

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Bloomfield is a nursing home. It provides accommodation, nursing and personal care for up to 102 older people, some who are living with dementia. At the time of the inspection there were 79 people living at the service.

People's experience of using this service: People were supported by staff who were kind, caring and passionate. Improvements had been made around the consistency of staff. Agency staff had reduced. Staff worked well as a team. There was a friendly and inviting atmosphere at the service and a positive staff culture. Staff knew people well and had good relationships with people.

Meaningful activities were provided for people on a group and individual basis. The service was developing its engagement with the local community and had made links with local organisations to extend social and recreational opportunities. Such as gardening and a lunch club.

The environment and facilities had been considered in order to support people's independence, experience and social opportunities. The service was bright, clean, tidy and well maintained. There was safe access to pleasant outdoor space. Visitors were welcomed.

People, staff and relatives said the service was well-led and managed. The registered manager and senior staff team had ensured improvements at the service had continued and been sustained.

Care plans were person centred and included how people preferred their care and support to be delivered. People's individual choices and wishes were encouraged and respected. People were treated with dignity.

People enjoyed the food provided by the service. Mealtimes were relaxed and sociable. Feedback was sought from people, relatives and staff through meetings. People felt comfortable in raising any concerns or issues.

For more details, please see the full report which is on CQC website at www.cqc.org.uk
Rating at last inspection: Requires Improvement (June 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive 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 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an assistant inspector on the first day. On the second day the inspection was carried out by two inspectors and two 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. The experts by experience's area of expertise was older people.

Service and service type:

Bloomfield is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

What we did:

We reviewed information we had received about the service since the last inspection in June 2018. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

We used a number of different methods to help us understand people's experiences of the service. As part of

our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with 16 people living at the service and 11 relatives. We spoke with 14 members of staff, including the deputy manager and registered manager. After the inspection we received feedback from two health and social care professionals. We reviewed nine people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the potential types of abuse and their responsibility if concerns arose. Staff had received training in safeguarding and were knowledgeable about the provider's safeguarding procedures.
- Referrals had been made to the local safeguarding authority when appropriate. Actions had been taken to safeguard people.

Assessing risk, safety monitoring and management

- People said they felt safe. One person said, "I feel safe, because the staff are helpful and I know I can trust the manager." Another person said, "I feel safe because the place is familiar to me and I know all the people."
- Risk assessments were in place. These provided clear guidance for staff on how to reduce the risk of harm to people. For example, moving and handling plans detailed any equipment staff needed to use, such as slings and hoists.
- People who were at risk of developing pressure ulcers had care plans which described repositioning and pressure relieving equipment in use. Position change charts showed people had their positions changed regularly. A process was in place to check air mattresses were set correctly.
- Fire safety systems, assessments and checks were in place. Individual evacuation plans were in place for emergency situations.
- Equipment and the environment were regularly checked for any required maintenance and refurbishment.

Staffing and recruitment

- People and relatives told us staffing levels were good. One person said, "I think there are enough staff." Staffing levels had been kept in line with numbers deemed safe by the provider and changed according to the amount of people living at the service and their assessed needs.
- The service had made significant improvements by reducing the use of agency staff and taking measures to retain staff. A staff member said, "Staffing is good. There is hardly any agency downstairs now."
- People told us that staffing was stable. One relative said, "The staffing is consistent. They are very helpful and chatty."

Using medicines safely

- Medicines were administered, stored and disposed of safely.
- Medicine Administration Records (MAR) were signed to indicate people received their medicines as prescribed.
- People were happy with how their medicines were managed. One person said, "The staff give my

medicines, they're always on time and it works well."

- We highlighted that consistency around the quality of detail in protocols for 'as required medicines' and how people preferred to take their medicines would be beneficial. The registered manager said this would be reviewed.
- People who had their medicines given covertly (disguised in food or drink) had been assessed for their capacity to consent to this. When people lacked capacity, best interest decisions had been documented. GPs, pharmacist and relatives had been involved in the decision.

Preventing and controlling infection

- The service was clean and well maintained. One person said, "The cleanliness is good here. They clean every day. The laundry is very good also, they don't lose things."
- Infection control procedures were in place which staff adhered to. For example, wearing personal protective clothing when appropriate.

Learning lessons when things go wrong

- There was a robust system for reporting accidents and incidents which ensured actions were taken to reduce reoccurrence and relevant agencies and people were informed.
- The service was open and transparent when things had gone wrong. Reflections were made with individuals and as a team, to ensure lessons were learnt.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the previous inspection the service had not ensured consent to care had always followed the guidance of the MCA.
- At this inspection improvements had been made. Capacity assessments had been completed in specific areas of care when needed. Best interest decisions had been made including relevant people in the process. We highlighted to the registered manager how people's preferences and cultural, ethnic and religious needs could be further considered in the decision-making process.
- Staff had clear knowledge of the MCA and how to apply the principles to their role.
- DoLS applications had been made where assessed as required. An overview monitored the progress of applications and dates when authorisations were made.
- One person had a condition as part of their DoLS authorisations. A care plan was in place to show how this condition was being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to admission to ensure their needs could be met.
- We observed that consent to care was sought before support was delivered. For example, staff asked people where they would like to take their meals. One person said, "I have a choice about when to get up and whether I'd like a wash or shower. They always explain what they're going to do and ask if it's alright with me."
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their carers. One person said, "I really enjoy the religious services. I'm glad it's available here."

Staff support: induction, training, skills and experience

- New staff completed an induction aligned with the Care Certificate. Staff spoke positively about their induction experience. One staff member said, "The induction is very thorough."
- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles.
- Ongoing training was completed by staff in a variety of subjects. Such as food safety, infection control and moving and handling. One staff member said, "The training has always been good here."
- Clinical staff had access to professional development. A relative said, "Staff have the right skills."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food provided by the service. One person said, "The food is good, and if occasionally it's something you don't like, there's always another option."
- People were offered and shown choices of food and drink. One person said, "There's more choice here, plus they'll do things individually for people." We observed people having their breakfast individually prepared for them depending on their preferences that day.
- People chose where they wished to eat their meals. People's dining experience was relaxed and sociable. Staff were attentive to people's needs and knew people's preferences, which were recorded in care plans.
- People who needed their food and fluid intake monitored, had charts in place. These were fully completed and regularly reviewed by staff. Actions were taken if concerns arose.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive ongoing health care. Such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "We've been very pleased with the medical care."
- People said staff were responsive to their changing health needs. One person said, "The staff do notice if you're not so well and get a doctor to see you."
- People were supported to attend hospital appointments and to be regularly reviewed with their dental, eye and foot care.
- People's weights were monitored and advice or referrals made when needed.

Adapting service, design, decoration to meet people's needs

- The environment had been thoughtfully considered in line with people's needs. There was written and pictorial signs around the building.
- Refurbishments had taken place which focused on creating positive experiences for people. For example, a spa bath had been installed and a café area had been created in the foyer area for people and visitors to enjoy. One person said, "The facilities are very good here."
- People said how they were supported and encouraged to personalise their living space. One person said, "The maintenance person is very good and it is easy to get pictures and things put up." Another person told us how they had been encouraged to utilise the outside space from their room. "My family planted the border and shrubs out there, and has brought bits from home, the pots and the bird feeders, ornaments and table and chairs. I like to get out there in the better weather, it's my lifeline. I'm a gardener. They haven't minded me doing it, they've encouraged it."
- People had safe access to outdoor areas, which included seating and shade. People told us how they enjoyed using the outdoor space. One person said, "I like going outside."
- It was highlighted that people's doors had not always been personalised which could make identification difficult and that seating in long corridors may be beneficial. Whilst signs were in place on entrance to different areas of the service, once in these areas there were no further signs to orientate people. The registered manager said these would be reviewed.
- Electronic devices were available for people to use. People used these to look at photos. One person was

supported to contact a relative by video call. The service had also set up a relatives mobile messaging group.

Staff working with other agencies to provide consistent, effective, timely care

- The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and caring. One person said, "The staff are very kind, I get on well with them all." Another person said, "I love the people here. The staff are gems." A relative said, "The staff always seem happy and friendly."
- The service had received several compliments. One compliment said, 'Thank you for all your kindness and care for [name of person].'
- The atmosphere was friendly, inviting and relaxed. People were comfortable and happy in the presence of staff. A relative said, "[My relative] received exceptional care from the nursing staff and carers [during a short stay]."
- Staff knew people well. Their likes, dislikes and preferences. People were supported to engage in different things that interested and were meaningful to them. A health professional said, "Staff appear to be responsive and caring to resident's needs, and the regular staff know people well."

Supporting people to express their views and be involved in making decisions about their care

- People, where able, and family members were involved in care planning. One person said, "Yes, I am involved in my care planning." A relative said, "We've been involved with the care plan. We have a review every six months and I'm very happy with the way that's conducted and the outcome."
- People were treated with respect. A relative said, "The staff treat my family member with respect, they respect choices and they are always polite."
- Information was available to people around the service. For example, on noticeboards. We observed a person reading the services newsletter.

Respecting and promoting people's privacy, dignity and independence

- Visitors were welcomed at the service at any time. A relative said, "We are always welcomed, the lounge is very pleasant and the garden is accessible."
- People were supported to maintain important relationships.
- People's privacy and dignity was respected. One person said, "The staff always look after my dignity, they keep me covered over with a towel when I am having a wash and they always draw the curtains."
- Staff supported people discreetly. For example, when asking people if they wished to use the bathroom. We observed a staff member immediately fetch a person a tissue when they saw their nose was running.
- The service encouraged and supported people in their independence. Care plans were clear about what people could do themselves and where people required assistance. One person said, "They coax me when I need it and look after me really well." Another person said, "The staff encourage me to be independent, they only help with the things I struggle with. They don't take over."

- People were supported to visit friends, maintain relationships and access the local community. One person said, "It's no problem to go out, whenever you want to." One relative had complimented the service on supporting a person to attend a family event. They commented, 'Thank you to all the staff who helped get [name of relative] ready for her Granddaughters wedding. [name of person] looked amazing thank you.'

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and service delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We received positive feedback about the activity provision. People told us they were invited to and informed about group and individual activities available. One person said, "You can join in if you want to, but no one pressures you."
- People, staff and relatives said, and we saw displayed, a programme of activities to support a variety of interests. This included exercise, art, pottery, gardening and knitting. One relative said, "My relative has already been to dancing, keep fit, singing and to hear someone play the keyboard."
- Care plans were person centred. These contained specific details about people's preferences and routines. For example, one plan said, 'Always likes to look good. Good grooming is important to [name of person].'
- Life books contained information and photographs about people's history, including previous employment, places people had lived, relationships and interests.
- We highlighted to the registered manager that some life books had minimal information and others had information that could be utilised in other ways. For example, in activity planning and when best interest decisions were required.
- Staff worked well as a team. Call bells were answered promptly.

Improving care quality in response to complaints or concerns

- The service had received two complaints since January 2018. These had been investigated and responded to. The complaint procedure was displayed in the service. Informal concerns raised had been actioned.
- People and relatives felt comfortable in raising any concerns and felt they would be listened to. One person said, "I haven't need to complain, but I have got to know the registered manager and he's friendly. I could talk to him easily and I think he'd deal with it because he listens and is understanding."

End of life care and support

- End of life plan care plans were in place. We had highlighted at the previous inspection that these contained limited individual and personal details. This had yet to be developed.
- However, conversations had been held with people and families. One person said, "When the end comes, I've asked to stay here with the staff I know, rather than go to hospital. It's a difficult conversation but an important one." A relative said, "They have made time to sit down and discuss end of life care, plus they have asked about me and how I am feeling."
- Relatives had commented on the compassion and kindness showed by staff at the end of people's lives. One comment said, 'Thank you so much for taking the time to come to [name of person] funeral last Friday. It was so kind and thoughtful of you and we were touched and pleasantly surprised to see you there.' Another comment said, 'I would like to thank you all so much for the kindness and care given [name of person]. May I also thank you for the kindness and welcome you all gave to me and my family. It all helped

us so much as we were confronted daily with his deterioration caused by the devastating illness that eventually claimed his life. With sincere appreciation and thanks again.'

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff said the service was well-led and managed. A health professional said, "Bloomfield currently seems to be better lead with [Name of manager] in place."
- The feedback about the registered manager was positive. A staff member said, "The registered manager is amazing, caring and supportive." A relative said, "The [registered] manager is lovely and has the same ethos as me, that it is not just about meeting basic needs but having a meaningful life."
- Relatives were informed and communicated with. A relative said, "Staff update me when I visit." However, one relative said, "Communication could improve."
- Systems were in place to communicate within the service. Such as handovers and department meetings.

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

- The service had received high scoring reviews on an independent website that provided feedback about people's care experiences. A health professional said, "The care with the current management team and nursing staff is extremely good."
- Staff felt appreciated and valued in their role. A scheme recognised employee's contributions to the service and people.
- The staff culture had changed and improved. Staff told us how much they enjoyed working at the service. One staff member said, "It is a nice place to work." Another staff member said, "It is a great, happy place to work."
- Staff were engaged and enthused. They attributed this to the improvements overseen by the registered manager. One staff member said, "I feel passionately about my job."
- Meetings were held with people and relatives. Actions were taken around activities and changes in menus that people would like.
- A 'You said, we did' board was displayed in the entrance foyer. This showed changes made in response to feedback received.

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

- Systems were in place to monitor and review the quality of the service by the provider and managers. We highlighted to the registered manager where care plan audits needed to further identify updates required.
- The provider had displayed their assessment rating at the service and on their website.

- Notifications of important events were submitted to the Care Quality Commission as legally required.
- Staff structures were clear. Staff told us clear accountability meant they knew who to raise concerns with. A staff member said, "The structure is working."

Continuous learning and improving care

- Staff said they worked well as a team. A relative said, "They are a more cohesive team and a more confident team."
- Regular staff meetings were held. A staff member said they were, "Useful." Staff were involved in improvement plans and reflected on care practices. One staff member said, "[The registered manager] listens, asks us how we can do things better and helps us to find a solution."

Working in partnership with others

- The registered manager had developed a community engagement plan. Which worked to ensure the service was an active part of the local community.
- Community entertainment days had been hosted which raised money for charity. Further events were planned to focus on raising awareness around dementia and to start a gardening project. Local groups and services had been invited to utilise rooms and the garden at the home.
- Links had been developed with a local school. We observed people and children from the school involved in an art and craft session together.
- The service had promoted a 'Don't dine alone' campaign. Where local people were invited for a three-course lunch. This provided social opportunities for those living and visiting the service.