

# Barchester Healthcare Homes Limited

# Bloomfield

## Inspection report

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Date of inspection visit:  
15 September 2020

Date of publication:  
09 November 2020

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# 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 75 people living at the service.

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

People were happy and felt safe living at the service. Staffing was kept at the level deemed safe by the provider. We received positive feedback about staff and their responsiveness.

Assessments were in place to identify and reduce risks. Regularly checks on the building and environment were undertaken. Infection prevention control measures were in place to manage infection risks. Medicines were managed safely.

Notifications had not always been submitted as required. All registered services must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. We use this information to monitor the service and to check how events have been managed.

Improvements were needed in the management of safeguarding concerns to ensure timely recording, reporting and learning. Systems were in place to monitor the quality of the service.

There was a positive atmosphere and culture within the service which was recognised by staff, relatives and people. People felt comfortable raising concerns. Staff received regular training and supervision.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 13 April 2019).

### Why we inspected

We received concerns in relation to the management of safeguarding concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the

findings at this inspection. In line with our enforcement policy, the overall rating for a service cannot be better than requires improvement if there is a breach of regulations.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We have identified a breach in relation to notifications of other incidents at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

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 was carried out by two inspectors and an Expert 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 or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post but they were not yet registered with the Care Quality Commission.

#### Notice of inspection

We gave under 24 hours notice of the inspection to ensure we could manage the risks related to COVID-19.

#### What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people living at the service and eight relatives. We spoke with eight members of staff, including the manager and regional director. We reviewed three 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.

#### After the inspection

We spoke with a further three staff members. We continued to seek clarification from the provider to validate evidence found in relation to Deprivation of Liberty Safeguard records and staff supervision.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to report and manage safeguarding concerns. However, the system was not fully effective as we found one safeguarding concern not documented and others where the reporting process had not been fully completed. We have detailed this further in the well-led domain.

We recommend the provider review their systems and processes for recording and reporting safeguarding concerns.

- Staff were knowledgeable about what constitutes abuse and their duty to report any concerns.
- Staff had completed training in safeguarding adults. One staff member said, "Abuse can happen to anyone. I would report it to my line manager."

Learning lessons when things go wrong

- Communication to share and learn from when things had gone wrong were not consistently effective. For example, a report had been completed after one person had an incident in their wheelchair. However, this was not discussed in the daily staff meeting or in other meetings. We have reported on this further in the well-led domain.
- Accidents and incidents were reported and recorded. Analysis was conducted of falls. This ensured appropriate action and management had been taken. For example, for one person this involved a review of their medicines and their footwear being changed.

Assessing risk, safety monitoring and management

- People and relatives told us they felt the service was safe. One person said, "I feel safe with them, they look after me. I don't have anything to worry about." A relative said, "The care is so good, it's very safe."
- Assessments identified individual risks. For example, around mobility, skin integrity, oral healthcare and nutrition and hydration. Guidance directed staff how to support people safely and minimise known risks.
- Charts monitored areas of people health. Details were given on signs to observe for and when additional support should be support. For example, in relation to fluid intake or health conditions. We did highlight where two people's bed positioning and skin report had not been consistently completed.
- The provider ensured the premises and environment were safely maintained. Up to date safety checks for legionella, gas and electrical safety were recorded.
- Fire safety assessments and checks were completed. The fire drill protocol had been amended during the COVID-19 pandemic, to support staff social distancing measures.

### Staffing and recruitment

- We reviewed the staffing rotas which showed staffing was kept at the level deemed safe by the provider. One relative said, "They have really loyal staff that have been there a lot of years."
- We were told of improvements within the staff team. Rotas indicated agency staff was no longer being used. One staff member said, "They are employing good staff and agency staff use has reduced."
- We observed staff responded promptly when people required staff support. A member of staff told us, "We get to know people so well and anticipate what they might want, so they don't need to ring the bell that often." One person said, "I've got a call bell, I ring it only occasionally."
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role. This included a Disclosure and Barring Service check (DBS), obtaining references and a full employment history.

### Using medicines safely

- Medicines were stored and disposed of safely. Temperatures of medicine areas were monitored and actions taken as required. Medicine administration records (MAR) and topical administration records (TMAR) were completed.
- Protocols gave direction on as required medicines. For one person the medicines total had not been carried forward and the amount given was not always recorded. This meant stock levels and the effectiveness of the medicine could not be monitored accurately.
- Systems regarding homely remedies needed reviewing as records were not always up to date, the manager addressed this during the inspection.
- Information detailed how people preferred to take their medicines. A relative said, "They watch to ensure the medication is taken and swallowed." One person said, "I get it [medicines] regularly."

### Preventing and controlling infection

- The service was clean and tidy and well maintained. We observed regular cleaning being undertaken. A relative said, "They always clean every day." Another relative said, "Its second to none."
- We were assured that the provider was preventing visitors from catching and spreading infections. A relative said, "They are opening up time slots again for visits."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- The provider was using Personal Protective Equipment (PPE) safely. A relative said, "They are aware of hygiene. I see the staff come in, all in PPE. Apron and masks." We highlighted where the wearing of masks needed a consistent approach to ensure the effective and safe use. This had been identified in a recent provider audit.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

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

- All registered services must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. We use this information to monitor the service and to check how events have been managed.
- Notifications were not always submitted as required. Four notifications in relation to safeguarding concerns and one Deprivation of Liberty Safeguards (DoLS) for a person currently living at the service had not been submitted.

The failure to submit notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Some notifications had not always been submitted without delay. The manager said systems would be introduced to ensure future notifications were submitted in a timely manner.
- Systems to report and manage safeguarding information required review to ensure all concerns, including those raised externally, followed the providers procedures. This included submitting a notification, taking actions in response and ensuring learning was shared promptly.
- For example, we reviewed a safeguarding concern regarding a discharge from the service. There was no documentation of what had occurred and no communication within the staff team. Therefore, other staff members may not have been aware of this incident and be able to reduce future similar risks.
- The provider had introduced an overview of safeguarding concerns. However, this did not record concerns raised externally, ensure effective actions were taken to learn from the concern or ensure a notification had been fully submitted.
- An overview of Deprivation of Liberty Safeguards (DoLS) was not up to date and accurate. It contained the details of people no longer living at the service or who had passed away. It did not ensure when people's DoLS expired, a reauthorisation was sought, nor did it monitor if notifications had been submitted as required. The manager and provider immediately addressed this after the inspection and sent an updated tracker. However, information relating to one person was still inaccurate.
- Systems were in place to monitor and review the quality of the service by the manager. We highlighted these audits did not always effectively monitor areas such as DoLS and safeguarding.
- Areas identified in the manager's audit which required further progress did not always feature in the linked action plan. For example, staff clarity on the personal protective equipment (PPE) policy and infection prevention control training. This meant these areas were not following the provider's systems to ensure

completion.

- Provider audits had identified shortfalls and monitored progress to ensure improvements were made. For example, around training, supervision, staffing, DoLS information and accident and incident reporting.
- Regular supervision of staff during January 2020 to April 2020 had not occurred. Improvements had been made. Staff told us and records confirmed staff were receiving regular support through supervision.
- The previous registered manager had left in November 2019. Since this time there had been several changes within the management team.
- People and relatives said they were informed of management changes. A relative said, "Yes, I met [the manager] a few weeks ago for the first time. [Name of manager] is approachable and very friendly."
- We received positive feedback about the staff team and culture under the new manager. One staff member said, "It is a positive relationship with [name of manager]. Another staff member said, "[The manager is] very fair, very approachable."
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.

Continuous learning and improving care

- Improvements were required to ensure effective communication around learning from incidents and safeguarding concerns.
- For example, one person sustained a skin tear it was not documented in a department meeting who this referred to. Safeguarding concerns were not explained and some which had occurred were not shown in senior meetings. This meant that initial learning was not taking place promptly.
- The provider had identified and made changes to ensure staff and department meetings were scheduled as directed.
- Staff and department meeting minutes were not showing agreed actions and reviewing progress.

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

- Staff told us they felt valued by the provider. One staff member said, "There is a lot of praise for your work, they are very appreciative."
- There was a positive staff culture. A staff member said, "There is a good atmosphere. All the staff say it is a nice working environment."
- A relative said, "I was there at a window visit and the windows were open as it was a warm day. I could hear residents laughing with the staff, it was coming over as joyous." One person said, "Yes, I'm fine, its perfect. I'm happy here."
- People and relatives appreciated that during the COVID-19 pandemic changes had been made. A relative said, "Activities are there but limited at the moment."

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

- People and relatives said they felt comfortable raising any concerns. One person when asked if they felt able to speak with staff or management about concerns or worries replied, "Yes I do." A relative said, "Yes I could speak to the staff. I have no complaints."
- Feedback indicated areas of communication could be improved.
- People had engaged in meetings. This provided information and an opportunity for feedback on areas such as, COVID-19, the kitchen, food and activities.

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 understood their responsibilities under the duty of candour. Accident and incident records confirmed who had been contacted and when. One relative said, "[Name of person] has had quite a few falls, but they always notify me and take the necessary action."

#### Working in partnership with others

- The service had positive working relationships with external health professionals and GPs.
- Timely gathering of information in relation to safeguarding concerns had been highlighted. This had been identified and monitored by the provider.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not always ensured notifications had been submitted as required.