The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: St James' Lodge Care Home

Provider: St James' Lodge Limited

Date of Inspection: 26 June 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	St James' Lodge Limited
Responsible Individual:	Mr Francis Donal McKenna
Registered Manager:	Miss Bronagh Barker
Service Profile – This home is a registered nursing home which provides nursing care for up to 44 patients. The home is divided into two units, over two floors. The ground floor unit provides care for people living with dementia and the first floor unit provides general nursing care. Patients have access to communal lounges, dining rooms and garden spaces.	

2.0 Inspection summary

An unannounced inspection took place on 26 June 2025, between 9.15 am and 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection four Regulations and two Standards requiring improvement have been assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said staff were very attentive and there were enough staff if you needed them. Patients also told us that the home was clean and tidy, the food was lovely and they had no concerns.

Visitors told us that staff were all lovely, kept them well informed about any changes to their relatives' care and the food was very good.

Staff were complimentary about the support from the manager, the training provided, the good team work and had no concerns about staffing levels or the care provided.

Questionnaires returned confirmed that a relative was dissatisfied with some aspects of care provided in the home. This was shared with the manager for her review following the inspection.

A questionnaire returned from a relative indicated that they were very satisfied that care was safe, effective compassionate and well-led.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Examination of the record of staff supervision and appraisal showed evidence that staff were not receiving one to one supervision and yearly appraisals in a timely manner. An area for improvement was identified.

Review of the system to manage the registration of nurses and care staff evidenced that staff were registered appropriately with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Two pressure relieving mattresses were identified to be at the incorrect setting or requiring a care plan to be put in place. This was confirmed to have been addressed following the inspection and will be reviewed at a future inspection.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

A weekly programme of social events was not displayed to advise of future events and there was a lack of stimulation and activities taking place in the home on the day of inspection. An area for improvement was identified.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home, however a plan of care was not in place for all patient needs within a 24-hour period. This are for improvement has been subsumed under the regulations.

Patients care records were held confidentially.

Care plans for personal care, mobility, nutrition, choking and skin integrity were not regularly reviewed and updated to ensure they continued to meet the patients' needs. This was discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

The home was welcoming and tidy and there was a friendly atmosphere. Observation identified areas in the home which required maintenance or repair; for example, chipped paint on walls, a stained carpet and floor and a cracked peeling floor. An area for improvement was identified.

Cleanliness and Infection prevention and control issues were identified including; storage on top of toilet cisterns, a sign requiring laminated to aid cleaning, aprons hanging loose and use of vinyl gloves in patient care areas. An area for improvement was identified.

Staff were observed to complete hand hygiene at appropriate times and use personal protective equipment (PPE) when this was required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Bronagh Barker has been the manager in this home since 4 October 2013.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

Review of the record of reporting of notifiable events in the home evidenced that not all notifiable events were reported, when required, to RQIA. This was discussed with the manager and an area for improvement was identified.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The home is visited each month by a representative of the responsible person to monitor the quality of care in the home, however, these were not always reflective of the inspection findings and followed up to address any issues found. This area for improvement has been stated for a second time.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	6*

* the total number of areas for improvement includes one standard that has been stated for a second time and one standard which has been subsumed under the regulations.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Bronagh Barker, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 26 June 2025	The Registered Person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. Ref: 3.3.3 **Response by registered person detailing the actions taken:** Staff nurse meeting was held 3.7.25 with all nurses. This issue was discussed at the meeting and will be monitored by Nurse Manager following new admissions moving forward.
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 26 June 2025	The Registered Person shall ensure all notifiable events in the home are reported, when required, to RQIA. Ref 3.3.5 **Response by registered person detailing the actions taken**: Nurse Manager will ensure all reportable events are reported as required in a timely manner.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 35.7 **Stated:** Second time **To be completed by:** 30 June 2025	The Registered Person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required within a specified timeframe to drive the necessary improvements to ensure compliance with regulations and standards. Ref: 3.3.4 **Response by registered person detailing the actions taken:** Reg 29 visits will endeavour to be more robust with a clear action plan moving forward. We have a new provider completing these who is currently learning the structure required.
Area for improvement 2 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 30 September 2025	The Registered Person shall ensure staff receive timely one to one individual supervision and yearly appraisal for their roles. Ref: 3.3.1 **Response by registered person detailing the actions taken:** Detailed plan in place to ensure each staff member receives 1:1 supervision and appraisal specific to their role. This has been divided into a number of staff per month to ensure all staff have this completed in a timely manner.

Area for improvement 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 30 June 2025	The Registered Person shall ensure that a regular programme of activities is provided for patients and this programme is displayed appropriately to inform patients and their representatives. Ref: 3.3.2
	Response by registered person detailing the actions taken: St James' is currently recruiting for an activities co-ordinator. Current events planned now displayed throughout the home.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 June 2025	The Registered Person shall ensure that care plans for personal care, mobility, nutrition, choking and skin integrity are regularly reviewed and updated to ensure they continued to meet patients' needs. Ref 3.3.3
	Response by registered person detailing the actions taken: Care plan evaluations brought up to date. One nurse has assumed responsibility for the care plans of the named nurse who is currently off on long term sick to ensure these are maintained moving forward.
Area for improvement 5 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 30 June 2025	The Registered Person shall ensure the home is kept well maintained and suitable for its purpose; for example, chipped paint on walls, a stained carpet and floor and a cracked peeling floor. Ref: 3.3.4
	Response by registered person detailing the actions taken: Chipped paint in the 2 rooms identifed were corrected by painter 3.7.25. Stained carpet was shampooed 5.7.25. Cracked floor identified being assessed by flooring man to establish a repair.
Area for improvement 6 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 30 June 2025	The Registered Person shall ensure the cleanliness and IPC issues identified are addressed. This is in relation to storage on top of toilet cisterns, a sign requiring laminated to aid cleaning, aprons hanging loose and use of vinyl gloves in patient care areas. Ref: 3.3.4
	Response by registered person detailing the actions taken: Idendified issues were corrected immediately following inspection. Staff informed not to repeat moving forward. This will be monitored by staff nurse on the floor and also by Nurse Manager moving forward.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews