



# Inspection Report on

**Bloomfield Care Home**

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

## **Date Inspection Completed**

18/07/2023

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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	27 <sup>th</sup> May 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People living in Bloomfield Care Home told us they are well supported and cared for, happy and settled. Relatives we spoke with 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. Care and support planning processes are detailed and thorough. Since the last inspection the provider has invested in updates to both the internal and external environment. The environment is clean, safe, well presented and maintained. 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 at Bloomfield Care Home. 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 wishes, choices, and preferences. We found personal support plans are detailed and thorough. There are support plan review processes in place and a new keyworker system has been introduced to further strengthen this. 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. The catering staff have good knowledge of the dietary needs of people with swallowing difficulties and alternative diets. People spoke highly of the standard of meals and choice provided. We viewed menu planners and meals provided which were well presented and nutritious. People, care staff and managers told us staffing levels are good with no recruitment or retention issues at the current time.

The accommodation is provided to a high standard, safe, well maintained, comfortable, clean and bedrooms are personalised. Since the last inspection the provider has invested in many updates to both internal and external areas of the home. All entrances and exits to the service are safe and secure. People with dementia benefit from a purpose designed specialist self-contained facility separate from the main house. We saw people relaxing and enjoying communal areas in the service.

There are effective oversight and governance arrangements within the service. The management team and RI are present, supportive and take an active role in the running of the service. Care workers told us they feel very well supported by managers and the RI. There are robust quality assurance processes including scrutiny by the RI who visits the service regularly. There are planned staff and resident meetings taking place with clearly documented actions as appropriate. There are robust and thorough policies and procedures to guide staff in the service. The SoP is reflective of the service provided.

## Care and Support

People receive a good standard of care and support at Bloomfield Care Home. We spoke to three people using the service and two relatives in detail during the inspection. A person told us; *“very good staff and very kind. Good food here with plenty of choice. Would not change anything and like my bedroom. No complaints or worries here”*. A relative stated; *“excellent care provided to my relative. Cannot speak highly enough of them. It is really good”*. We spoke to care workers who told us they have time to complete their care tasks and are not rushed. A care worker told us; *“lovely place to work here. It’s really lovely, everyone is really supportive and helpful”*. Positive and respectful interactions were observed between care workers and people throughout the inspection. We received many comments about the high standard of food provided and choice. The kitchen staff are trained and knowledgeable about food preparation in relation to people with swallowing difficulties.

People’s care and support needs are clearly documented in a detailed, thorough, and regularly reviewed online personal plan. A sample of personal support files viewed contain personalised information regarding likes, dislikes, care and support needs and risks. There is comprehensive information regarding health care needs such as pressure area care and specific risk assessments for staff to follow. This has been strengthened since the last inspection. We spoke to a health professional who told us; *“no concerns regarding care provided. Report any issues promptly and communication is really good”*. There are thorough and robust pre-admission procedures to ensure the service can meet the care and support needs of people. The service has recently introduced a keyworker system. This means a specific staff member has delegated specific duties in relation to people. This includes ensuring people and appropriate others are consulted and have a voice regarding their care needs. The provider is looking at ways to ensure appropriate keyworker documentation is completed and saved to the online electronic care planning system.

People are protected from abuse and neglect as managers and care workers understand their safeguarding responsibilities and are aware of how to raise concerns should they need to. CIW are notified as required by legislation of any concerns or incidents in the service. All care workers spoken to showed good knowledge and awareness of safeguarding procedures. There are good infection control procedures in place to ensure people are as safe as possible. We saw robust and safe medication processes in the service and trained competent staff administer with appropriate records kept.

## Environment

People are cared for in a clean, safe, homely, and secure environment. People's bedrooms are nicely decorated, clean and personalised to the taste of the individual. People like living in the home and referred positively to their bedrooms. We saw external exit and entry doors to the home are safe and secure. Since the last inspection the provider has updated and extended a patio area off the dining room. The service has been re-decorated in many areas and fitted with new floor coverings throughout. New high/low electric beds have also been provided in each bedroom. All communal spaces are clutter free, well maintained and have paintings of scenes by a local artist. A safe external sensory space has been created to the rear of the 'bungalow', a separate space for nine people with dementia. We saw this area benefits from being a stimulating, safe space with brightly coloured themed decoration and images of local scenes. This smaller environment meets people's needs very well and we saw people relaxed, smiling, and interacting with staff in a friendly stimulating and positive manner.

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 with a soiled in, clean out system in place. Fire alarm checks are completed regularly and documented accordingly. There are robust and detailed cleaning and infection control procedures in the service.

## Leadership and Management

There is highly effective oversight and governance of the service by the management team. The service has robust internal and external quality assurance procedures and processes to ensure the service provided is of a high standard and safe. We spoke to care workers who were very complimentary about the support they receive from managers and the RI. A care worker told us; *“I feel very supported. All the staff here are very supportive. Managers are really helpful – like a family”*. Another care worker stated; *“very well supported. The managers and seniors are really supportive and helpful – open door policy”*. Policies and procedures are detailed and robust covering areas such as safeguarding and complaints. All policies viewed are thorough and reviewed regularly. The RI and managers are active and visible in the service. There is a specific manager who has oversight of the specialist area for people with dementia and also acts as dementia lead for the service as a whole. This strengthens and compliments staff knowledge and support of people with dementia in general. The current SoP accurately describes the service provided. There are regular planned resident and staff meetings taking place in addition to daily handover meetings. We saw many positive interactions between managers and staff and with people living at the home. We read reports such as quality of care reviews that cover areas such as consultation with people, staff, quality improvement, safeguarding and accommodation with clear related actions. Communication across the service is effective with a detailed service user guide and regular planned resident meetings.

People are cared for and supported by well trained and managed staff. 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. We saw a staff training log detailing a wide range of training provided including manual handling, first aid, oral hygiene, safeguarding, dementia etc. The deputy manager told us all care workers are registered with Social Care Wales (SCW – the social care force regulator in Wales). 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
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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 individual and/or representative.	Achieved
21	Some outcomes linked to support and risk plans are inconsistent, particularly in relation to maintaining skin integrity and minimising risks.	Achieved

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