



# Unannounced Care Inspection Report 25 April 2019



## St James' Lodge Care Home

Type of Service: Nursing Home (NH)  
Address: 15-17 Coleraine Road, Ballymoney, BT53 6BP  
Tel No: 028 27668212  
Inspector: Julie Palmer

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 44 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> St James' Lodge Limited  <b>Responsible Individual:</b> Francis Donal McKenna	<b>Registered Manager and date registered:</b> Bronagh Barker 4 October 2013
<b>Person in charge at the time of inspection:</b> Bronagh Barker	<b>Number of registered places:</b> 44
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 44  A maximum of 20 patients in category NH-DE accommodated on the Ground Floor, a maximum of 21 patients in category NH-I and a maximum of 3 patients in NH-PH accommodated on the First Floor.

### 4.0 Inspection summary

An unannounced inspection took place on 25 April 2019 from 09.20 hours to 17.30 hours. The inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, management and governance arrangements, the mealtime experience, communication and the ethos of the home.

Areas requiring improvement were identified in relation to replacing cupboard doors in a snack kitchen, ensuring up to date recording of wound care was maintained and provision of a suitable activity programme.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Bronagh Barker, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 5 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 December 2018. No further actions were required to be taken following this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 15 to 28 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records

- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from September 2018
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of outstanding areas for improvement from previous inspections

Areas of improvement identified at the previous care inspection have been reviewed. Three areas of improvement were identified in relation to monthly monitoring visits, recording the individual patient's response to planned care in the relevant care plans and the dining experience. The three areas of improvement identified were met.

There were no areas for improvement identified as a result of the last medicines management inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 15 to 28 April 2019 evidenced that the planned daily staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner, call bells were answered promptly and staff were observed to be helpful and attentive.

Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of the patients. Staff said they felt staffing levels had improved and although there was an occasional issue with short notice leave, shifts were generally 'covered'. They also spoke positively about teamwork and communication within the home, comments included:

- "Very busy, not enough time some days but in general good."
- "It's a good home."
- "Girls are very well trained."

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with were satisfied there were enough staff on duty to meet their needs. Comments received included:

- "Fantastic care, couldn't ask for any better."
- "They are very good at getting things done here."

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; nine questionnaires were returned. Those who returned questionnaires indicated they were satisfied and/or very satisfied with staffing levels in the home. Comments included:

- "I am very pleased with the care and attention ...gets."
- "Great staff, hard working."

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home; enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records confirmed they had completed a period of induction. Staff also confirmed that they received supervision and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with the NISCC and this clearly identified the registration status of all staff.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Review of training records confirmed staff had completed mandatory training in this area.

Infection prevention and control (IPC) measures were observed to be adhered to within the home. Staff were observed to use personal protective equipment (PPE) and to carry out hand hygiene appropriately; PPE was readily available and stations were well stocked.

Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, snack kitchens, treatment room, sluices, the laundry and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients' bedrooms were personalised and very nicely decorated. Sluices and storage areas were found to be clean and tidy.

Patients and patients' visitors remarked positively about the environment, comments included:

- "Beautifully decorated."
- "Very good, just like home from home."
- "The home is always very clean."
- "Even windows and carpets are regularly cleaned."
- "The home is always clean and free from smells."

We observed that the home was clean, hygienic and well maintained; common areas were bright, well-appointed and inviting. Furniture and fittings were in good condition. However, in the first floor snack kitchen we noted that two cupboard doors were moisture damaged and needed to be replaced in order to ensure effective cleaning could be maintained. An area for improvement was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff were provided with two fire safety training sessions per year.

We observed that where bedrails, which could potentially restrict a patient's choice and control, were used the appropriate validated risk assessments had been completed. Care plans evidenced a rationale for use and were regularly reviewed. There was also evidence of consultation with the patient and/or their relative and consent for use had been obtained.

Discussion with the registered manager confirmed that falls occurring in the home were documented. Falls were reviewed on a monthly basis in order to identify trends or patterns and an action plan was then developed to help minimise the risk.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

### Areas for improvement

One area was identified for improvement in relation to replacing two identified cupboard doors in the first floor snack kitchen in order to ensure effective cleaning could be maintained.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We observed that staff had a good understanding of the care needs of the patients and obviously knew them well. Care delivery was effective; patients received the right care at the right time. Staff demonstrated effective communication skills; they offered explanation and choice to patients when undertaking their duties. Patients appeared to be content and comfortable in their dealings with staff and in their surroundings.

Review of four patients' care records showed that care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, falls, wounds, pressure area care and, as previously mentioned in section 6.3, use of potentially restrictive practices such as bedrails. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals and care plans had been reviewed in accordance with any recommendations they made. The care records reviewed reflected the patient's response to planned care as stated in the relevant care plan; this area for improvement had been met.

We observed that wound management records for one patient included a body map, wound assessment chart, care plan and recommendations from the podiatrist and tissue viability nurse (TVN). However, there were 'gaps' noted in the recording of wound care on both the wound chart and in the daily progress notes. Discussion with the registered nurse confirmed the dressing had been changed as recommended and a record of when the dressing was next due was kept in the daily diary. We also observed that the dressing was clean, dry and intact. An area for improvement was made in relation to the record keeping.

We reviewed the management of falls in the home. The care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. Staff demonstrated their knowledge of management of falls and how to care for patients who had a fall. Where a fall had occurred and resulted in either a confirmed or suspected head injury the appropriate actions had been taken by staff, neurological observations had been undertaken and assessments and care plans had been updated as necessary.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulceration. We reviewed repositioning records and found that these were up to date and corresponded with the individual patients' care plan. There were no incidences of pressure ulceration at the time of the inspection.

Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SLT) if required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.



We observed the serving of lunch in the ground floor dining room. The dining experience for persons living with dementia had been identified as an area for improvement. Staff assisted patients into the dining room or delivered meals to their rooms on trays if required. The dining room was attractively decorated and was clean and tidy. New electric tureens had been purchased to ensure food, such as porridge and soup, could be kept warm until patients were ready to eat and the main meal was served from a heated trolley. There were condiments on the tables and patients were offered a selection of hot and cold drinks.

Staff had a list of which patients required a modified diet and demonstrated their knowledge of how to thicken fluids if required. The food on offer was nicely presented, nutritious and smelled appetising. The menu was displayed in a written format on a white board in the dining room. Staff reminded patients what they had chosen for lunch and offered alternatives where necessary. Staff assisted patients appropriately throughout the meal and were very encouraging in their approach, there was lots of pleasant chat and the meal was relaxed and unhurried.

Patients who were unable to offer their opinion appeared to enjoy the meal. Patients and patients' visitors spoken with were complimentary about the food on offer, comments included:

- "Food is very good."
- "... likes a curry and Bronagh arranged for her to have this once a week."
- "Food is quite good."
- "Good choice of food."

The meal time experience was observed to be a calm, positive and pleasant experience for patients in accordance with best practice guidelines; this area for improvement had been met.

Staff spoken with were positive about teamwork and morale within the home. They demonstrated their knowledge of their own roles and responsibilities and confirmed they attended a handover at the beginning of each shift. Staff understood the importance of ensuring effective communication and maintaining confidentiality for patients. Staff also demonstrated their knowledge of observing patients for signs of distress or anxiety and knew when to provide comfort and support. It was obvious that staff knew the patients well and understood their needs.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to, care delivery, communication between residents, staff and other key stakeholders, management of falls and the mealtime experience.

### Areas for improvement

One area for improvement was identified in relation to ensuring contemporaneous record keeping in relation to wound care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the inspection we spoke with 12 patients and seven patients' visitors and discussed their experience of the home. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for. Comments from patients and visitors were positive and complimentary about the culture and ethos of the home, these included:

- "Staff are all very, very good to me."
- "They're very, very kind to me."
- "Staff are great."
- "Excellent here, no problems at all."

As previously mentioned nine questionnaires were returned, all indicated they were very satisfied that staff treated patients with compassion with one relative commenting that "I am so pleased with the care and kindness to us both in this place".

Observation of the daily routine evidenced that staff delivered planned care at the right time and were not task orientated; patients were not rushed and were offered choice. The daily routine appeared to be flexible enough to allow for patients' preferences on the day to be catered for.

Staff treated patients with dignity and respect and maintained their privacy when providing care. They displayed a welcoming and friendly approach to patients and visitors and spoke warmly about the patients in their care. One member of staff commented that "I like it here, I do really like it".

Patients spoken with confirmed they were consulted about their care and felt that their opinions and preferences mattered. Patients' visitors also confirmed they were consulted about the care needs of their relatives and were involved in planning care where necessary.

We observed that patients living on the first floor of the home had the choice of two lounges to sit in. The 'quiet lounge' was the smaller of the two and was for patients who liked peace and quiet; the TV was switched off in the morning as the patients' preferred this and the room was calm and cosy. The second lounge was at the front of the building where patients could observe who was coming and going through the large windows, the TV was on, magazines, games and jigsaws were available; the room was light, bright and welcoming.

Patients' spiritual needs were taken into account and discussion with the registered manager confirmed that various ministers and missionaries visited the home on a regular basis. There was also a monthly visit from local gospel singers; a patient who really enjoyed this said "hymn singing is very good on a Friday night".

Discussion with the registered manager about activities on offer in the home evidenced that there was currently no activity co-ordinator employed although the post was due to be advertised. Some activities were on offer and included for example, a weekly arts and crafts class, a country and western singer to entertain patients every six weeks, local primary one children visiting once a month, a fortnightly armchair aerobics class and visits from two volunteers who were completing the Duke of Edinburgh award. However, patients, patients' visitors and staff all commented that more activities would be beneficial, they said for example:

- "Not much going on for residents."
- "More activities would be good."
- "Would like a bit more entertainment."

Whilst it was obvious that the registered manager had made efforts to meet patients' needs in this area she accepted that there were deficits and that a formal activity programme which would be meaningful and positive should be on offer. An area for improvement was made.

A record was kept of cards and compliments received, remarks included:

- "St James' is an excellent example of healthcare at its best."
- "Thank you from the bottom of my heart."
- "Many thanks for all the care given to our father."
- "Thank you for all your care and kindness."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

One area was identified for improvement in relation to ensuring provision of a meaningful and appropriate activity programme for patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked were clearly recorded. Discussion with staff, patients and visitors confirmed that the registered manager's working patterns allowed for plenty of opportunities to meet with her if necessary and that she was extremely approachable and accessible.

One member of staff spoken with commented that working life in the home was "exceptionally organised and clear cut, Bronagh keeps everything organised".

Patients and visitors comments included the fact that "minor niggles are quickly resolved" and "I have no concerns but I can just speak to Bronagh anytime".

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, nutrition, complaints and care plans.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed.

We reviewed a sample of reports of monthly monitoring visits carried out by an external consultant. These reports had been identified as an area requiring improvement at the previous care inspection as they had lacked sufficient detail and did not include an action plan. The registered manager had discussed the improvements required with the external consultant and had submitted copies of the reports subsequently completed in October, November and December 2018 to RQIA for appraisal of the improvements made. The reports we reviewed during the inspection were consistent with those previously submitted to RQIA and included an action plan. The registered manager stated she will continue to monitor the quality of the reports to ensure they do not fall below the current level of detail and will ensure the external consultant provides as much relevant information as possible on the reports. This area for improvement had been met.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns and maintaining patient confidentiality.

Observation of staff interactions with patients evidenced effective and sensitive communication that met the patients' individual needs. Patients' visitors spoken with were complimentary about communication and confirmed they were kept very well informed and were consulted with about their relative's care needs.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. Discussion with staff confirmed they were satisfied their mandatory training needs were met.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bronagh Barker, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 25 June 2019	<p>The registered person shall ensure the identified cupboard doors in the first floor snack kitchen are replaced in order to ensure effective cleaning can be carried out.</p> <p>Ref: Section 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All cupboard doors have been removed and replaced.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> 26 April 2019	<p>The registered person shall ensure contemporaneous records are maintained in relation to recording of wound care in accordance with NMC guidelines.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All nursing staff have been reminded at staff meeting and on an individual basis regarding their responsibility surrounding accurate documentation. Nurse manager will monitor and audit this moving forward.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 25 July 2019	<p>The registered person shall ensure patients are offered a meaningful and appropriate activity programme which is flexible and inclusive in order to meet the needs of all patients in the home who wish to participate.</p> <p>Ref: Section 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Our activity programme has been reviewed and additional activities introduced according to Resident's wishes. Summer outings have been organised.</p>

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



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