



Bloomfields
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115-117 North Road
Belfast
BT5 5NF

Inspector: Karen Scarlett
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**Unannounced Care Inspection
Of
Bloomfields**

20 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 20 August 2015 from 09.20 to 15.00 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 15 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

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

2. Service Details

Registered Organisation/Registered Person: Mr Desmond McLaughlin and Mrs Jean McLaughlin	Registered Manager: Not applicable
Person in Charge of the Home at the Time of Inspection: Jincy Mathew	Date Manager Registered: Jincy Mathew – application not yet submitted
Categories of Care: NH-DE	Number of Registered Places: 30
Number of Patients Accommodated on Day of Inspection: 29	Weekly Tariff at Time of Inspection: £583 - £638

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32).

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with four patients individually and with the majority of others in groups, two care staff, one registered nurse, five ancillary staff and four patients' visitors/ representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- plans for the proposed works to the home.

The following records were examined during the inspection:

- staff duty rotas from 17 August to 6 September 2015
- staff training records for 2015
- a sample of staff competency and capability records
- a sample of staff induction records
- five patient care records
- records of complaints and compliments
- policies and procedures pertaining to the inspection focus
- incident and accident records
- care record audits
- regulation 29 monthly monitoring reports for 2015
- guidance for staff in relation to palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection on 3 March 2015. The completed Quality Improvement Plan (QIP) for this inspection was returned to RQIA on 6 May 2015. The registered provider confirmed in the completed QIP, that action had been taken to address the requirements. The estates inspector will continue to follow up the completion of these issues with the registered provider.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 25 (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure all nursing records are consistently completed in accordance with guidance provided by the nursing regulatory body. (Nursing and Midwifery Council)</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of care records found these to have been dated, timed and signed in accordance with NMC best practice guidelines. There was evidence in the care records that regular audits of care records were being undertaken and the results shared with staff.</p> <p>This requirement has been met.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patient daily notes are developed to ensure they are effective in recording a contemporaneous note of all nursing provided to the patient, including a record of their condition.</p> <p>The identified care record should be updated to ensure the management of wound care is recorded in keeping with best practice guidelines.</p> <p>A regular audit of wounds/pressure ulcers should be conducted by the acting manager to ensure staff are recording wound care/pressure ulcers in accordance with best practice. Records of the audits should be maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records found these to be up to date and care had been recorded contemporaneously.</p> <p>Wound care records were well kept in accordance with best practice guidelines including up to date care plans and wound care charts to enable assessment of the wound at each dressing change.</p> <p>Regular audits of care records were being undertaken to include wound care recording and the results were shared with staff.</p> <p>This requirement has been met.</p>		

<p>Requirement 3</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the following issues are addressed;</p> <p>A variation in the change of use of a bathroom to a store room should be forwarded to RQIA without delay. Any change of use of rooms should be forwarded to RQIA prior to the changes being completed.</p> <p>Due to their being continuous faults reported with the washing machine in the laundry a contingency plan should be put in place for all staff to follow should the washing machine cease to work. A copy of the plan should be forwarded to RQIA.</p> <p>Replace the carpet in the identified bedroom.</p> <p>Items should not be stored under the identified stairwell in the interests of fire safety.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A variation had not been submitted in regards to the change of use of the bathroom. However, the home is undergoing an extension and significant refurbishment works and this room has been included on the plans submitted to RQIA.</p> <p>A contingency plan in regards to the laundry had been forwarded to RQIA. Discussion with four domestic staff and the manager confirmed these arrangements were working well when required.</p> <p>The manager had also engaged a local contractor to fix the washing machine and any repairs were now being carried out promptly.</p> <p>The manager confirmed that the carpet in an identified bedroom had been replaced. There were no other issues identified with the carpeting in the home.</p> <p>Items were being stored to ensure that the fire exits were kept clear at all times.</p> <p>This requirement has been met.</p>		

<p>Requirement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the following issues are addressed in relation to the management of infection control;</p> <p>Soiled and infected linen should be stored in separate coloured bags.</p> <p>All prescribed creams and lotions should be clearly labelled with the name of the patient for whom they are prescribed.</p> <p>Ensure toothbrushes are appropriately cleaned after use.</p> <p>Where toothmugs/denture pots are used in double bedrooms they should be clearly labelled with the patients' identity.</p> <p>Pressure relieving equipment should not be used as crash/fallout mats.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was noted that separate bags had been provided for soiled and infected linen.</p> <p>There were no unlabelled or inappropriately labelled creams or lotions found in patients' rooms.</p> <p>Toothbrushes were found to be clean. However, the system for labelling toothbrushes and denture pots was not sufficiently robust to ensure that the correct toothbrush or dentures were being used for each patient in shared rooms.</p> <p>There was no evidence to indicate that pressure relieving equipment was being used as crash/fallout mats.</p> <p>This requirement has been partially met and the issue concerning the toothbrushes and denture pots has been stated for the second time.</p>		

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.12 Stated: First time	<p>The acting manager should sign when the Regulation 29 report is made available to them.</p> <p>Action taken as confirmed during the inspection: A review of the regulation 29 monthly reports found that these had not been consistently signed by the manager once completed.</p> <p>This recommendation has been stated for the second time.</p>	Not Met

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

There was no policy or procedure was available on communicating effectively/ delivering bad news. The regional guidelines on Breaking Bad News had not been made available to staff. Two recommendations have been made in this regard.

A sample of training records could not evidence that staff had completed training in relation to communicating effectively with patients and their families/representatives. However, staff spoken with were knowledgeable regarding this aspect of care.

Is Care Effective? (Quality of Management)

Care records reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs including sensory and cognitive impairment.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Is Care Compassionate? (Quality of Care)

Staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. They emphasised the importance of face to face consultation, where possible and the provision of a private venue for discussions. Staff also emphasised that there were particular challenges in communicating with patients who had dementia and the importance of developing professional, therapeutic relationships with patients and their representatives.

Five patients' representatives were spoken with and all confirmed that they were kept informed regarding the condition of their loved ones. One questionnaire returned following the inspection raised an issue with having to repeat the same information to different staff and they were of the opinion that information was not being shared amongst the staff appropriately. Correspondence was sent to the manager on 3 September 2015 requiring a response to this detailing the current methods used to record relatives communications, how this information is shared with all staff and any further actions required to address and improve communication.

The response was received on 7 September 2015 and the manager confirmed that in addition to the existing relatives communication record, a separate communication folder had been introduced for staff to record relatives' comments at each shift. The manager stated that a memo was issued to staff reiterating their responsibilities in this regard which all staff have been asked to read and sign.

Staff were observed to be responding to patients in a dignified and prompt manner. Relationships between staff and patients were observed to be friendly and warm.

Areas for Improvement

It is recommended that a policy be developed on delivering bad news/ communicating sensitively and this shared with staff.

It is recommended that best practice guidelines on delivering bad news, for example, the regional guidelines on breaking bad news be made available to staff for reference.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

A policy on death and dying had been recently reviewed in June 2015 to include current best practice guidelines. This also included guidance for staff on managing patients' care as they neared end of life. The management of the person following death and the handling of the deceased person's belongings and personal effects was also included.

A review of training records evidenced that three nursing staff had attended a three day course in respect of palliative/end of life care in 2013. The registered nurse spoken with was aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines (2013).

Nursing staff had also been trained on the management of the McKinley syringe drivers and were supported by the local Trust community nursing team as required.

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place and discussion with the staff nurse and manager confirmed their knowledge of the protocol. The staff nurse also commented on the valuable support of the GP and specialist palliative care service.

Is Care Effective? (Quality of Management)

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals could be made to the specialist palliative care team as appropriate.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered as patients neared end of life. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year evidenced that these had been appropriately managed.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wished with the person. Those staff spoken with confirmed that relatives and friends of the patient nearing end of life were made welcome at any time. They were offered a comfortable chair in the patient's room and were given regular drinks and snacks. Care assistants spoken with stated that they would call in frequently to check on the patient and their visitors.

From discussion with the manager and staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient including the support of the team and the manager.

Areas for Improvement

No requirements or recommendations have been made in relation to this theme.

Number of Requirements	0	Number of Recommendations: *2 recommendations made are stated under Standard 19 above	2
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5.5 Additional Areas Examined

5.5.1. Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below.

Patients

The patients were unable to complete the questionnaires and many could not communicate verbally with the inspector. Those consulted commented that the food was very good and the staff kind to them. Patients were observed to be well presented and relationships with the staff were relaxed and friendly.

Patients' Representatives

Five patients' representatives spoke with the inspector and no concerns were raised regarding the standard of care or the staff. Relationships between staff and patients' family members were observed to be friendly and cordial. Four patients' representatives returned questionnaires and comments included:

"All members of staff engage with the residents and families. They show kindness and carry out their work with a sense of humour, which is most necessary! They make families feel welcome."

"My family and myself are very happy with the care and attention provided."

One questionnaire received after the inspection raised concerns regarding communication. Please refer to section 5.3, standard 19 for further information.

Staff

Staff spoken with were generally happy working in the home. They commented on the good team working, pleasant working environment and the support of their manager. Two care assistants spoken with stated that they had time to spend chatting with the patients. Five staff members returned questionnaires in the required timeframe and comments included:

"Bloomfields is a very homely place and the residents and families/visitors always receive a warm welcome – a good family atmosphere."

"Staff at Bloomfields always work together and for all the residents wellbeing."

"Bloomfields is a home from home - friendly, helpful staff who take the time and effort in delivering a good standard of care."

5.5.2. Staffing

From discussion with the manager and a review of the duty rota it was evident that agency staff nurses were in charge of the home on night duty. The manager explained that they had been unable to recruit a registered nurse for night duty as yet and that recruitment was ongoing. The manager was working with the agency to book regular nurses for night shift but this was not always possible. The nursing agency had supplied the manager with detailed profiles of the staff nurses and a completed induction. However, competency and capability assessments had not been completed for any agency nurse left in charge of the home in the absence of the manager.

This issue was discussed at length with the manager. She agreed to conduct these assessments urgently and to introduce any other measures needed to ensure that agency staff were fully supported to take charge of the home in her absence. In correspondence received following the inspection the manager confirmed that she had updated the agency induction forms and was allowing a period of time prior to commencement of the shift to complete this induction. A draft copy of the competency and capability assessment for agency staff was sent to RQIA. Since the inspection the manager stated that two new staff nurses have been recruited, therefore reducing the need for agency use. The manager stated that they were striving to block book agency nurses to help to ensure continuity of care. A requirement has been made that competency and capability assessments are carried out and confirmation of their completion must be sent to RQIA with the return of the QIP.

5.5.3 Environment

An inspection of the premises found these to be clean and well presented. However, it was noted that racks with gloves and aprons had been mounted inside the bathrooms. This is not in accordance with best practice in infection prevention and control and a requirement has been made. Given that there were a number of issues identified in relation to infection prevention and control in this and the previous care inspection, a recommendation has been made that a system of regular audits of infection control practices and environmental cleaning are carried out and the findings acted upon.

Work had commenced on a new extension to the premises which will add six new en-suite rooms and office space. In addition, the planned works include the creation of new lounge and dining facilities and further en-suite bedrooms on the first floor of the existing premises. The aligned RQIA estates inspector is aware of the planned refurbishments which aim for completion within the next six to seven months.

5.5.4 Management arrangements

There is currently an acting manager in the home and no application for registration has yet been submitted to RQIA.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jincy Mathew, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered persons shall ensure the following issues are addressed in relation to the management of infection control;</p> <p>Ensure toothbrushes are appropriately cleaned after use.</p> <p>Where toothmugs/ denture pots are used in double bedrooms they should be clearly labelled with the patients' identity.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Immediate action taken at time of inspection. Issue addressed and communicated to all staff.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered persons must carry out a competency and capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in their absence. Confirmation that these have been completed must be sent to RQIA with the return of the QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Nurse in Charge Competency Assessment was reviewed and a detailed revised induction form for Agency Nursing Staff is in place. Agencies to provide continuity in the cover of Nursing Staff to the Home.</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered persons must ensure that wall mounted racks containing gloves and aprons are removed from the bathrooms in accordance with best practice in infection prevention and control.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Immediate action taken after inspection. Mounted wall racks now placed outside bathrooms as advised for gloves and aprons.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 25.12</p> <p>Stated: Second time</p> <p>To be Completed by: 30 September 2015</p>	<p>The acting manager should sign when the Regulation 29 report is made available to them.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This practice will be undertaken from now on.</p>

Recommendation 2 Ref: Standard 19 Stated: First time To be Completed by: 30 November 2015	A policy should be developed on delivering bad news/ communicating sensitively and this shared with staff.		
	Response by Registered Person(s) Detailing the Actions Taken: A policy is in place for "breaking bad news" and has been communicated to staff.		
Recommendation 3 Ref: Standard 19 Stated: First time To be Completed by: 30 September 2015	Best practice guidelines on delivering bad news, for example, the regional guidelines on breaking bad news (2003) should be made available to staff for reference.		
	Response by Registered Person(s) Detailing the Actions Taken: Best practice guidelines are available along with other supporting documents for staff and relatives in the "dying and bereavement" box located in the Administration office. Guidance from the Belfast H&SC Trust Bereavement Co-ordinator is also available.		
Recommendation 4 Ref: Standard 46 Stated: First time To be Completed by: 30 November 2015	A system of auditing should be established to ensure compliance with best practice in infection prevention and control practices and environmental cleaning and the findings discussed with staff.		
	Response by Registered Person(s) Detailing the Actions Taken: All infection control audit tools are available and audits will be undertaken on a monthly basis as part of Nurse Managers monthly reporting. Any issues will be communicated with staff.		
Registered Manager Completing QIP	Jincy Mathew	Date Completed	29/09/15
Registered Person Approving QIP	Desmond McLaughlin	Date Approved	29/09/15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	29/9/15

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below:

Weekly tariff rate at time of inspection £637 - £650.