



Unannounced Care Inspection Report

26 January 2021



St James Lodge Care Home

Type of Service: Nursing Home (NH)

Address: 15 - 17 Coleraine Road, Ballymoney, BT53 6BP

Tel No: 028 2766 8212

Inspector: Mandy Ellis

www.rqia.org.uk

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 residential care home registered to provide residential care for up to 44 residents.

3.0 Service details

Organisation/Registered Provider: St James' Lodge Ltd Responsible Individual: Francis McKenna	Registered Manager and date registered: Bronagh Barker 4 October 2013
Person in charge at the time of inspection: Bronagh Barker	Number of registered places: 44
Categories of care: I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 42 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 26 January 2021 from 10.40 to 17.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	6	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Bronagh Barker, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with eight patients and six staff. Ten questionnaires were left in the home to obtain feedback from patients and their relatives/ representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses to the staff survey were returned within the indicated timeframe.

We provided the manager with 'Tell Us' cards for distribution to patients and their relatives to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- the duty rota from 18 January 2021 to 31 January 2021
- the home's registration certificate
- five patients' care records
- two patients' supplementary care charts in regard to repositioning
- two patients' supplementary care charts in regard to food and fluid intake
- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 06 February 2020; no further actions were required to be taken following the inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 18 January 2021 to 31 January. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

We spoke with six members of staff who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

- "This is a lovely small home."
- "The management are great."
- "I like it here."
- "This is a good home."

6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. We observed that PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. The manager told us that the home had sufficient PPE supplies available. Staff were observed using PPE appropriately.

The inspection of the premises identified a lack of danicentres (wall mounted PPE dispensers) and wall mounted hand sanitiser units throughout the home; this was discussed with the

manager who agreed to review the environment to ensure PPE and hand sanitiser was stored appropriately and easily accessible for staff. This will be reviewed on a future inspection.

6.2.3 Infection Prevention and Control (IPC) and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

A sluice within the dementia care unit was found to be unlocked; this meant that patients could have access to cleaning products. This was brought to the attention of staff who were very responsive and immediately locked the sluice. An area for improvement was identified in regard to the Control of Substances Hazardous to Health (COSHH) legislation.

The patients' bedrooms which were clean, warm and had been personalised with items that were meaningful to individual patients.

We observed, however, that there were some IPC shortfalls, namely:

- a number of bed rail protective covers were damaged and torn and therefore could not be effectively cleaned
- emergency pull cords in patient and communal bathrooms were not made of a wipe able material or have a plastic covering
- toiletries, toilet rolls and patient care wipes were stored on top of toilet cisterns and on radiators in patient and communal bathrooms.

An area for improvement in respect to the above shortfalls was identified.

We also observed thickening agents in unlocked cupboards in the kitchenette area of the dementia care unit; thickening agents should be kept secured when not in use; an area for improvement was made.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- "The care is very good. "
- "I like it here."
- "If I have to be in a home, this is the one I'd choose."
- "The staff are very good. "
- "I am well looked after. "

Seven completed patient questionnaires were returned all indicating they were very satisfied with all aspects of their care in St James Lodge.

The inspector received three emails from family members all with very positive comments about the care their loved one receives in St James Lodge, comments included:

- “As a family we can safely say our mum has been treated with the most exemplary care, the staff are compassionate, particularly during lockdown, providing mum with a friendly family environment.”
- “There is absolutely nothing I could complain about, staff are lovely, very approachable and go above and beyond the call of duty. ”
- “We wish to voice our appreciation of the care received to our mother, in the most challenging of times the staff have worked so hard to keep everyone safe.”

The home had received numerous cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these cards:

- “What you all do goes beyond a job and we thank you!”
- “We wish to express our sincere thanks to you all for the care and attention afforded to our mother.”

We observed the serving of lunch in the upstairs dining room and found this to be a pleasant and unhurried experience for the patients. The dining room was clean and tidy, the food on offer was well presented and smelled appetising, staff were helpful and attentive. Patients commented positively about the food. However, it was noted that the menu was not displayed in either the upstairs dining room or the dining room in the dementia care unit; an area for improvement was identified.

Review of five patients’ care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients. Gaps were evident in the consistent, timely review of some care plans and risk assessments. This was discussed with the manager and an area for improvement was identified.

Two supplementary care records were also reviewed in relation to food and fluid intake and repositioning. The records were completed appropriately.

6.2.5 Governance and management arrangements

Discussion with the 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. A sample of these governance audits were reviewed which included falls, care records and infection control. We discussed the importance of frequent infection control and environmental audits during the time of an ongoing Coronavirus pandemic. This will be followed up on a future inspection.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

An up to date fire risk assessment was available for review.

There were systems in place to record accidents and incidents and report to RQIA or other relevant bodies. We noted, however, that a number of accidents, whilst correctly reported to patients' next of kin and the appropriate health and social care trust, were not reported to RQIA. This was identified as an area for improvement.

The quality monitoring visits completed on a monthly basis by an external consultant were reviewed. In the three most recent reports, the times of commencing and finishing the visits were not recorded; areas for improvement identified in previous RQIA reports were stated, despite these being assessed as satisfactorily addressed at the last RQIA inspection in February 2020. The reports also did not include consultation with patients or relatives.

Whilst RQIA acknowledges the challenges in completing visits by the registered provider during the current coronavirus pandemic, it remains important that effective consultation with patients and other stakeholders continues. The manner of conducting such visits and the information included in the reports of these visits was identified as an area for improvement.

Areas of good practice

Areas of good practice were identified in relation to care delivery, staff interaction with patients and the management arrangements.

Areas for improvement

Seven new areas for improvement were identified. These were in regard to the management of COSHH, infection prevention and control, the storage of thickening agents, the dining experience, care records, notifications to RQIA and reports of the visits by the registered provider.

	Regulations	Standards
Total number of areas for improvement	6	1

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs.

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, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure sluice rooms are locked so that cleaning products can be stored in accordance with COSHH legislation. Ref: 6.2.3
	Response by registered person detailing the actions taken: All staff have been reminded of the importance of ensuring that sluice room doors are kept locked at all times. In addition reminder notices have been placed on the doors.. Regular checks are being undertaken by the Nurse Manager and the Staff Nurses.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 26 February 2021	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • damaged bed rail protectors are replaced • emergency pull cords are appropriately covered with a wipe able material • toilet cisterns and radiators are kept free from clutter and not used to store toiletries, toilet rolls or wipes. Ref: 6.2.3
	Response by registered person detailing the actions taken: * new bed rail bumpers were in stock on the day on inspection and the planned replacement has been completed.. * The NHSCT infection control audit which was completed in May 2020, did not identify this as an issue. The pull cords have now been covered and wipeable material as requested. * Ensuites have been decluttered as requested and will continue to be decluttered however due to the state of dementia of some of the homes residents decluttering can be difficult where residents place items on surfaces independently. However staff frequently check areas and remove where items are found..

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of the importance of ensuring the lock in the kitchenette area is secured at all times. The Nurse Manager and Staff Nurses are programmed to check this on a regular basis.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Records since the pandemic outbreak have been maintained as far as possible bearing in mind the severe effect Covid-19 has had on the home and its resources, any gaps that were evident in care plans evaluations and monthly assessments were due to staff absences / staff shielding. Work load pressures have been extremely high over the past 12 months. These concerns were highlighted by ourselves by email to the RQIA in September 2020 as we were unable to complete all tasks expected. The Nursing Homes staff who were off are now returning to the work place and the focus is on ensuring the maintainance of documentation as appropriate.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that RQIA is appropriately notified of any accident in the home where medical advice is sought.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The Trust GP, families and care managers will continue to be informed of falls which occurred within the home, in addition any accident reported to the above will be notified to the RQIA as requested going forward.</p>

Area for improvement 6 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that reports produced following monthly visits to the home are completed in sufficient detail in accordance with the regulations and care standards.</p> <p>This includes, but not limited to, the recording of start and finishing times of the visit and consultation with patients and other appropriate stakeholders.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Future Regulation 29 reports will include start and finish times and continue to include consultation with patients and appropriate stakeholders..</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: with immediate effect	<p>The registered person shall ensure that menus are displayed in each dining room for patients' information, in a suitable format and updated on a daily basis to reflect the food served.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: In order to minimise staff movement and the increased infection control risk kitchen staff were not attending the dining room to write the menu on the menu board. The Menu boards placement has been reviewed and moved to minimise footfall through the dining room and are displayed accordingly.</p>

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



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