



Inspection Report on

Bloomfield Care Home

**Bloomfield Residential Care Home
129 Gower Road Sketty
Swansea
SA2 9HU**

Date Inspection Completed

27th May 2022

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About Bloomfield Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	JJL Care Ltd
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text. 19 th October 2020
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

People living in Bloomfield Care Home told us they are well supported and cared for, happy and settled. Relatives we spoke to also spoke highly of the care and support provided. Care staff told us they receive a good level of consistent formal and informal support from managers and the responsible individual (RI) who they value and respect. Although support planning processes are detailed and thorough, improvement is needed to ensure support plans align with the actual care and support provided. Support plan reviews also need to reflect individuals' achievement of outcomes and contribution to care and support planning. The environment is clean, safe, well presented and maintained. There are planned further updates and refurbishment both internally and externally. There are robust and thorough staff recruitment and employment checks. There is good oversight from the RI and management team of the service provided. Policies and procedures including the statement of purpose (SOP) are detailed, thorough and regularly reviewed.

Well-being

People are treated with dignity, respect and receive a good standard of care and support. We observed care workers supporting people in a friendly manner with positive, caring and supportive interactions. Many people and care staff told us it is like being in a family environment with genuine warmth and regard. Support files seen, indicate people's needs are considered including their own wishes, choices and preferences. We found personal support plans whilst being detailed do not always align with care provided. There are support plan review processes in place but these need to be further strengthened to fully include people's views regarding support and care needs. These also need to better reflect individuals' achievement of personal outcomes. Risk assessments are detailed and thorough to ensure people are supported safely. People and relatives spoken with confirm the care and support provided is of a very good standard. Managers in the service are committed and motivated to ensure positive outcomes and a good standard of care and support is provided. We spoke to the cook who showed good knowledge of the dietary needs of people with swallowing difficulties and alternative diets. We also spoke to an activities coordinator who told us about upcoming events and schedules including community outings. People, care staff and managers told us staffing levels are good with no recruitment or retention issues at the current time.

The environment is clean, comfortable, well-presented and maintained. We saw people enjoying communal areas and were informed the main house has been re-decorated both internally and externally since the last inspection. There are future planned works to further update areas such as new floor coverings and refurbishment of some external areas. The service provides specialist dementia care and support in a self-contained bungalow in the grounds of the main house. This has been developed to promote a dementia friendly environment. The environment is safe and well-maintained with a dedicated maintenance person who has oversight of checks.

There are good oversight and governance arrangements within the service. The management team and RI are accessible and supportive. Recruitment checks are robust and staff training is thorough and current. Care staff receive regular planned supervisions and appraisals. Policies and procedures are detailed and regularly reviewed. The SOP is an accurate reflection of the service provided.

Care and Support

We saw positive and supportive interactions between care workers and people during the inspection. All care workers spoken with showed good knowledge of people's care and support needs. Many have worked in the service for years. We spoke with people living in the service and received very positive feedback regarding the care and support provided. People told us *"staff are really helpful and caring", "excellent care here" and "staff are really kind and caring"*. We spoke to relatives, one of whom told us *"we are all very happy with the care provided. Communication is also very good and the manager is excellent"*. We spoke to care workers who told us they have time to complete their care tasks and are not rushed. One care worker told us *"care here is really good. If we are short staffed they are really quick to get cover it's managed really well"*. The deputy manager told us there is a full staff team and there are no current active complaints or concerns. Care staff receive core training in subjects such as dementia awareness, fire safety, moving and handling, safeguarding etc. We saw documentation confirming training is up to date for nearly all care staff.

People are provided with support that considers their health and care needs. The service uses an electronic online support planning system. We completed an audit of three people's support files. We found the files generally contain detailed and thorough information regarding care and support needs. Risk assessments are in place to correspond with the support plans. However, we found the actual support given does not always correspond with support plans and risk planning outcomes. This was a particular issue in relation to inconsistency viewed in two individuals' care planning documentation with associated skin integrity checks. We saw the individuals are receiving appropriate care and support. This included previous visits from external professionals such as specialist skin integrity nurses. Appropriate equipment is also in place to minimise risks such as pressure relief mattresses. Support plans are reviewed and updated on a monthly basis but this does not adequately reflect the involvement of people and/or others currently. Also support plan reviews do not sufficiently detail individuals' achievement of outcomes. We discussed this with the deputy manager, manager and RI who told us they are going to look at ways to strengthen this. While no immediate action is required, these are areas for improvement and we expect the provider to take action. The RI told us it is very important people are supported to remain living in the service as long as possible, despite increasing care and support needs. We saw extensive documentation detailing the input of external professionals to enable this to happen safely. We also saw robust measures in place around medication administration and storage.

Environment

People are cared for in a clean, homely, well-maintained and secure environment. There is good accessibility around the home. We saw improvements have been made since the last inspection. The deputy manager told us the main house has been redecorated both internally and externally. There are also planned further updates including new floor coverings and work on external areas. A new patio area is in the process of being built. We viewed all communal areas of the service including the separate bungalow for people who have dementia. The bungalow promotes a dementia friendly environment. This includes colour contrasting designs, neutral floor coverings, different colour doors to aid orientation etc. There is a dedicated dementia lead who has oversight of the service. The RI told us there are future planned updates to the external bungalow areas including consideration of developing a safe sensory garden. People's bedrooms are personalised and decorated to a high standard. People told us they are happy with their rooms and several people told us they enjoy the views over the large garden areas. We viewed the kitchen and were told the current food hygiene rating is five which is the highest possible. There are large communal areas in the main house where we were told communal activities take place such as visiting entertainers and themed events. We saw people who appeared relaxed and happy enjoying the communal areas and talking to staff and others.

The environment is safe and there are robust processes in place to ensure checks are completed and documented. Safety certificates for gas installations, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT) are in place. We saw a detailed comprehensive file containing oversight of all maintenance, accidents, infection control and health & safety in the home. The service has a dedicated maintenance person who is responsible for completing the regular scheduled safety checks around the building. We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (CoSHH). Personal Emergency Evacuation Plans (PEEPS) are thorough. There is a dedicated laundry room and soiled items are separated from clean observing good infection control. Fire alarm checks are completed regularly and documented accordingly. There is a dedicated medication room and we saw temperatures are taken daily and documented accordingly. There are robust and detailed cleaning and infection control procedures in the service.

Leadership and Management

There is good oversight and governance of the service by the RI and management team. Policies and procedures are detailed and robust covering areas such as safeguarding, complaints and infection control. All policies viewed are thorough and reviewed regularly. The provider of the service completes regular checks to help ensure people are happy with the quality of care and support. The service has robust internal and external quality assurance procedures and processes to ensure the service provided is of a good quality and safe. The current SOP accurately describes the service provided. There are planned management and staff meetings taking place in addition to shift handover arrangements. We saw written reports that confirm this and the deputy manager and care staff told us the RI is extremely supportive and visits the service regularly. We read reports such as quality of care reviews that cover areas such as consultation with people and staff. We have provided advice to the RI about how the reports can be further strengthened. We read a selection of policies and procedures including a safeguarding and complaints policy. We found these to be detailed and regularly reviewed.

We spoke to the deputy manager, a senior care worker, an activities coordinator and two care workers. They told us they are very well supported by managers and the RI. A care worker told us *“managers are really easy to approach and talk to”*. Another; *“I love working here – nicest people you could work for and I mean it. Manager will sit and listen to you. They have been fantastic”*. We saw a staff supervision log that showed nearly all care workers are receiving regular structured supervision and an annual appraisal. Care workers have either completed or are working towards a Qualification and Credit Framework (QCF) in care at the appropriate level. The deputy manager told us they are working through care worker registration with Social Care Wales (SCW) and nearly all are registered. We completed an audit of four care staff files. Records indicate that new care staff receive a thorough induction aligned with the All Wales Induction Framework (AWIF). A new care worker told us they had received a thorough induction and shadowed experienced staff for a period. Staff files contain the appropriate recruitment information and evidence of checks including; references, proof of identification and Disclosure and Barring Service (DBS) regular checks.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
16	A full CIW inspection found there is insufficient evidence the support plan review considers achievement of outcomes (detailed in support plan) and the involvement (or not with reasons) of the	New

	individual and/or representative.	
21	Some outcomes linked to support and risk plans are inconsistent, particularly in relation to maintaining skin integrity and minimising risks.	New

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