

Inspection Report

Name of Service:	St James' Lodge Care Home
Provider:	St James' Lodge Limited
Date of Inspection:	11 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	St James' Lodge Limited
Responsible Individual:	Mr Francis Donal McKenna
Registered Manager:	Miss Bronagh Barker
Service Profile – This home is a registered nursing home which provides nursing care for up to 44 patients. The home is divided in two units, over two floors. The ground floor unit provides care for people living with dementia and the first floor unit provides general nursing care. Patients have access to communal lounges, dining rooms and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 11 January 2025, from 9.50 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 28 September 2023 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe, compassionate and effective manner, improvements were required in regard to management oversight, care delivery and record keeping. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas of improvement were assessed as partially met or not addressed by the provider. Two areas for improvement have been stated for a third time and one area for improvement was subsumed into a new area for improvement under regulation. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after and were observed to be at ease in the company of staff and to be content in their surroundings

Patients spoke about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are very good" and "This is a fantastic, excellent nursing home."

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Relatives spoke positively regarding the care provided to their loved ones, they told us; "the home is brilliant, the manager's door is always open", "There's always staff about" and "I have no issues",

One questionnaire was returned from a patient with positive comments, these included "I feel at home, the staff are all nice and the care is good".

A further questionnaire was received from a relative, the comments included were shared with the management team to address.

No staff survey responses were received within the allocated timeframe.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff said there was good team work and that they enjoyed coming to work.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Review of mandatory training records evidenced that compliance with a number of topics was low. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). It was observed that the most recent audit of staff registration checks had not been done as scheduled. An area for improvement was identified.

Records showed that any nurse taking charge of the home had competency and capability assessments reviewed annually, to ensure they held the knowledge and skills required.

Staff should have the opportunity for regular supervision and a yearly appraisal with the manager, review of records evidenced that a limited number of staff had received supervision and / or appraisal. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff offered patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that care plans and risk assessments were in place to safeguard patients and to manage this aspect of care. However, the manager's oversight of patients who had in place a Deprivation of Liberty safeguard was observed not to be up to date. An area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. Examination of the repositioning records evidenced that patients were

not always repositioned as prescribed in their care plans. An area for improvement was stated for a third time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in St James' Lodge, one patient said; "The food is delicious".

The importance of engaging with patients was well understood by the manager and staff. The home has dedicated activity staff employed however, the activity staff member was on unplanned leave. The patients commented that they missed having an activity schedule in place. This was discussed with the nurse in charge and the responsible individual to address.

Patients were observed in their bedrooms with their chosen activity such as reading, listening to music, watching television or waiting for their visitors to come.

3.3.3 Management of Care Records

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. Review of care records for two new patients evidenced that they did not have a full and complete set of care plans and risk assessments completed in a timely manner. An area for improvement was stated for a third time.

Patients care records were held confidentially.

Other care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The atmosphere throughout the home was warm, welcoming and friendly. The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A store was identified as housing wheelchairs and activity products such as paint, these products were accessible to patients and posed a potential risk, this was discussed with the nurse in charge who advised that a lock would be fitted to this store. This will be followed up on the next inspection.

Review of records confirmed that environmental and safety checks were carried out, to ensure the home was safe to live in, work in and visit. However, a number of governance audits were not conducted as scheduled by the manager, an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Bronagh Barker has been the manager in this home since 4 October 2013.

Staff, patients and relatives commented positively about the manager and described her as very supportive and approachable.

Review of records evidenced that a number of audits were completed to assure the quality of care and services. However, these audits had not been completed as scheduled. An area for improvement was identified as mentioned in section 3.3.3.

Although there was evidence that monthly quality monitoring visits were conducted, the reports were not reflective of some of the inspection findings. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

*the total number of areas for improvement includes one regulation and one standard that have been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tracey Gamble, Registered Nurse and Mr Frank McKenna, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) Stated: Third time To be completed by: 12 January 2025	<p>The Registered Person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times • the type of mattress and correct setting must be documented correctly in patients care plan. <p>Ref: 2.0 and 3.3.2</p>
	<p>Response by registered person detailing the actions taken: This was fully discussed at care assistant and staff nurse meetings held 23.1.25. Changes have been made to epiccare system to make documentation of repositioning more user friendly. Currently there are no pressure sores / issues within the home so I am confident this is a documentation issue. This will be overseen by staff nurses and home manager.</p>
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time To be completed by: 30 January 2025	<p>The Registered Person shall ensure that all staff receive and complete mandatory training commensurate with their job role.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: Training matrix has since been updated to reflect high level of compliance among staff nurses and care assistants. Further dates have been booked for ancillary staff. This was also discussed at the staff meetings re the importance of keeping elearning up to date.</p>
Area for improvement 3 Ref: Regulation 21 (5) (d) (i) Stated: First time To be completed by: 30 January 2025	<p>The Registered Person shall ensure that the monitoring of staff registration with their appropriate regulatory body is consistently completed.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: This was monitored and checked Jan - Nov 24 consistently. We have addressed all issues within the report but wish to bring it to your attention that there were mitigating circumstances relating to those issues raised during December 2024. This month had been the most difficult in terms of the availability of staff nurses</p>

	<p>since the nursing home opened. During this period our nursing capacity was reduced by approximately 100hrs / week. During this period of time, our nurse manager Bronagh worked above and beyond to maintain a high level of care and service to all our residents, stepping on to the floor to work full nursing shifts to cover these absences, given that the priority is the health safety and wellbeing of the residents. It is therefore in our view understandable that there were slight delays in bringing records up to date.</p> <p>While we accept the report, in terms of certain administrative matters not being addressed, the care provided to our residents was not compromised in any way and we feel that the draft report is unduly negative and does not properly reflect Bronagh's efforts during this extremely difficult period.</p> <p>Dr Burns does a full ward round every week at St James' Lodge. He has seen the draft report and commented that he felt it was an unfair reflection of St James' Lodge and Bronagh's efforts.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2025</p>	<p>The Registered Person shall ensure that a robust system of audits is maintained to assure the quality of care and other services provided within the home.</p> <p>Audits should be conducted on a regular basis and reflect the current status of the home and evidence completion of associated action plans.</p> <p>Ref: 3.3.3 and 3.3.4</p> <p>Response by registered person detailing the actions taken: Audits not completed in Dec owing to staffing issues as discussed in previous point. New audit matrix set up for 2025</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: Third time</p> <p>To be completed by: 12 January 2025</p>	<p>The Registered Person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 2.0 and 3.3.2</p>

	Response by registered person detailing the actions taken: this was fully discussed at staff nurse meeting held 23.1.25. 3 new Residents have been admitted since inspection and all care plans and assessments completed within the scheduled time frame. This will continue to be overseen by our nurse manager moving forward.
Area for improvement 2 Ref: Standard 40 Stated: First time To be completed by: 28 February 2025	The Registered Person shall ensure that a schedule is in place to plan and record staff supervision and appraisals. Ref: 3.3.1
	Response by registered person detailing the actions taken: supervision and appraisal documents have been completed for a number of staff since inspection date and plan for 2025 scheduled and ongoing.
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: 30 January 2025	The Registered Person shall ensure that the Deprivation of Liberty register is kept up to date and evidences regular review. Ref: 3.3.2
	Response by registered person detailing the actions taken: Dol folder up to date with all documentation received via email / post available. monthly review of this information will be completed in 2025
Area for improvement 4 Ref: Standard 35.7 Stated: First time To be completed by: 30 January 2025	The Registered Person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required within a specified timeframe to drive the necessary improvements to ensure compliance with regulations and standards. Ref: 3.3.4
	Response by registered person detailing the actions taken: Reg 29 will incorporate a separate action plan and will be overseen and implemented by management

****Please ensure this document is completed in full and returned via the Web Portal****



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews