



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow up Care Inspection

Name of Establishment: St James' Lodge Care Home
RQIA Number: 11245
Date of Inspection: 12 November 2014
Inspector's Name: Bridget Dougan
Inspection ID 20914

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	St James' Lodge Care Home
Address:	15 - 17 Coleraine Road Ballymoney BT53 6BP
Telephone Number:	028 2766 8212
E mail Address:	frank.mckenna@stjameslodge.co.uk
Registered Organisation/ Registered Provider:	St James' Lodge Limited Mr Francis Donal McKenna
Registered Manager:	Ms Bronagh Barker
Person in Charge of the Home at the Time of Inspection:	Ms Bronagh Barker
Categories of Care:	NH-I, NH-DE, RC-I
Number of Registered Places:	44
Number of Patients Accommodated on Day of Inspection:	43
Date and Type of Previous Inspection:	16 September 2014
Date and Time of Inspection:	12 November 2014 12.30 – 15.00
Name of Inspector:	Bridget Dougan

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

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

- Discussion with the registered manager
- Discussion with the registered provider
- Discussion with staff
- Discussion with patients individually and to others in groups
- Discussion with relatives
- Review of a sample of staff duty rosters
- Review of staff training records
- Review of a sample of staff personnel records
- Review of a sample of induction and supervision records
- Observation during a tour of the premises
- Evaluation and feedback.

1.3 Inspection Focus

The inspection sought to follow up on issues identified during a previous unannounced inspection on the 16 September 2014.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

St James' Lodge Care Home is a 44 bedded nursing home with patient accommodation on two floors.

It is situated in its own pleasant grounds, located in Ballymoney. The home is within easy reach of local bus routes and Ballymoney town centre.

The home is divided, with the ground floor supporting the needs of 20 patients with a diagnosis of dementia, and the first floor supporting the care of 23 frail elderly patients and one patient within the category of terminally ill.

All patient bedrooms are single and provide ensuite facilities. Each has been furnished to a very high standard with a profiling bed, and there is a range of furniture providing storage for patients' personal possessions. All bedrooms are decorated to a high specification.

Communal living areas, activity lounges and dining rooms are available on both floors to meet the needs of the patients. A hairdressing room is provided on each floor.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) accurately reflected the categories of care and was appropriately displayed in a prominent position of the home.

3.0 Summary

This summary provides an overview of the service during an unannounced inspection to St James' Lodge Care Home on 12 November 2014. The inspection was undertaken by Bridget Dougan, and commenced at 12.30 to 15.00.

The main focus of the inspection was to follow up on issues identified during a previous unannounced inspection on 16 September 2014.

The inspector reviewed and validated the home's progress regarding the five requirements and six recommendations made at the previous inspection and confirmed compliance outcomes as follows: All five requirements and five of the recommendations had been fully complied with and one recommendation was moving towards compliance.

During the course of the inspection the inspector met with 20 patients individually and with others in groups. Three patients also completed questionnaires. The inspector also met with three relatives, five of whom completed questionnaires and with eight staff members and five staff completed questionnaires. Feedback from patients, relatives and staff was generally very positive with patients and relatives expressing high levels of satisfaction with the standard of care, facilities and services provided in the home.

The inspector observed care practices, examined a selection of records and undertook an inspection of a number of areas throughout the home.

The home environment was found to be well maintained, clean, warm and comfortable.

The inspector was able to confirm that all registered nurses who were left in charge of the home in the absence of the registered manager had competency and capability assessments completed.

Review of a sample of personnel records evidenced that pre-employment checks were carried out and two references obtained for all staff prior to their employment in the home.

Induction, supervision and mandatory training had been completed for all staff and tissue viability training had been arranged for all registered nurses in December 2014 and January 2015.

Review of a sample of staff duty rosters evidenced that the staffing levels were found to be in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home. However, one relative and one member of staff expressed some dissatisfaction with staffing levels especially in the evening period. A recommendation has been made for the registered manager to review staffing levels and consider the introduction of a twilight shift.

Conclusion

A total of two recommendations were made as a result of this inspection. One recommendation has been made for the second time.

Details can be found throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the management, patients, relatives and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (3)	<p>The registered person shall ensure that at all times a nurse is working at the nursing home and that the manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in her absence.</p>	<p>The inspector reviewed the personnel records of five nurses who were left in charge of the home in the absence of the registered manager and can confirm that competency and capability assessments had been completed.</p>	Compliant
2	20 (1) (a)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ensure that the acting manager has been allocated sufficient hours to enable her to undertake her</p>	<p>The inspector reviewed duty rotas for the week of the inspection and the previous two weeks and evidenced that the overall staffing was in keeping with RQIA's minimum staffing guidance.</p> <p>The inspector was informed that since the previous inspection, two additional nurses had been recruited and the registered manager has now sufficient hours to enable her to undertake her management responsibilities. This was evidenced in the review of duty rotas.</p>	Compliant

		management responsibilities.		
3	20 (1) (c)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>Ensure that the persons employed by the registered person to work at the nursing home receive:</p> <p>Appraisal, mandatory training and other training appropriate to the work they are to perform.</p>	Review of training records evidenced that all mandatory training had been completed to date for all staff.	Compliant
4	20 (2)	The registered person shall ensure that persons working at the nursing home are appropriately supervised.	The inspector reviewed five staff personnel records and was able to confirm that supervision had been provided for all these staff. Discussion with the registered manager and review of a supervision planner evidenced that the majority of staff had received supervision and dates had been allocated for the remaining five staff to attend for individual supervision.	Compliant
5	21 (1) (b)	The registered person shall ensure not employ a person to work at the nursing home unless subject to paragraph (5), he has obtained in respect of that person the	The inspector examined the personnel records of four recently appointed staff and was able to confirm that two references plus all relevant pre-employment checks had been provided for these staff.	Compliant

		information and documents specified in paragraphs 1 to 7 of Schedule 2.		
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	12.10	The registered person should ensure that all staff have update training in relation to the care associated with patients who have swallowing difficulties.	The inspector reviewed staff training records and evidenced that all relevant staff had received this training.	Compliant
2	11.3	The registered person should ensure that all relevant staff have update training in relation to pressure area care and the prevention of pressure ulcers.	Discussion with the registered manager and review of training records evidenced that this recommendation has been complied with.	Compliant
3	11.7	The registered person should ensure that all registered nurses receive tissue viability training in the management of wounds/pressure ulcers.	The registered manager informed the inspector that this training has been booked with the Tissue Viability Nurse in the Trust for 11/12/14 and 20/1/15. This recommendation is moving towards compliance and will be stated for the second time.	Moving towards compliance
4	12.1	The registered person should ensure that catering staff receive update training in nutrition.	Discussion with the registered manager and review of training records evidenced that this recommendation has been complied with.	Compliant
5	30.6	The registered person must ensure that staff	Review of three weeks duty rotas evidenced that this recommendation has been complied with.	Compliant

		<p>duty rotas include a record of all staff working over a 24 hour period and the capacity in which they were working.</p> <p>The hours worked by the activities co-ordinator should be included in the duty rotas.</p> <p>Duty rotas should also clearly identify the hours worked by the registered manager in clinical duties and those worked in managerial duties.</p>		
6	28.1	<p>The registered person must ensure that staff who are newly appointed, agency staff and students are required to complete a structured orientation and induction.</p>	<p>The inspector reviewed a sample of nine personnel records including agency staff and newly appointed staff and evidenced that this recommendation has been fully complied with.</p>	Compliant

5.0 Additional areas examined

5.1 Care Practices

During the inspection staff members were noted to treat the patients with dignity and respect.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

5.2 Patients/Residents Views

During the inspection the inspector spoke to twenty patients individually and to others in groups. Three patients also completed questionnaires. All patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

The inspector met with three relatives and five relatives also completed questionnaires. Relatives were generally very complementary of the services and care provided. One relative expressed concerns regarding staffing levels on night duty. This was discussed with the registered manager. Whilst staffing levels were in keeping with RQIA minimum staffing guidelines, the registered manager agreed to keep this area under review and increase as necessary to meet the needs of patients accommodated.

Examples of patients and relatives comments were as follows:

“everything is very good”

“I am glad to be here all the staff are very helpful and friendly”

“food is good and there’s plenty of it”

“very satisfactory. Excellent in every way. All patients seem to be well cared for”

“From 8.00 – 10.30 pm the staff are really pushed. They can be rushed off their feet depending on the behaviour of residents. No two nights are the same”

“I have been very impressed with St James Lodge since my relatives admission a few weeks ago”

“My experience of this home and its staff are entirely positive. Without exception they are professional and above all extremely kind and affectionate to all those in their care”

5.3 Staffing /Staff Comments

Review of a sample of staff duty rosters for a three week period spanning the week of the inspection and the previous two weeks evidenced that the registered nursing and care staffing levels were found to be in line with the RQIA’s recommended minimum staffing guidelines for the number of patients currently in the home. During the inspection the inspector spoke with eight staff members. The inspector was able to speak to a number of these staff individually and in private. Five staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes. One member of staff expressed some dissatisfaction with staffing levels and this was discussed with the registered

manager following the inspection. The registered manager agreed to keep staffing levels under review and consider the possibility of introducing a twilight shift in the evening time.

Examples of staff comments were as follows:

“the quality of care in my opinion is of a high standard”

“there is plenty of training”

“we do not always have the time to spend discussing and listening to residents. We have very little time to spend doing enjoyable activities with residents”

5.4 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene throughout.

6.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Bronagh Barker, registered manager and Mr Frank McKenna, registered provider, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

St James' Lodge Care Home

12 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Bronagh Barker, registered manager and Mr Frank McKenna, registered provider, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

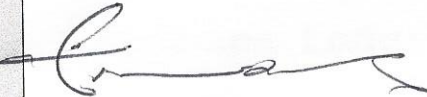
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	11.7	<p>The registered person should ensure that all registered nurses receive tissue viability training in the management of wounds/pressure ulcers.</p> <p>Reference: Follow up on previous issues</p>	Two	<p>Training was booked via TVU in the Trust for 21/11/14. Unfortunately this was cancelled by the Trust. Training was completed 11/12/14 and further booked for Thurs 15/1/15. Possible wound care link nurses to be discussed at this date.</p>	Within two months from date of this inspection
2	30.1	<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> <p>Reference: Section 5.3</p>	One	<p>Following assessment of dependencies within our dementia care unit a shift covering 16:30 ~ 21:30 has been introduced. This will commence Mon 5/1/15.</p>	Within two weeks from receipt of this report

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<p>NAME OF REGISTERED MANAGER COMPLETING QIP</p>	<p>Bronagh Barker B. Barker.</p>
<p>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</p>	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bridget Dougan	06 January 2015
Further information requested from provider			