

# Unannounced Care Inspection Report 14 November 2016



## St James' Lodge Care Home

**Type of Service: Nursing Home**  
**Address: 15-17 Coleraine Road, Ballymoney, BT53 6BP**  
**Tel no: 028 2766 8212**  
**Inspector: Bridget Dougan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of St James Lodge Care Centre took place on 14 November 2016 from 12.00 to 16.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The focus of the inspection was meals and mealtimes.

### **Is care safe?**

There was evidence of competent and safe delivery of care on the day of inspection. A nutrition policy was in place and nutritional guidelines were available and used by staff on a daily basis. Staff were required to attend mandatory and other training relevant to their roles and responsibilities.

Patients, staff and the majority of relatives felt that staffing levels were sufficient to meet the needs of the patients. Two relatives expressed some concerns regarding staffing levels.

One recommendation has been made for a review of staffing levels/deployment.

### **Is care effective?**

Care records reflected the assessed needs of patients; were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. The annual quality report for 2016 evidenced a high level of patients/relative satisfaction with the care and services provided, including meals and meal times.

One recommendation has been made in respect of the annual quality report.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid choices and the level of help and support requested. A choice was also available for those on therapeutic diets.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. Patients spoken with were complimentary regarding the care they received and life in the home-

There were no requirements or recommendations made.

## Is the service well led?

Systems were in place to monitor and report on the quality of nursing and other services provided. Complaints, incidents and accidents were managed in accordance with legislation.

Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There were no requirements or recommendations made.

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report 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.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 25 July 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> St James' Lodge Limited/Mr Gerry Macken – Acting Responsible Person	<b>Registered manager:</b> Miss Bronagh Barker
<b>Person in charge of the home at the time of inspection:</b> Miss Bronagh Barker	<b>Date manager registered:</b> 04 October 2013
<b>Categories of care:</b> NH-I, NH-PH, NH-DE	<b>Number of registered places:</b> 44

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection we met with 20 patients, two registered nurses, six care staff and one catering staff.

Three patients, eight staff, and eight relatives' questionnaires were left for distribution. Three patients, seven staff and eight relatives completed and returned questionnaires within the allocated timeframe.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- policy on meals and mealtimes
- annual quality report.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 25 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider as recorded in the QIP was validated during this care inspection.

## 4.2 Review of requirements from the last care inspection dated 25/07/16

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider must not employ a person to work at the nursing home unless he has obtained in respect of that person, the information and documents specified in paragraphs 1 to 7 of Schedule 2.</p> <p><b>Ref section 4.3</b></p> <p><b>Action taken as confirmed during the inspection:</b> The recruitment records of three recently appointed staff were reviewed and evidenced that all relevant pre-employment checks had been completed.</p>	<p><b>Met</b></p>

## 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing 31 October, 07 and 14 November 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Eight relatives completed and returned questionnaires following the inspection. Whilst six relatives were satisfied with the staffing levels, two relatives expressed some dissatisfaction. This was discussed with the registered manager and a recommendation has been made in this regard.

Review of the training matrix/schedule for 2016/17 indicated that all staff had completed mandatory training to date. Additional training in the management of patients with swallowing difficulties and food hygiene training had been provided for all relevant staff in 2016. Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice.

There was a policy on meals and mealtimes and the registered manager confirmed that it was kept under review and was in line with current best practice guidance. A system was in place to ensure all relevant staff had read and understood the policy.

Up to date nutritional guidelines were available and used by staff on a daily basis.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

### Areas for improvement

One recommendation has been made in respect of staffing

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 Is care effective?

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that care had been assessed, planned, evaluated and reviewed in accordance with NMC guidelines. Risk assessments informed the care planning process.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Questionnaires were issued to patients and relatives annually to determine their satisfaction with the quality of care and services provided. We reviewed the annual quality report for 2016 which evidenced a high level of satisfaction in all areas including meals and meal times. Comments from patients included: "If I have a complaint about meat I tell the cook who will cook it to my taste". If we have a problem with food we just ask for help and everyone tries to sort it out". A recommendation has been made for the registered manager to make a copy of the annual quality report available to patients and relatives.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

### Areas for improvement

One recommendation has been made in respect of the annual quality report.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Pictorial menus were used to assist patients in making their choice. Meals were transported on a heated trolley and the cook plated the meals in the kitchenette adjacent to the dining rooms, thus allowing patients further flexibility in choosing their meals. Savoury mince or pork and apple casserole with creamed potatoes and vegetables was served for main course. Alternatives were available for those patients who did not like either option. Modified meals were served with food elements portioned separately. All the meals looked and smelt attractive and appealing and patients appeared to enjoy their lunch.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner.

The dining room experience was calm and relaxed and patients were allowed to take their meals where they felt comfortable. The majority of patients came to the dining rooms for their meals; however, some patients were served their meals in their bedrooms. This was because they were either too ill to come to the dining room or they had chosen to eat their meals in their rooms.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Seven staff, three patients and eight relatives completed and returned questionnaires within the required time frame. Some comments are detailed below.

### Staff

- "Staff all work well as part of a team."
- "We do have enough staff to provide a high level of care for residents."
- "Management are very approachable and issues are dealt with immediately."

### Patients

- "We're very well treated here, you couldn't ask for better."
- "The food is very good, I have no complaints."

## Relatives

Six relatives indicated that they were very satisfied with all aspects of the care provided. No additional comments were provided by them. Two relatives provided the following comments:

- “Visitors chairs are required so that resident’s chairs and dining chairs are not moved so much.”
- “I think one member of staff working one extra hour per night would be beneficial to help with tea time and starting bed time.”
- “Not enough staff, especially at break times to supervise patients with complex needs.”

The issues identified by relatives were discussed with the registered manager for follow up. One recommendation has been made with regard to staffing (refer to section 4.3).

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home. A certificate of public liability insurance was current and displayed. Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home’s complaints records and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home’s complaints procedure.

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

There was evidence that a range of audits had been completed on a monthly basis, including care records, medication management, patients’ weights and nutrition. Action plans were in place to address any deficits.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements - None</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 41.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The registered manager should review staffing levels /deployment to ensure that sufficient staff are on duty at all times to meet the care needs of the patients accommodated.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> During the inspection of the 14<sup>th</sup> of November 2016 the inspector confirmed that the staffing levels were adequate and there were no issues and that the atmosphere within the Home appeared calm and relaxed, however comment was passed in two relatives questionnaires received directly by the RQIA as part of the inspection process after the inspection with respect to staffing. It was in direct response to these comments that this recommendation was issued. The Management of the home will continue to monitor closely and match based upon their professional judgement and years of experience the deployment of staff based upon the identified needs of the residents. Residents and staff frequently comment that they feel there are enough staff on duty to meet their needs and maintain the very high standard of delivery of care that St James' Lodge Nursing Home has set.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35.16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The registered manager should make a copy of the annual quality report available to patients and relatives.</p> <p><b>Ref: Section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> A notice has been erected to inform all staff, residents and relatives that our most recent inspection report and also our most recent customer survey report is available to view on request within the Home. This was also discussed at our most recent Residents and Relatives meetings in December.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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