

Barchester Healthcare Homes Limited

Bloomfield

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bloomfield is a residential care home providing regulated activities accommodation for persons who require nursing or personal care, and treatment of disease, disorder and injury to up to 102 people. The service provides support to people living with dementia, older people and younger adults. At the time of our inspection there were 92 people using the service.

Bloomfield provides purpose built accommodation over 2 floors, both are accessible by stairs and a lift. Bedrooms have en-suite washing facilities and communal baths, showers and toilets are situated throughout the service. Lounges and dining areas are available on both floors and people have level access to a large, well-stocked garden. The registered manager's office is located adjacent to reception.

People's experience of using this service and what we found

At our last inspection we found the provider had failed to consistently submit statutory notifications in line with regulatory requirements. At this inspection we found statutory notifications were submitted as required. The registered manager worked with members of the management team to retain oversight of care quality and safety in the service. People and staff spoke positively about the registered manager.

Medicines were managed safely and risk assessments were in place to guide staff about how to keep people safe. Staff were aware of their responsibility to report potential safeguarding concerns. We received mixed comments about staffing levels. The registered manager told us staffing had recently been increased and they used a staffing tool to determine staffing levels, in line with people's needs. Recruitment processes were in place to help prevent unsuitable applicants being employed in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 November 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bloomfield on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bloomfield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of 2 inspectors and 2 Experts By Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bloomfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bloomfield is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 25 people, 8 relatives and 15 staff, including care staff, unit managers and the registered manager. We reviewed various records related to the running of the service including audits, checks, care-plans and minutes of meetings. We received feedback from 1 healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments in relation to people's support needs were in place and reviewed regularly. For example, risk assessments were in place for skin damage, malnutrition, falls and choking.
- When risks were identified, care plans detailed the steps staff should take to reduce the risk of harm. Care plans provided guidance for staff about how to keep people safe. For example, when people were at risk of falling, the plans included details about mobility and the additional support people needed.
- Plans for people at risk of choking included information for staff about the position people should be in when eating and drinking, cutlery requirements and the speed at which staff should support people to eat and drink.
- Through conversation, staff demonstrated a good understanding of how to keep people safe, particularly during moving and transferring procedures. We observed 1 occasion when a person got up from a chair and started to walk away without their walking aid, a staff member immediately called out, "Oh [name], don't forget your stick. Here you go."

Systems and processes to safeguard people from the risk of abuse

- The registered manager retained oversight of safeguarding in the service, investigated potential safeguarding concerns and worked with the local authority safeguarding team when needed.
- Staff we spoke with were confident about identifying and reporting potential abuse. Comments from staff included, "I would go to the unit manager and report abuse, I would go to [registered manager's name] if they weren't interested. It's my job to report any abuse."
- People told us they felt safe. Comments from people included, "I feel safe" and, "I am safe."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- The service assessed people's ability to consent to aspects of their care. When people had been assessed as lacking capacity, best interest decisions were made. There were records in place which showed how best interest decisions had been reached and who had been involved in the decision making.

Using medicines safely

- People told us they received their medicines as prescribed. Comments from people included, "They [staff] know what [medicines] I take and never run out" and, "Staff manage [medicines] and they always order, it all works."
- Medicines were stored safely. The temperature of medicine storage areas was monitored. Records we reviewed showed temperatures remained within recommended guidelines.
- Some people were prescribed additional 'as required' medicines (PRN). There were PRN protocols in place informing staff about why the additional medicines might be needed, and what steps they should take to avoid administering the medicines, such as calming techniques.
- When people were unable to verbally inform staff if they were in pain, PRN protocols informed staff of other signs of discomfort to be aware of.
- Medicines were regularly reviewed. One staff member said, "We work closely with the GP now to make sure people's medicines are reviewed and that people aren't on medicines unnecessarily."

Learning lessons when things go wrong

- Medicines incidents were reported and investigated. Nurses told us that lessons learned from incidents was shared with them.
- The provider had recently implemented a 'whole region approach' which meant information about lessons learned was shared across all services in the region.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain relationships with relatives and friends, we observed people enjoying time with visitors on both days of our inspection.

Staffing and recruitment

- We received mixed comments from people and staff about staffing levels. Comments from people included, "Staff are kind and gentle and not rushed" and, "There is definitely not enough staff, they are pushed to the limit." Comments from staff included, "Some days there is a shortage of staff" and, "I think staffing is okay at the moment."
- The registered manager told us there was a staffing assessment tool in place and this was regularly reviewed, the tool allocated staff according to people's care needs. Additionally, staffing levels had recently

been increased in one area of the home in response to recent admissions.

- Recruitment checks were in place to help ensure unsuitable applicants did not gain employment in the service. Checks included those with the applicant's previous employer and the Disclosure and Barring Service (DBS). DBS checks inform employers about an applicant's criminal history.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our previous inspection we found the provider had failed to consistently submit statutory notifications. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Previously we found the provider failed to submit 4 statutory notifications informing CQC about DoLS authorisations. At this inspection, we found statutory notifications were submitted consistently in line with regulatory requirements.
- The management team undertook frequent checks and audits of care quality and safety in the service; the registered manager, deputy manager and area manager were all responsible for checking quality and implementing action plans to drive improvement.
- Staff we spoke with were positive about the registered manager. Comments from staff included, "[Registered manager's name] runs a tight ship... when I had my problems it was easy to go and talk to them and we discussed it."
- The service had a clear staffing structure and staff we spoke with said they felt well supported in their roles and told us they attended regular staff meetings. One staff member said, "Each unit has regular staff meetings."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they believed care quality had improved since the registered manager joined the service. One staff member said, "You can see improvement since [registered manager] came here. She wants to keep everyone safe. She picks us up on poor paperwork; even if we have to stay late, the paperwork must be correct."
- One visiting health professional said, "[Registered manager] has a very good professional relationship with the staff. They have struggled over the years to get an effective manager. The new deputy manager is very keen to drive up standards as well. For me, this feels like the most positive period the home has been in."
- Staff said they felt comfortable recommending the home to friends and relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were offered opportunities to provide feedback, for example through questionnaires and meetings. The registered manager operated an open-door policy so stakeholders could raise concerns or questions when they needed to.
- People told us they could approach the registered manager. Comments from people included, "The [registered] manager told me to knock on her door if I wanted anything" and, "The [registered] manager is pleasant and helpful, when we have needed transport, they have organised it."
- The provider had links with the local community including 2 local churches and a women's institute.
- The registered manager was proud the service had recently scored 9.8 out of 10 on a care home review website.

Continuous learning and improving care

- The registered manager retained oversight of accidents and incidents and used the information to identify any themes or trends.
- When certain incidents occurred, such as skin tears, a root cause analysis was undertaken to understand exactly what had happened and actions that could help prevent a recurrence.
- The provider had worked with a university to help develop a tool to better understand people's responses to activities. For example, to interpret people's responses and measure how successful an activity had been and whether the person found it pleasurable.

Working in partnership with others

- The service had good links with the local multi-disciplinary team. For example, records showed people were referred to, and reviewed, by the GP, dietician, mental health team, and the speech and language therapy team.
- A visiting health professional told us, "Staff here are very proactive at contacting the surgery for advice or support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibility to act openly, honestly and apologise when things went wrong.