

Unannounced Follow-up Inspection Report 6 February 2020



St James' Lodge Care Home

Type of Service: Nursing Home

Address: 15 - 17 Coleraine Road, Ballymoney, BT53 6BP

Tel No: 028 2766 8212

Inspector: Rachel Lloyd

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.

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.

1.0 What we look for



2.0 Profile of service

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

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 Homes (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	Number of registered places: 44 A maximum of 20 patients in category NH-DE accommodated on the ground floor, a maximum of 21 patients in category NH-I and a maximum of 3 patients in category NH-PH accommodated on the first floor.

4.0 Inspection summary

An unannounced inspection took place on 6 February 2020 from 10.05 to 14.35 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections 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 relation to the management of medicines, the environment, staffing arrangements, communication between patients and staff and taking account of the views of patients and their families.

It was positive to note that all areas for improvement from the previous inspection have been met and there were no areas for improvement identified during this inspection.

Patients spoken to described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Bronagh Barker, manager and Mr Francis McKenna, responsible person, as part of the inspection process and can be found in the main body of the report. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 April 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You?' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection we met with three patients, the two nurses on duty, the administrator, two care assistants assisting with lunch, the manager and the responsible person/owner of the home.

During the inspection a sample of records was examined which included:

- patients' records of care
- records of activities provided
- medicine records
- RQIA registration certificate

- monthly monitoring reports, including action plans, from October to December 2019

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 care and medicines management inspections dated 25 April 2019 and 5 December 2018

Areas for improvement from the most recent care inspection dated 25 April 2019		
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure the identified cupboard doors in the first floor snack kitchen are replaced in order to ensure effective cleaning can be carried out.	Met
	Action taken as confirmed during the inspection: The identified doors had been replaced following the last inspection. These were examined and were in good condition.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure contemporaneous records are maintained in relation to recording of wound care in accordance with NMC guidelines.	Met
	Action taken as confirmed during the inspection: Records including the care plan, wound assessment chart, progress notes and assessment by other professionals were examined for one patient and found to be maintained appropriately. The manager confirmed that record keeping in relation to wound care had been discussed with relevant staff. The staff spoken to were knowledgeable about the care plan and prescribed treatment.	
Area for improvement 3 Ref: Standard 11 Stated: First time	The registered person shall ensure patients are offered a meaningful and appropriate activity programme which is flexible and inclusive in order to meet the needs of all patients in the home who wish to participate.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that the post of activity co-coordinator had been advertised but recruitment had been unsuccessful to date. There was evidence of various activities being provided in both units within the home. Those provided by external organisations and entertainers were recorded and planned by the administrator and displayed on the electronic notice boards. It was suggested and agreed that those provided by staff within the home should also be recorded and displayed for patient/visitor information.</p>	
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There were no areas for improvement identified as a result of the most recent medicines management inspection.

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.

We arrived in the home at 10.05 hours and were greeted by the manager and staff who were welcoming, helpful and attentive. Patients were seated in the lounges, dining area or their bedroom according to their preference.

Observation of the delivery of care throughout the inspection evidenced that staff attended to patients' needs in a timely and caring manner. Staff said that they felt that there were enough staff on duty at all times to meet the needs of the patients.

The home was observed to be clean, warm and fresh; all areas inspected were appropriately decorated and well maintained. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by patients. Some painting and decoration works were being conducted with as minimal disruption as possible.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Staff were reminded to use running balances for medicines with care and to record balances only if the medicine was physically counted to avoid confusion. The reason for and outcome of the administration of medicines prescribed for use 'when required' for distressed reactions were usually recorded; staff were reminded to ensure records are made on every occasion.

A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were procedures in place to verify prescribed medicines on admission to the home.

We reviewed the serving of lunch downstairs which commenced at 12.45 hours. Patients dined in their preferred dining area, mostly the main dining area or adjacent lounge. Tables and trays had been laid appropriately. The meal served correlated with the planned menu and a choice was available. Food was served from a heated trolley when patients were ready to eat their meals. The food served appeared nutritious and appetising. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were available throughout the meal and were observed assisting patients in an unhurried manner. Staff were observed chatting with patients during the meal. Patients consulted with spoke positively of the meals provided.

They said:

- “Lovely lunch, I enjoyed it.”
- “Food is very good.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the systems in place for the management of medicines and the encouragement/assistance provided by staff to ensure that patients received a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Staff demonstrated a detailed knowledge of patients' preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Consultation with three patients confirmed that living in the home was a positive experience.

They said:

- "If you need to be in a nursing home, then this is the place to be."
- "Staff will do anything for you, they're great."
- "Couldn't get better."
- "I'm content here."

One relative said:

"This is a great home with great staff."

Of the questionnaires that were issued, one was returned from a patient and six from relatives. The responses indicated that they were very satisfied/satisfied with all aspects of the care provided.

They said:

- "I find all the staff in St James' Lodge attentive and caring."
- "I love to come into St James' to see my Mum. Firstly it is always clean and free from smells. The staff are lovely and very helpful from the front door to the cleaning staff. It is a pleasure..."
- "I feel this is one of the best care homes in the area..."
- "First class care at all times."

Any comments from patients, their representatives and staff in questionnaires received after the return date will be 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, dignity and privacy, and listening to and valuing patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. One medicine related incident reported since the last inspection was discussed. There was evidence of the action taken and learning implemented. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

There were robust auditing processes with regard to medicines management. These audits were reviewed during the inspection; satisfactory outcomes were observed indicating that medicines were administered as prescribed.

We spoke with the two nurses on duty. They advised that that they had received comprehensive training and felt well supported in the home. Comments included:

- “I love my work here. It suits me.”
- “I feel safe working here. There is a great team, the staff stay and I’m pleased I came here.”
- “We are well supported.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

Regarding the Deprivation of Liberty Safeguards, the manager advised that staff had not yet received training but that this is planned in conjunction with the Trust in the near future. Staff demonstrated general awareness and knowledge of what a deprivation of liberty was and how to ensure the appropriate safeguards were in place to comply with the new legislation.

Areas of good practice

There were examples of good practice found in relation to incident management 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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