursing Staff have been informed of updating the changes of the treatment to the Prescriber as required according to the changes in the condition of the residents.
Area for improvement 3 **Ref**: Standard 4.8 **Stated:** First time **To be completed by:** Ongoing from the date of the inspection	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. Ref: 6.4
	Response by registered persondetailing the actions taken: From June 2019 bedrail assessments have been updated with the nursing actions regarding the rationale of using bedrails and the alternative measures that have been considered.
Area for improvement 4 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** 31 May 2019	The registered persons shall ensure that care plans for activities contain detail of patients' past likes, interests and life history.
	Response by registered persondetailing the actions taken: A life history is requested to each next of kin in the Home's Admission Pack - only some are returned for inclusion in our Care Plan's. In the meantime the Activities Co-ordinator will have a Care Plan with the activities that the resident has shown some form of interest in and it will be developed in detail in time, with their likes and dislikes and how they react to the activities.

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

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