



## **Enter and View visit**

**to**

Bloomfield Care Home

Salisbury Road, Paulton, Bristol BS39 7BD

### **Authorised representative(s) undertaking visit:**

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## **Acknowledgements**

The Healthwatch B&NES team would like to thank the staff at Bloomfield Care Home, particularly Stephen, the acting Duty Manager, who was very accommodating and spent time talking to the team. We would also like to thank the patients, staff and relatives who kindly answered our questions and took time to talk to the team.

## **Purpose of the visit**

Enter and view visits are part of an ongoing programme of work being implemented by Healthwatch Bath and North East Somerset to understand the quality of patient experience across the area.

## **Methodology**

### **How was practice observed?**

The visit took place on Wednesday 20 April 2016. The visit took the form of a series of semi-structured conversations with patients and staff.

The data collected were the volunteers' observations and notes taken during conversations. Observations were gathered by the authorised enter and view representatives and then collated into a report. All direct quotes are displayed in bold.

NB – there had been challenges arranging this visit; speaking to the correct staff to arrange it and ensuring we were expected. Despite phone confirmation with the care home on Friday 15 April, the staff working were not expecting us on arrival. The team from Healthwatch had spoken to Julie Coterill (manager) on Friday. She was on leave for the visit. The manager (Stephen Evison), who was in to 'help out' since Monday 18 April, runs a home in Welshpool for the same organisation (Barchester). He did not know we were coming. He did not know about Healthwatch as he works in Wales. After explaining, he was happy to talk to us and happy for us to visit. He was very apologetic and acknowledged that there are some inconsistencies across Barchester homes. During our visit we established that our posters informing residents and family of our visit had been received but not circulated.

## **Summary of data collected:**

### **Findings**

#### **First impressions**

We were informed that the current manager was on leave and had been in post two weeks prior to annual leave. A temporary manager from Wales was covering Monday, Tuesday and Wednesday (the day we visited), with a lead nurse covering the remainder of the week with support from the regional director - in post 2/12. Stephen, the acting Deputy Manager gave us an overview of Bloomfield and how it was run. He had been there only three days so could not answer everything we asked. We were told that the Barchester regional director, Nicola, and the divisional director, Matthew, were "on call" in case of emergency.

Stephen told us there were 103 beds in total. 78 beds occupied today. Two respite care and two long term being admitted in next 48 hours. Care home is divided into four units. Two for dementia and two for nursing care. Did not know numbers of residents in each unit.

We were made welcome on arrival - refreshments (tea, coffee, fruit, cakes) available in reception and offered to volunteers. However the visit was not expected by Bloomfield staff (due to lack of communication by their receptionist). Acting deputy manager was not aware of the visit. No Healthwatch posters/leaflets on display (but receptionists did evidence these had been received).

We observed:

- busy entrance – lots of people coming and going
- newspapers on coffee table, dying flowers in reception, meet the team photo board behind reception
- limited car spaces outside
- bright and airy environment
- menu on display
- several female residents having hair done in room off reception area. We feel this needed some ventilation because the smell of perm lotion was overpowering and the lady demanded the window closed. We observed hair cuttings all over the reception.
- distinct faecal type smell in reception area – was this from the hair products?
- lots of residents in wheelchairs

## Environment

We observed:

- newly refurbished upstairs area for residents with dementia
- light, airy and appreciated by residents
- one dedicated shower room
- good signage for shower, toilets etc
- one relative said **“he’s really happy to be here”**
- very clean and attractive surroundings all over the building - lots of artwork and visually stimulating items to look at and provide stimulation
- all residents had single rooms with personalised doors - photos etc if they wanted them, personal items were visible in individual rooms
- the home felt a bit cold and felt there did not seem to be massive amount of atmosphere
- lots of residents were in their rooms
- all rooms have washbasins
- two rooms on each floor were noted as en suite
- each floor had one bathroom
- no single sex bathing, toilet, shower facilities were apparent
- the downstairs quiet area lounge although clean and tidy appeared to be used as a store room as well
- we noted large items of equipment in here that did not make it particularly appealing or relaxing to use by visitors
- the atmosphere on both dementia areas was warm and caring
- there was laughter and conversations between residents and staff
- residents said **“it is a very nice place, people are very kind” “I like it here”**
- the corridor was uncluttered, clean and with good lighting there was a small phone area
- most of the doors were open and the rooms reflected the residents personality
- the empty room we observed was clean and airy, the bathroom was big and easily accessible however the space was very tight around the bed, on seeing some other rooms I saw that they had been rearranged to give more room
- the dining room was a large, bright room, there was no lingering smell of breakfast and the tablecloths looked clean. There was music playing in the room, and going off this room was a small sitting room with a TV on but no sound
- the serving room is clean but does need refurbishing
- in the garden the path was damaged and we also noticed a small unprotected unused pond
- we queried the number of bathrooms on the units and were told two was sufficient for each unit

## Activities

A list of activities for the week was on display in the reception area, with sheets with activities listed in rooms for new residents. We spoke with the activities lead who described the prayer meeting and afternoon tea in the communal lounge scheduled for the afternoon as a thank you event for volunteers. There was a lounge which was very clean and pleasant and felt like a homely/special space. This was used for many activities, particularly spiritual. There is access to a range of spiritual support and residents, if able, may visit local chapels etc. Family member praised the availability of activities - citing mental stimulation seen as "**very important**".

Activities on offer were:

- gardening for growing herbs etc.
- a thank you event for volunteers
- songs of prayers, entertainment and singing
- Tai chi
- volunteers coming in to help with tea and readings
- students helping with gardening – about 20
- company run minibus
- residents are out and about once a week

## Staffing

We observed:

Management:

- Newly appointed manager, Julie Cotterill, has been in post three weeks but not present today (on leave). Not a registered manager yet - she is in the process of applying.

Staffing:

- They reported working 13 hour shifts over three days with a 45 minute break on each shift.
- The acting deputy manager identified care as good.
- Heads of units hold daily meetings.
- Care plans were reviewed monthly in accordance with the CP56 plan.
- Two Deprivation of Liberty Safeguard (DoLS) applications renewed this week.
- All care staff we spoke to appeared to be caring and sensitive to residents' individual needs. All were permanent care home staff. All were happy working at Bloomfield and had been in post in excess of three years.
- It was difficult to establish precise staffing ratios but it appeared that there was one registered nurse to 20 carers
- A family member cited the lack of continuity of agency staff as an issue resulting in a late diagnosis and antibiotic use for too long.

- Nurse supervision was said to be available.
- Knowledge of nursing audit and review of quality of care appeared to be extremely limited.
- We spoke to two trained nurses; they explained they did the drug round together but leave it to the care team to supervise the meals.
- We spoke to the lead nurse on the Dementia unit. Everyone spoke highly of her work and her commitment to the job. She said staffing level problems sometimes made things stressful. I asked her if she felt supported by the management team and she said yes. She kept saying she was always there to help out and I got the impression she was relied on a lot to keep the place running smoothly.
- We talked to three care assistants (one senior) on the two Dementia units. All seemed very pleasant and chatted easily with the residents. Laughing and joking with them. We were shown around by a member of staff who had worked there for three years. Works 13 hour shifts three days a week. Said he was happy there and enjoyed his job. The other two staff had worked there five years and three months respectively.
- The chef and quality of meals was also seen as good

#### Recruitment:

- The acting deputy manager admitted there were staffing and recruitment problems at Bloomfield and conceded that not having a long standing manager there added to problems of continuity.
- The acting deputy manager identified Registered Nurse staffing as an issue. Did not know current vacancies. Shortfall covered by agency nurses - majority on a long term basis. Care assistants - all permanent staff.
- We were concerned by the lack of Registered Nursing staff on duty during our visit.

#### Training:

- The home employed a staff trainer for four days per week.
- Fire training is delivered every six months.
- Dementia training was three hour sessions one per week for eight weeks.
- All staff have electronic and paper filing systems for training.
- A Barchester clinical development nurse was available for nursing staff - documentation was seen as a key area of focus.
- The training room had no windows and was cluttered however the training officer made up for it. She appeared to be on top of it. The training is paid for and 64 per cent of the carers are trained up to NVQ level 1 and 2. They also use the local hospital and other agencies
- E-learning for some aspects.
- Training budget – NVQs for caring assistance
- Night staff do training at 7pm, if they are off duty they are paid for training.

## Person centred and resident choice

- People were offered choices in what they wanted to do and what they wanted to eat and drink. They could eat their meals in their rooms if they wished.
- Good choice on menu.
- Choice – time in room/lounge.
- Good flexibility for visiting.
- Pressure sores – concerns re staff. One patient said they **“don’t want to cause no trouble”**
- One resident’s daughter comes in once per week.
- The staff observed appeared to be knowledgeable about their residents’ needs. Communication seemed caring, respectful and compassionate.
- We observed from the dining room two trained agency nurses performing a nursing procedure involving either a feeding tube or a catheter, syringe and a jug.

Some quotes from the residents;

- **“not like home”**
- **“they do their best”**
- **“now they cater for my food, no more sauces”**
- **“no information on the changes of managers”**
- **“money is a worry to me”**
- **“catheters not being emptied”**
- Left in a chair for nine hours.

## Nutrition and hydration

We observed:

- Residents were observed having mid-morning drinks and lunch. The atmosphere was calm and conducive to eating. Those requiring assistance were helped in a manner which met their needs.
- Lunchtime; food seemed balanced. well prepared, served on warm plates, not over generous.
- Food was served on hot plates.
- Observed condiments and drinks served with meal.

- The cakes we tried were extremely good
- Vast menu/choice. Lunch at 12.30pm, but flexible
- Have a 'hostess' 8am – 2pm.
- Questioned whether there were enough people to help with meals.
- Four dining areas.
- We saw a plate of food being cut up for a lady. The food smelt good and the kitchen looked from the door to be spotless and the staff were all in uniform and had their hair covered.
- There appeared to be a good choice of meals available throughout the day.
- Residents were observed having mid-morning drinks. Some had special drinking cups where necessary.
- At lunchtime we observed the tables were nicely laid out and added to the sense of occasion. Mealtimes are obviously looked forward to here and the food looked very appetising. Different textured food was available and it was attractively presented. Care assistants were giving one to one feeding support to some residents.

## **Communication**

- Care assistants talking to residents.
- Care staff we spoke to seemed to have a good understanding of who they were working with residents well presented.
- Issues around communication with our visit. Did they know? Did reception tell management?
- Agency induction – shown round, given three hour induction including health and safety, care policy.
- Key limitations appeared to result from the use of temporary staff.
- The lead nurse reported good relationships with local GP's, pharmacists and the Royal United Hospital.
- Relatives appeared to be known by staff and we observed positive interactions.



- Staff appeared to communicate well with residents. They also chatted to one another in a professional manner. They were very open, helpful and courteous towards us.

### **Observations**

- Reception 9am – 5pm, Saturdays 9am – 2pm, meet and greet put on rota on weekend. Deal with ‘sick + sorry’
- Menus up to spec.
- Visitors on weekends but theoretically whenever.
- 27 on wing.
- Five people working at dinner time.
- High management turnover.
- Registered nurse levels – low.
- Apparent lack of knowledge on the importance of audit and nursing quality improvement.
- Lack of single sex toilet/bathroom facilities.
- Spoke to relatives who were concerned about the continuity of care given to their relative. This has caused problems in the past. Felt staffing problems had begun in the last couple of years.( their relative has lived there for five years)
- Well-presented clean environment. Staff all in uniforms with name badges.
- Food all prepared on site with good choice and nutrition.

**PLEASE NOTE:**

During this enter and view visit, one or more concerns were identified that triggered our safeguarding procedure. As a result, a report was given to the local safeguarding team.

It should be noted that a broad range of information and intelligence is shared with local safeguarding teams by Healthwatch, not all of which will be actionable. For more information on how we handle safeguarding matters, please contact The Care Forum and request a copy of our policy.

In this instance, the following feedback was received regarding our safeguarding alert:

The alert has been received and is being progressed. The home has been spoken to, and the safeguarding team have also spoken to individuals at the home to make sure everything is ok.

They are very grateful for the feedback from our volunteers and wished to extend their thanks.

They will update Healthwatch once they have finished examining this matter.

**Disclaimer**

- **This report relates only to a specific visit (a point in time)**
- **This report is not representative of all service users (only those who contributed within the restricted time available)**

## Enter and view visit recommendations

No	Recommendation	Comments from the service provider
<b>1</b>	Concerned about clinical procedure being done in lounge and no privacy being given – recommend done in room/offered screen.	No response given
<b>2</b>	Registered nursing staff - to be working to ensure evidence that quality of care is continuously monitored and improved	No response given
<b>3</b>	Stabilise staff and staffing numbers before admitting further residents and to enable continuity of care	No response given
<b>4</b>	We have raised staffing concerns with the safeguarding team	No response given
<b>5</b>	Individual residents needs to be attentively met and achieved – again may require more staff	No response given
<b>6</b>	Risk of pressure sores – are patients being moved enough in their beds?	No response given
<b>7</b>	Should single sex toilets be provided?	No response given

**Any other comments**

No response given

*(Detachable) appendices for any additional information, e.g.  
question lists, observation sheets, monitoring form(s)*