

Unannounced Care Inspection Report 19 November 2020



Cedarhurst Lodge

Type of Service: Nursing Home (NH)
Address: Cedarhurst Road, Belfast, BT8 7RH
Tel no: 028 9049 2722
Inspector: Mandy Ellis

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 nursing care for up to 43 persons.

3.0 Service details

Organisation/Registered Provider: Electus Healthcare Responsible Individual: Alana Irvine	Registered Manager and date registered: Lavina Ann Harris 13 June 2007
Person in charge at the time of inspection: Lavina Ann Harris	Number of registered places: 43
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 12 – Beech Unit 23 – Sycamore Unit 8 - Oak Unit A maximum number of 43 service users with 31 persons within categories NH-MP and MP(E) of which 8 persons are accommodated within a separate unit; and 12 persons within category NH-DE accommodated within the dementia unit.

4.0 Inspection summary

An unannounced inspection took place on 19 November 2020 from 09.30 to 17.25 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements.

The findings of this report will provide Cedarhurst Lodge 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*	3*

*The total number of areas for improvement includes one area under the regulations which has not been met and is stated for the second time and two areas under the standards which have been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lavina Ann Harris, manager and Hilda Sepelagio, deputy 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five patients and ten staff. Ten questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 9 to 22 November 2020
- the home's registration certificate
- three patients' care records
- three patients' supplementary care charts
- two staff recruitment files
- complaints records
- incident and accident records
- a sample of monthly monitoring reports.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 5 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	Met
	Action taken as confirmed during the inspection: The environmental and infection control issues raised from the previous care inspection have been appropriately addressed.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time	The registered person shall ensure that all chemicals are securely stored in accordance with COSHH legislation, to ensure that patients are protected from hazards to their health.	Not met
	Action taken as confirmed during the inspection: Cleaning products and unidentified liquids were observed in two areas of the home accessible to patients. This is further discussed in section 6.2.3 This area for improvement is therefore stated for a second time	
Area for improvement 3 Ref: Regulation 27 (4)(b) Stated: First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring that fire doors are not propped open.	Met

	<p>Action taken as confirmed during the inspection: Fire doors were observed not propped open.</p>	
<p>Area for improvement 4 Ref: Regulation 27 (2) (t) Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • domestic appliances such as kettle, toaster, microwave, washing machine and cooker within patient areas • staff handbags <p>Action taken as confirmed during the inspection: All domestic appliances are kept securely in locked cupboards. Appropriate risk assessments are in place as necessary. Staff personal belongings are kept secure.</p>	<p>Met</p>
<p>Area for improvement 5 Ref: Regulation 13 (1) (a) Stated: First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • care plans must be person centred and relevant to the patients current care needs • risk assessments and care plans to be reviewed when a patient is admitted back into the home from hospital <p>Action taken as confirmed during the inspection: Care plans and risk assessments were up to date and person centred in the care records examined.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	Validation of compliance	
<p>Area for improvement 1</p> <p>Ref: Standard 14.25</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held ad accounts managed is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 2.8</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all prescribed medicines are safely and securely stored to prevent unauthorised access and use.</p> <p>With specific reference to the storage of patients prescribed supplements.</p> <p>Action taken as confirmed during the inspection: Patient supplements are securely stored in locked cupboards.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> Environmental and hand hygiene audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned 	<p>Met</p>

	<ul style="list-style-type: none"> • Governance audits in respect of care records should be initiated to ensure care plans and care records are maintained as required • Environmental audits are specific to the nursing home • Training records are maintained separately for the nursing home. 	
	<p>Action taken as confirmed during the inspection: Separate audits are completed for the residential and nursing units. These audits are maintained in a separate filing system. The identified audits above are completed monthly and action plans are implemented to address any deficits.</p>	

6.2 Inspection findings

6.2.1 Staffing arrangements

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. Staff did not express any concerns regarding staffing levels.

A review of the staff duty rota from 2 November to 22 November 2020 evidenced that the planned staffing levels were adhered to. Staff were able to identify the person in charge of the home in the absence of the manager. We identified on the duty rota that on several occasions the full name of staff members working was not used; this was particularly evident when agency staff were utilised to cover shifts. An area for improvement was identified.

Staff spoken with commented positively about working in the home; comments included:

- "This is more than a job."
- "I love it here."
- "I love it here, but it can be tiring."
- "Good teamwork."
- "This is a nice home."

6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. We observed that PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors, including the inspector, had a temperature check on arrival at the home.

The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home.

Staff were observed using PPE appropriately. A review of staff training records confirmed staff had been trained on how to don and doff PPE as per best practice guidelines.

6.2.3 Infection Prevention and Control (IPC) and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

We observed on two occasions cleaning products and unidentified liquids in areas accessible to patients. One store room in the Beech unit was found unlocked with access to cleaning products. In a kitchenette area of the Sycamore unit we observed cleaning products and an unlabelled container of green liquid in an unlocked cupboard. This was discussed with the manager for immediate action; the area for improvement identified in respect of COSHH has not been met and will be stated for the second time.

Some other minor environmental issues identified on inspection were discussed with the manager and appropriately actioned on the day.

Patients and staff had a twice daily temperature check; a record of this was maintained.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff.

Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- "I am well looked after."
- "The staff are good."
- "I love it here."
- "I have peace of mind here, I love it."

Review of three patients' care records evidenced individualised, comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs.

Three supplementary care records were also reviewed in relation to food and fluid intake and repositioning. All three sets of records were consistent and accurately completed. There was evidence the home manager routinely signed the records to maintain a good level of oversight of this aspect of patient care.

6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included wound care, hand hygiene, health and safety, bed rails, mattress and cushion audits, restraint, infection control and environmental audits. These audits included the development of action plans to address identified deficits.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Areas of good practice

Areas of good practice were identified in relation to staffing, treating patients with respect and kindness, individualised comprehensive care plans and governance arrangements.

Areas for improvement

An area requiring improvement was identified in relation to the staff duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

On the day of the inspection patients were observed to be well cared for, content and settled in the home. Staff treated them with kindness and compassion; staff were timely in responding to their individual needs.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lavina Ann Harris, manager and Hilda Sepelagio, deputy 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 Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (b) and (c) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that all chemicals are securely stored in accordance with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.2.4 & 6.2.3</p> <p>Response by registered person detailing the actions taken: This has been addressed. All chemicals are now being stored securely in accordance with COSHH legislation to ensure that Residents are protected from hazards to their health. The Registered Manager or Nurse in Charge review compliance of this daily in each unit. The Regional Manager also reviews during the Regulation 29 visits.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 14.25 Stated: Second time To be completed by: 30 November 2019	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 2.8 Stated: Second time To be completed by: 31 December 2019	<p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
Area for improvement 3 Ref: Standard 41 Stated: First time To be completed by:	<p>The registered person shall ensure that the duty rota clearly evidences the full name of all staff working in the home.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: This has been addressed. The duty rota has been amended to</p>

With immediate effect	evidence the full name of all staff working in the home.
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****Please ensure this document is completed in full and returned via Web Portal****



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