



The Regulation and  
Quality Improvement  
Authority

Inspector: Bridget Dougan  
Inspection ID: IN022046

St James' Lodge Care Home  
RQIA ID: 11245  
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**Unannounced Care Inspection  
of  
St James' Lodge Care Home**

**26 November 2015**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
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TYRONE & FERMANAGH HOSPITAL  
OMAGH, CO. TYRONE BT79 0NS

## 1. Summary of Inspection

An unannounced care inspection took place on 26 November 2015 from 17.30 to 20.00 hours. The focus of this inspection was to follow up on concerns raised by a whistle blower with regard to the following areas:

- staffing levels
- management of food and fluids

Overall on the day of the inspection, care in the home was safe, effective and compassionate. No areas for improvement were identified.

### 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 25 August 2015.

### 1.2 Actions/Enforcement Resulting from This Inspection

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

### 1.3 Inspection Outcome

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> St James' Lodge Limited Mr Francis Donal McKenna	<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 2010
<b>Categories of Care:</b> NH-I, NH-PH, NH-DE	<b>Number of Registered Places:</b> 44
<b>Number of Patients Accommodated on Day of Inspection:</b> 43	<b>Weekly Tariff at Time of Inspection:</b> £623 - £667

### 3. Inspection Focus

Information/correspondence was received by RQIA regarding concerns in the following areas:

- staffing levels
- management of food and fluids

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

### 4. Methods/Process

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

During the inspection, the inspector met with 20 patients individually and with the majority of other patients in small groups; two nurses, six care staff and the relatives of three patients.

The following records were examined during the inspection:

- four care records
- staff duty rotas
- patient dependency assessments
- food and fluids records

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 25 August 2015. The completed QIP was returned and approved by the care inspector.

Areas to follow up/be addressed were as follows:

#### 5.2 Review of Requirements and Recommendations from the Last Care (same specialism) Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 20.2	The registered manager should ensure that patient's religious preferences/ spiritual needs are documented in end of life care plans.	<b>Compliant</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of four patients care records evidenced that this recommendation was compliant.	

<b>Recommendation 2</b>  Ref: Standard 19	The registered manager should develop a communication policy which reflects current best practice, including regional guidance on breaking bad news.	<b>Compliant</b>
	<b>Action taken as confirmed during the inspection:</b> A communication policy which reflects current best practice, including regional guidance on breaking bad news was in place.	

### 5.3 Staffing

Staff duty rotas for weeks commencing 16, 23 and 30 November 2015 were reviewed.

#### **General Nursing Unit – Occupancy on the evening of the inspection: 24 patients**

08:00 - 20.00 hours    1 registered nurse    4 care assistants  
22 00 - 08 00 hours    1 registered nurse    2 care assistants

#### **Dementia Nursing Unit – Occupancy on the evening of the inspection - 19 patients**

08:00 - 20.00 hours    1 registered nurse    3 care assistants  
22 00 - 08 00 hours    1 registered nurse    1 care assistant (plus support from care assistant in general nursing unit when required)

The inspector spoke with 20 patients individually and with others in small groups. No issues were raised with the inspector. The relatives of three patients also took the time to speak with the inspector. Two relatives were very complimentary of the care and services provided. One relative expressed some concerns regarding the management of food and fluids and the general care of their relative. These issues were discussed with the registered manager who was aware of the concerns. The registered manager informed the inspector that a number of care management review meetings had taken place and on-going discussions were being held with the family in an attempt to resolve the issues.

Two registered nurses and six care staff met with the inspector. No issues regarding the current staffing arrangements were raised with the inspector.

Staff spoken with reported good working relationships between staff. Observations made during the inspection evidenced that care was delivered in a timely way.

The inspector reviewed the dependency levels of patients accommodated at the time of the inspection. The registered manager confirmed that the number and ratio of staff on duty at all times was sufficient to meet the care needs of patients. This was evidenced by the inspector following a review of three weeks duty rosters and an assessment of patient dependency levels.

The inspector visited the dementia nursing unit and the general nursing unit and observed that patients were either relaxing in the lounges or in their bedrooms. The evening tea had been served a short time before the inspector arrived in the units. There was a calm atmosphere throughout the home. A number of patients were either getting ready for bed or in bed at the conclusion of the inspection.

### **Management of Food and Fluids**

The management of fluids was reviewed during the inspection. The home maintained fluid balance records for those patients assessed at risk of dehydration. Fluid records were evidenced to be maintained appropriately. Jugs of water and juice were available in bedrooms and lounges and staff were observed to offer patients drinks throughout the inspection.

The records of two patients with weight loss were reviewed. There was evidence that nutritional assessments and care plans had been completed and reviewed on a regular basis. Patients had been referred to the GP and dietician in a timely manner. There was evidence that the recommendations made by the multi-disciplinary team had been adhered to and patients' weights had been kept under review.

Following review of duty rosters, patient dependency levels, the management of food and fluids, discussion with patients, relatives, staff and observation of care delivery, the inspector concluded that the concerns raised by the whistle blower were unsubstantiated.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Bronagh Barker, Registered Manager 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 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](mailto:nursing.team@rqia.org.uk) (non-paperlite) 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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>B. Barker</i>	Date Completed	6-1-16.
Registered Person	<i>[Signature]</i>	Date Approved	6.1.16
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	02/02/2016

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to RQIA [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)*