

Unannounced Care Inspection Report 15 September 2017



St James' Lodge Care Home

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 44 persons.

3.0 Service details

Organisation/Registered Provider: St James' Lodge Limited Responsible Individual: Mr Francis Donal McKenna	Registered manager: Miss Bronagh Barker
Person in charge at the time of inspection: Miss Bronagh Barker	Date manager registered: 4 October 2013
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 44 comprising: 20 – NH-DE 21– NH-I 3 -NH- PH The home must not admit any patients into bedrooms 40, 41, and 42 until a full assessment of their nursing needs (including mobility) has been undertaken and the specified bedrooms are deemed suitable to meet their assessed needs.

4.0 Inspection summary

An unannounced inspection took place on 15 September 2017 from 08.55 to 14.40 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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 all four domains in regards to governance processes relating to the selection and recruitment of staff; induction, and training of staff, adult safeguarding, and the home's environment in relation to the décor.

An area for improvement under regulation was identified in relation infection, prevention and control (IPC) practices. Areas for improvement under the standards were identified in regards to governance processes in relation to staff management; assessment of patients' care needs; care planning and the delivery of care.

Patients spoken with stated that they were treated with dignity and respect and were afforded privacy when required. The environment of the home was observed to be homely and comfortable

Patients said:

“Staff look after me well.”

“The home is lovely.”

“Staff are friendly and caring.”

“Good food, good attention.”

“I get the newspaper every morning.”

“If you have to be in a home this is the best.”

“Staff spoil me.”

“I feel I get all the care I need.”

“I am happy with the care I receive.”

“The nurses provide all the care I need.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Feedback received from returned patients' questionnaires is discussed further in section 6.6.

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
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Miss 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.

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

4.2 Action/enforcement taken following the most recent inspection dated 1 and 16 February 2017

The most recent inspection of the home was an announced estates inspection undertaken on 1 and 16 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report
- the previous estates inspection report

During the inspection the inspector met with 10 patients, six staff, and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 21 August to 17 September 2017
- 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
- one staff recruitment and induction file
- five patient care records
- two patients' supplementary care records
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- staff register
- minutes of staff, relative and patients' meetings
- complaints records
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 and 16 February 2017

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that staffing levels /deployment was reviewed regularly thereby ensuring that sufficient staff were on duty at all times to meet the care needs of the patients accommodated.	
Area for improvement 2 Ref: Standard 35.16 Stated: First time	The registered manager should make a copy of the annual quality report available to patients and relatives.	Met
	Action taken as confirmed during the inspection: A copy of the annual quality report was available to patients and relatives; a notice was displayed in reception to inform patients and relatives of its availability.	

6.3 Inspection findings

6.4 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 regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 21 August to 17 September 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Comments received from completed staff questionnaires in relation to staffing are referenced further in section 6.6. The registered manager confirmed that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Competency and capability assessments were completed as applicable. Deficits were identified in relation to the supervision and appraisal of staff. Review of records evidenced that such meetings with staff were not up to date. This was discussed with the registered manager and an area for improvement under the standards was identified.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager is the safeguarding champion and attended training in January 2017.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home’s policies and procedures. RQIA had also been notified appropriately.

Review of five patient care records evidenced that the majority of care records contained a range of validated risk assessments which were completed as part of the admission process and reviewed as required and informed the care planning process. In one care record a nutritional risk assessment had not been undertaken. This was an area identified for improvement under the standards.

Review of audit records focusing on falls management confirmed that the number, type, place and outcome of falls were analysed on a monthly basis in order to identify patterns and trends. Action plans were also in place to address any deficits which were identified. This information informed the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

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. Patients/representatives/staff spoken with were complimentary in respect of the home’s environment. Fire exits and corridors were observed to be clear of clutter and obstruction.

However, a number of weaknesses relating to infection, prevention and control practices were identified. Personal protective equipment (PPE) was observed to be stored inappropriately and was also noted to be the incorrect size for some members of staff. Observation of one member of staff also evidenced that PPE was not removed following a care activity and that hand washing practices were not carried out in compliance with best practice standards. Review of the environment also evidenced that records relating to the use of a cleaning agent were not effectively maintained. These weaknesses were highlighted to the registered manager and an area for improvement under regulation was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, staff recruitment, induction, training, adult safeguarding, and the home’s environment in relation to décor and maintenance.

Areas for improvement

An area for improvement under regulation was identified in relation to IPC practices.

An area for improvement under the standards was identified in relation to governance processes regarding staff management.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of five patient care records evidenced that the majority of care records contained a range of validated risk assessments which were completed as part of the admission process and reviewed as required and informed the care planning process. In one care record a nutritional risk assessment had not been undertaken. This was an area identified for improvement under the standards.

Care records generally reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. One care plan had not been reviewed within the set timescale it was also noted in another patients care record that a care plan had not been devised for an identified nutritional need. This was discussed with the registered manager and an area for improvement under the standards was identified.

Supplementary care records such as repositioning and food and fluid intake charts evidenced that they were not always maintained in accordance with best practice guidance, care standards and legislation. Discussion with the registered manager and observation of the patients indicated that this was an issue of poor recording keeping. This was an area identified for improvement against the standards.

Staff generally demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

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.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. A comment received from completed staff questionnaire in relation to the hand over meetings is referenced further in section 6.6.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dieticians, and TVN's. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patients' records.

Discussion with the registered manager and review of the minutes confirmed that staff meetings were not held on a regular basis. This was an area identified for improvement against the standards.

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 their registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patients' meetings were held bi-annually and relatives' meetings were held on a yearly basis. Minutes were available. Patients and patients' representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement under the standards were identified in relation to care planning and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	4

6.6 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were generally afforded choice, privacy, dignity and respect. However, two patients' nails were observed to be unclean. This was an area identified for improvement against the standards.

Observation of the lunch time meal confirmed that patients were offered a choice in regards to food and fluids and the level of help and support requested. Staff were observed to offer patients reassurance and assistance as required. The daily menu was displayed in the dining room and patients were offered a choice of two main courses and desserts. A choice was also available for those patients who required a therapeutic diet or if any patients wanted an alternative from the displayed menu.

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. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in St James' Lodge was very good.

As part of the inspection process, we issued questionnaires to staff (ten), patients (eight) and patients' representatives (ten). Three patients, one patient's representative and five staff completed and returned questionnaires.

The questionnaires from patients, patient's representatives and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. The following comments were received:

Patient comments:

"I feel I get all the care I need."
 "I am happy with the care I receive."
 "The nurses provide all the care I need."

Staff comments:

"Any patient equipment that may be faulty is put out of use and repaired quickly."
 "On occasions handovers can be minimal, however good daily notes from previous day provides adequate information."
 "More staff is needed for example on 8 to 2."

Comments made by patients during the inspection are detailed below:

"Staff look after me well."
 "The home is lovely."
 "Staff are friendly and caring."
 "Good food, good attention."
 "I get the newspaper every morning."
 "If you have to be in a home this is the best."
 "Staff spoil me."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

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

Areas for improvement

An area for improvement under the standards was identified in relation to the delivery of care.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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, and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff were knowledgeable of the complaints process. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure and were confident that staff and management would manage any concern raised by them appropriately. Patients were aware of who the registered manager/person was.

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. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to falls, care records, infection prevention and control, and the environment. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review, such as, legionella, Control of Substances Hazardous to Health (COSHH) and fire safety.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Miss 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 the web portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> • The provision of a robust process which ensures that all cleaning agents are managed effectively, • That hand washing practices which are in keeping with best practice standards are embedded into practice, • That PPE is used correctly, appropriately stored and fit for purpose. <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The process for managing cleaning agents has been reviewed to ensure that they are managed effectively. The importance of effective hand washing practices has been reiterated to all staff. Training provided to ensure compliance. PPE continues to be stored in the available cupboards, missing magnet, for opening identified cupboard, has been replaced. The home has made enquires with regards larger sized aprons for male carers, as requested, and have been advised by suppliers that there is no larger sizes available.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered persons shall ensure that staff supervision and appraisals are undertaken in accordance legislative and best practice requirements.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Supervision and appraisal plan in place and is ongoing.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered persons shall ensure that risk assessments are undertaken/reviewed in a timely manner, and updated in response to the changing needs of patients.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: The one risk assessment highlighted is now complete</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered persons shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The one care plan highlighted has now been reviewed and nutritional care plan devised.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: One Resident's evening meal was identified during the inspection as not being entered onto the computerised system. The importance of accurate and robust record keeping has been reiterated to staff.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41.8</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records of all staff meetings should be maintained.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff meetings scheduled and planned 3 monthly.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered person shall ensure attention to personal care is undertaken at all times.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Regular nail care is carried out within the Home for all Residents. Staff were reminded to fully document if any Resident's refuse nail care or become distressed during this intervention.</p>

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



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