



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

17 June 2019



Cedarhurst Lodge

Type of Service: Nursing Home
Address: Cedarhurst Road, Belfast BT8 7RH
Tel no: 028 9049 2722
Inspector: Lyn Buckley

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 registered nursing home which provides care for up to 43 patients accommodated between two units.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Maureen Claire Royston</p>	<p>Registered Manager and date registered: Lavina Ann Harris 13 June 2007</p>
<p>Person in charge at the time of inspection: Registered Nurse J Balajadia</p>	<p>Number of registered places: 43 comprising: 20 – NH – DE within Beech Unit 23 – NH – MP and MP(E) within Sycamore Unit</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 18 – Beech Unit 23 – Sycamore Unit</p> <p>A maximum of 20 patients in category NH-DE accommodated in the Beech Unit and a maximum of 23 patients in category NH-MP/MP(E) accommodated in the Sycamore Unit.</p>

4.0 Inspection summary

An unannounced inspection took place on 17 June 2019 from 10:00 to 15:15 hours. This inspection was undertaken by a care inspector.

The inspection assessed progress with areas for improvement identified in the home since the last care and premises 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 relation to the provision of activities, day to day management of the home, delivery of care and staff knowledge and awareness.

Areas requiring improvement were identified in relation to recruitment records and one area for improvement regarding care records has been stated for the third and final time.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with 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	*2	0

*The total number of areas for improvement includes one which has been stated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with registered nurse J. Balajadia 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.

4.2 Action/enforcement taken following the most recent inspection dated 14 January 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 January 2019. No further actions were required to be taken following the most recent inspection and no QIP was issued.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, registration information, and any other written or verbal information received. For example, serious adverse incidents.

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 patients 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.

The following records were examined during the inspection:

- duty rota for all staff from 10 to 23 June 2019
- 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 from 1 April 2019
- two staff recruitment and induction files
- three patient care records including reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports (delete as required) from 1 January 2019
- RQIA registration certificate.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspections

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement two were met in relation to infection prevention and control measures and patient information; and one in relation to care records was not. This area for improvement has been stated for the third and final time and has been included in the QIP at the back of this report.

Areas of improvement identified at the previous estates inspection have been reviewed and were all assessed as met.

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned staffing levels. Staff confirmed that the planned staffing levels were met and that staffing levels could be altered to ensure patients assessed needs were met. We reviewed the staff duty rota from 10 to 23 June 2019 which confirmed that the planned staffing levels were achieved. We also saw that catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinions said that they were well cared for and that staff were caring and kind. Patients unable to express their view were well groomed and comfortable.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. We received two responses from family members. The family members indicated that they were either satisfied or very satisfied that there was enough staff to help keep their loved one safe and that they could talk to staff if they had a concern.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment.

Staff spoken with were aware of their training in relation to fire safety and IPC and how to respond to any concerns or risks.

We reviewed two staff recruitment records to confirm that staff were recruited safely. Information regarding the AccessNI checking process and one of the two references required were not available. We were notified after the inspection of the details regarding the AccessNI check. However, an area for improvement was made.

We confirmed that a system was in place to ensure staff were competent and capable to do their job and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they had received training and were aware of their role in protecting patients and how to report concerns.

We reviewed three patients' care records which evidenced that, if required, risk assessments were completed when each patient was admitted to the home and reviewed regularly thereafter. Care plans had also been developed which were reflective of the risk assessments and these were also reviewed regularly. Records also evidenced that nursing staff correctly managed the risk of a patient falling and the care of a patient when they had a fall.

Areas for improvement

An area for improvement was made in relation to staff recruitment records.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

We spoke with patients regarding the delivery of care. Patients able to express their opinion and views confirmed that they received the right care at the right time and that staff were supportive. Those who were unable to comment looked well groomed, comfortable and relaxed in their surroundings and in their interactions with staff.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient had an episode of anxiety or a distressed reaction, refused a meal, had a fall and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer. Staff were also aware of the national changes to modified food and fluid descriptors and had attended update training.

We observed the serving of the lunchtime meal in the Sycamore Unit. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. Patients said that they enjoyed their meal and that they had the choice of where to eat. We saw that the majority of patients ate their lunch in the dining room. Other patients choose to eat in their bedroom or in one of the lounge areas or in the smaller kitchen/café styled area.

As stated previously staff were aware of the national changes to modified food and fluid descriptors. Menu choice sheets and checklists reviewed, in Beech Unit, were reflective of what each patient had been prescribed and we were satisfied that patients received the correct food and fluid consistency prescribed for them. However, care plans we reviewed had not been updated to reflect changes made by the speech and language therapist. Details were discussed with the nurse in charge of the Unit and during feedback. An area for improvement has been stated for the third and final time in this regard. Please refer to the QIP at the back of this report.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff and that other training was provided to ensure the needs of patients were met. Staff attendance at training sessions was monitored by the manager on a monthly basis.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

It is important that where choice and control are restricted due to a patient's understanding; that these restrictions are carried out sensitively and in line with good practice. This is so that patients feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of patients' abilities, their level of decision making or understanding and their specific care needs. Patients' care records confirmed the delivery of care in line with good practice, the care planning and decision making process, who was involved in this process and the evaluation of the delivery of care on a daily basis. In addition the manager monitored any restriction on a patient's choice or control on at least a monthly basis.

We received two questionnaire responses from family members. The family members indicated that they were very satisfied that their loved ones received the right care at the right time, that staff were aware of their loved ones care needs and that the care delivered met their expectations.

Areas for improvement

No new areas for improvement were identified within this domain.

	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.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. Staff were providing support to patients as they needed it. It was clear from what we saw that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails and or jewellery.

Patients told us that they were receiving good care from friendly, caring, respectful staff. A variety of activities were organised for each day by the home’s activity leaders. These organised activities were displayed in each unit. Nursing and care staff were also seen to initiate activities with patients to help distract or divert their mood changes. For example, we saw one patient playing a board game with a care assistant and another patient listening to their own type of music, a group activity had been organised in the TV lounge and some patients were organising to go out for a shopping trip.

We also reviewed compliments/cards received one of which included the following statement:

“Thank you so much for making... stay a happy one and thank you for all you did for us in ...the last few days. You went above and beyond your duty.”

We also provided questionnaires for patients and family members; two responses were received from patients and their families. Both indicated that they were very satisfied that staff treated their loved ones with kindness and that their privacy and dignity was maintained. There were no additional comments recorded.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

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 compassionate care.

Since the last care inspection in August 2018 there has been no changes to the management arrangements for the home. Ms Lavina Harris continues as the registered manager for the home.

The manager was not present during the inspection but it was good to see that her team were confident in their ability to deliver the right care at the right time, knowledgeable of their role and able to facilitate this inspection.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients. Audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager’s evaluation of information from the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

The responsible individuals' monthly quality monitoring reports from 1 January 2019 were available in the home and any areas for action identified were followed up during the next visit to ensure that had been addressed.

We also invited staff to provide comments via an online questionnaire. None were received.

We received two questionnaire responses from family members. The family members indicated that they were very satisfied that they knew who was in charge of the home at any time, that the home was well managed, that their views were sought about the care of their loved one, the quality of the home and they knew how to make a complaint.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	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 registered nurse J. Balajadia, nurse in charge of the nursing home, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 15</p> <p>Stated: Third and final time</p> <p>To be completed by: 17 July 2019</p>	<p>The registered person shall ensure care plans are reflective of patients' conditions and that new care plans were formulated to reflect the care required as the patients' condition changes.</p> <p>This is specifically in relation to modified food and fluids.</p> <p>Ref: 6.1 and 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This was discussed at a staff meeting on 21st August 2019 that Staff Nurses must update the current care plans immediately following the visit from the MDT and it must be followed up on the next shift to rewrite the new care plan. The Registered Manager is checking compliance by completing a Care Traca at least once a week and the Regional Manager will also spot check care plans monthly during the Regulation 29 visit to the Home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b); and Schedule 2 (2) and (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that information pertaining to AccessNI checks and recruitment references are maintained in accordance with regulations and available for inspection.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: This is being addressed on an ongoing basis, All Access NI checks are recorded on the starter form and on Careblox. Copies of certificates are not kept due to GDPR.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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