



The Regulation and
Quality Improvement
Authority

St James' Lodge Care Home
RQIA ID: 11245
15-17 Coleraine Road
Ballymoney
BT53 6BP

Inspector: Bridget Dougan
Inspection ID: IN022023

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**Unannounced Care Inspection
of
St James' Lodge Care Home**

25 August 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 August 2015 from 12.00 to 16.30 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 12 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

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

2. Service Details

Registered Organisation/Registered Person: St James' Lodge Limited Mr Francis Donal McKenna	Registered Manager: Miss Bronagh Barker
Person in Charge of the Home at the Time of Inspection: Miss Bronagh Barker	Date Manager Registered: 04 October 2013
Categories of Care: NH-I, NH-PH, NH-DE	Number of Registered Places: 44
Number of Patients Accommodated on Day of Inspection: 44	Weekly Tariff at Time of Inspection: £623 - £667

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with patients
- review of records
- observation during an inspection of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- 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 previous care inspection report and quality improvement plan.

During the inspection, the majority of patients were consulted either individually or in small groups. Discussion was also undertaken with two registered nursing staff, six care staff and one patient's representative.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 10 December 2014. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 11.7 Stated: Second time	<p>The registered person should ensure that all registered nurses receive tissue viability training in the management of wounds/pressure ulcers.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of training records evidenced that nurses had received tissue viability training in the management of wounds/pressure ulcers on 11 December 2014.</p>	Met
Recommendation 2 Ref: Standard 30.1 Stated: First time	<p>The registered manager should review the staffing levels and consider the introduction of a twilight shift to ensure that at all times the staff on duty meet the assessed nursing care needs of the patients accommodated.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager has reviewed staffing levels and patient dependency levels and confirmed that at all times the staff on duty meet the assessed nursing care needs of the patients accommodated.</p>	Met

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was not available on communicating. However, the regional guidance on breaking bad news was available in the palliative care resource folder for staff to consult and discussion with staff confirmed they were knowledgeable regarding breaking bad news. A recommendation has been made for the development of a communication policy which reflects current best practice, including regional guidance on breaking bad news.

Review of training records evidenced that the registered manager had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news and was disseminated to nursing and care staff. Nursing staff consulted were able to demonstrate their skills and knowledge

regarding this aspect of care. Further palliative care training has been arranged for nursing and care staff and this will include communicating effectively.

Is Care Effective? (Quality of Management)

Five care records reflected patients' individual needs and wishes regarding the end of life care. Reference had been made to patients' specific communication needs. Discussion with the registered manager and nursing staff evidenced that they were aware of patients spiritual needs, however these had not been documented in the patients end of life care plans.

A review of five care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nurses consulted demonstrated their ability to communicate sensitively with patients and /or their representatives when breaking bad news. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and or their representatives.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and taking the time to offer reassurance to patients as required.

Discussion with twenty patients individually and with a number of other patients in small groups evidenced that patients were happy living in the home. Some patients were unable to verbally express their views due to the frailty of their condition. These patients appeared comfortable and relaxed in their surroundings. No concerns were expressed by any of the patients. Comments received included:

- "I'm being looked after well."
- "Staff are very good to me."

Areas for Improvement

It is recommended that patients' religious preferences/ spiritual needs are documented in end of life care plans.

The registered manager should develop a communication policy which reflects current best practice, including regional guidance on breaking bad news.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013, a copy of which were available in the home.

Training records evidenced that staff had not yet completed training in palliative and end of life care. This training had been booked for earlier in the year, however, due to unforeseen circumstances, it was cancelled by the trainer. The registered manager confirmed that further training has been arranged for October and November 2015 for nurses and care staff.

Discussion with registered nursing staff and a review of five care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and other specialist practitioners.

Discussion with the registered manager, registered nursing staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

While a written protocol was not in place, nursing staff confirmed that the home had access to syringe drivers and other specialist equipment through the local Trust. They also confirmed that they were given the support of the community nursing team as required.

A recommendation has been made for a written protocol to be developed for timely access to any specialist equipment or drugs out of hours.

A palliative care link nurse had been identified for the home.

Is Care Effective? (Quality of Management)

A review of five care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. However, as identified in standard 19, evidence was not available to confirm that the spiritual needs and preferences of all patients had been considered.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life care.

Discussion with the registered manager, nursing and care staff and a review of care records evidenced that environmental factors had been considered when a patient was at end of life.

Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities had been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with the registered manager and staff, and a review of compliments records there was evidence that arrangements in the home were sufficient to support relatives during this time and relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included for example bereavement support, staff meeting and 1:1 counselling if deemed appropriate.

Information leaflets on palliative care and grief and bereavement were available at the entrance to the home.

Areas for Improvement

As previously identified under standard 19, a recommendation is made that end of life care plans document patients religious preferences/ spiritual needs.

A recommendation has been made for a written protocol to be developed for timely access to any specialist equipment or drugs out of hours.

Number of Requirements:	0	Number of Recommendations: *One recommendation made has also been stated under Standard 19 above.	3*
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5.5 Additional Areas Examined

As part of the inspection process the majority of patients were spoken with either individually or in small groups. Comments from patients regarding the quality of care, food and life in the home were generally very positive. One patient expressed some dissatisfaction with the

length of time they had to wait for staff to respond to requests for toileting. This was discussed with the registered manager who confirmed that this issue was being followed up.

A number of patients were unable to express their views due to the frailty of their condition. All patients appeared well kempt and comfortable in their surroundings. A few comments are detailed below;

- “Everyone is very supportive and caring.”
- “I am happy with staff, management and everybody.”
- “If there is ever an issue I can talk to staff and management and they will always follow through to see actions are done.”
- “At times I can be buzzing for a long time, although this doesn’t happen often.”

One patient’s representative took the time to speak with the inspector. The relative was very complimentary regarding the care and services provided. Seven relatives also completed questionnaires. Comments received are detailed below:

- “Staff are excellent”
- “...the care my mother receives is first class. I can’t ask for better.”
- “Very impressed with St. James Lodge. Very happy my mother is being well looked after.”
- “The staff are all very approachable, caring and efficient. Any requests are addressed immediately and effectively.”
- “St. James is an excellent home. Good staff.”

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection. Some comments received from staff are detailed below;

- “I have worked in quite a few nursing homes over the years and the level and quality of care at St. James is excellent.”
- “Patients are always first priority. Independence and dignity are always maintained.”
- “Overall I am very happy with the care delivered.”

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Bronagh Barker, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements: No requirements resulted from this inspection.			
Recommendations			
Recommendation 1 Ref: Standard 20.2 Stated: First time To be Completed by: 30 September 2015	The registered manager should ensure that patient's religious preferences/ spiritual needs are documented in end of life care plans.		
	Response by Registered Person(s) Detailing the Actions Taken: Full audit of religious preferences/spirituality needs has been completed by Nurse manager. An action plan has been disseminated to all named nurses for completion. A re-audit has been completed and actions have been addressed appropriately.		
Recommendation 2 Ref: Standard 19 Stated: First time To be Completed by: 31 October 2015	The registered manager should develop a communication policy which reflects current best practice, including regional guidance on breaking bad news.		
	Response by Registered Person(s) Detailing the Actions Taken: Our existing communication policies have been further developed to include reference to current best practice, including regional guidance on breaking bad news. This is available to view on request.		
Recommendation 3 Ref: Standard 32.2 Stated: First time To be Completed by: 31 October 2015	The registered manager should develop a written protocol for timely access to any specialist equipment or drugs out of hours.		
	Response by Registered Person(s) Detailing the Actions Taken: Written protocol for timely access to any specialist equipment or drugs out of hours has been developed and displayed for staff. This is available to view on request.		
Registered Manager Completing QIP	Bronagh Barker	Date Completed	30.9.15
Registered Person Approving QIP	Frank Mc Kenna	Date Approved	30.9.15
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	01/10/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address