



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of establishment:** Cedarhurst Lodge (Beech Suite)  
**Establishment no:** 1070  
**Date of inspection:** 8 April 2014  
**Inspector's name:** Heather Sleator  
**Inspection no:** 18102

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of home:</b>	Cedarhurst Lodge Nursing Home Beech Suite
<b>Address:</b>	Cedarhurst Road Belfast BT8 4RH
<b>Telephone number:</b>	02890 492722
<b>Email address:</b>	<a href="mailto:cedarhurst.lodge@fshc.co.uk">cedarhurst.lodge@fshc.co.uk</a>
<b>Registered organisation/ registered provider:</b>	Four Seasons Health Care Ltd Mr James McCall
<b>Registered manager:</b>	Ms Lavina Ann Harris
<b>Person in charge of the home at the time of inspection:</b>	Ms Lavina Harris
<b>Categories of care:</b>	NH - DE
<b>Number of registered places:</b>	45
<b>Number of Patients Accommodated on Day of Inspection:</b>	42
<b>Scale of charges (per week):</b>	£537.00 - £616.00
<b>Date and type of previous inspection:</b>	Primary Unannounced Inspection 31 December 2013
<b>Date and time of inspection:</b>	8 April 2014 11:00 hours – 16:00 hours
<b>Name of inspector:</b>	Heather Sleator

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **2.0 Purpose of the inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## **3.0 Methods/process**

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

- discussion with regional manager
- discussion with the registered nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- examination of records pertaining to activities and events
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- evaluation and feedback
- observation during a tour of the premises

#### **4.0 Inspection focus**

The inspection sought to discuss and review the concerns raised via an anonymous complaint in relation to patient care with the registered manager, observe care practice, review care documentation and inspect the premises.

The inspector has rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting action in inspection report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 5.0 Profile of home

Cedarhurst Lodge Nursing home is situated off the Beechhill Road in Southeast Belfast.

The nursing home is owned and operated by Four Seasons Health Care. The current registered manager is Lavina Harris

Accommodation for patients in Beech suite is single room accommodation. Beech suite is a single storey facility. Operationally Beech suite has been divided into two areas; Evergreen providing accommodation for 23 patients and Beech providing accommodation for 22 patients.

Communal lounge and dining areas are provided throughout. Evergreen and beech each have their own dining rooms and lounge areas.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

There are a number of secure patio areas for patients to access and enjoy.

The home is registered to provide care for a maximum of 45 persons under the following categories of care:

### Nursing care

DE dementia care

## 6.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Cedarhurst Lodge Care Home. The inspection was undertaken by Heather Sleator on 8 April 2014 from 11:00 to 16:00 hours.

The inspector was welcomed into the home by Lavina Harris, registered manager who was available throughout the inspection. The focus of the inspection was outlined to the registered manager at this time. Verbal feedback of the issues identified during the inspection was given to Lavina Harris, registered manager and Lorraine Kirkpatrick, regional manager, at the conclusion of the inspection.

An anonymous complaint had been received into RQIA and detailed a number of areas of alleged concern. RQIA does not investigate complaints unless a breach of the Nursing Homes Regulations (Northern Ireland) 2005 is considered.

The issues raised in the complaint were as follows;

- lack of activities for patients
- care issues included, for example; patients' weight loss, distressed reactions being displayed by patients and increased number of falls

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 31 December 2013, one requirement and seven recommendations were issued.

These were not reviewed during this inspection and have been carried forward for review at the next inspection.

## **6.1 Areas inspected**

### **6.1.1 Activities**

The inspector was informed there are two personal activities leaders (PAL) for the home, providing 40 hours dedicated to recreational activities for patients. However this is divided between the nursing unit and the residential unit. The inspector was unable to review the planned activities programme as the information was not available. The inspector was informed by the PAL on duty that the planned programme had been taken down as it was being updated.

The inspector reviewed nine patients care records to ascertain if they had attended or been part of any activity in the home. The review evidenced that for the week commencing 31 March 2014;

- there was no activity recorded in four patients care records
- two patients had been in receipt of 10 minutes individual time from the PAL
- one patient had been in receipt of 20 minutes individual time with the PAL
- one patients had been in receipt of two individual sessions with the PAL, one for 10 minutes and one for 15 minutes
- one patient had a 20 minute 'sing-song' and 15 minute 'pamper' session recorded

Whilst the review of care records evidenced some activities had been on-going, both on an individual and group basis, the review did not evidence a systematic approach to the planning and provision of activities for nursing patients. Evidence should have been present of a structured activities programme being operational in the home. Evidence should also have been present of a record of all activities or individual time being spent with patients. This was discussed with the registered manager. It was stated that as the home had attained dementia accreditation care staff should also be providing/supporting activities provision in the home. The inspector discussed this with staff during the inspection. Staff informed the inspector that they did not have sufficient time to undertake activities due to the dependency and needs of patients. A requirement has been made that the provision of activities in the home is undertaken in a robust and consistent manner.

The inspector substantiated this aspect of the complaint.

### 6.1.2 Care

The aspects of care detailed in the anonymous letter were;

- patients in Evergreen unit are seated together in a 'cramped' conservatory area
- patients with very different temperaments and behaviours are left sitting unsupervised for long periods of time
- some patients become distressed at the continual shouting of other patients
- it is difficult to locate staff in the Evergreen unit
- there have been a number of falls and notable physical deterioration of a number of patients in Evergreen unit
- patients appear to have lost weight, others have developed serious leg sores and infections
- one female patient in Evergreen unit appeared 'shockingly overmedicated' in recent weeks
- it took several days for staff to arrange a doctor's visit for a patient and there was a further interval in respect of organising/commencing the required medication.

### 6.1.3 Environment

The inspector focused the review of this aspect of the complaint in Evergreen suite. The inspector reviewed the conservatory area in Evergreen. At the time of inspection nine patients were sitting in the conservatory. The conservatory area was spacious and patients did not appear 'cramped'. The inspector observed sufficient distance between the chairs/sofa's patients were using. It had also been stated in the complaint that a number of the patients who sit in the conservatory were, at times, distressed and very vocal. The inspector did not observe or hear distressed reactions from any patient who was seated in the conservatory during the course of the inspection. The inspector was informed there had been two patients who had previously used the conservatory who could become unsettled however these patients had been moved to another lounge and were more settled there.

The inspector did not substantiate this aspect of the complaint.

### 6.1.4 Staffing

At the time of the unannounced inspection staffing for Evergreen, for 19 patients, was as follows;

08:00 – 14:00 hours

1 registered nurse

4 care assistants

14:00 – 20:00 hours

1 registered nurse

2 care assistants

1 care assistant from 14:00 hours – 23:00 hours

Staffing levels at the time of the inspection were within RQIA's recommended staffing levels as per RQIA's Staffing Guidance for Nursing Homes 2009. However, staff informed the inspector they did not feel there was sufficient staff on duty to meet the needs of patients. This was discussed with the registered manager and the inspector recommended the dependency level



of patients is assessed on a regular basis and staffing arrangements reflect the outcome of the dependency rating.

The inspector did not substantiate this aspect of the complaint.

#### **6.1.5 Care issues**

The inspector reviewed the recorded weights for the nine patients who sit in the conservatory area. The weight records from January to March 2014 were reviewed. Three patients were on weekly weight checks. The review of records evidenced the patients had gained in weight and there was no evidence of concern. The remaining patients, with the exception of one patient, had slight weight gains. The remaining patient had a slight weight loss. This loss was not significant enough, as per the Malnutrition Universal Screening Tool (MUST) to warrant referral to other healthcare professionals.

The inspector reviewed the individual data maintained on any fall which occurs in the home. A monthly audit and thematic review of falls is undertaken. The review of the monthly audits of falls from January 2014 to March 2014 evidenced that falls had been reviewed in terms of the person, time of day, location in the home and precipitating factors. The review of the information evidenced the number of falls had reduced in February and March. The higher number of falls in January was thought to possibly be due to a number of patients having 'flu' like symptoms and/or chest infections.

The inspector was satisfied with the action taken by staff in relation to the number of and outcome of falls with the exception of one patient. It was evident to the inspector, when reviewing the audits, that the number and time of one patient's falls was due to one cause. It was disappointing to the inspector that staff did not pick up on this information when reviewing the audits. This was discussed with the registered manager and a recommendation has been made that greater attention is given to the analysis of the monthly fall audit and individuals care plans amended accordingly.

The inspector did not substantiate this aspect of the complaint.

#### **6.1.6 Wound care**

The inspector was informed there were no patients with pressure ulcers or wounds in Evergreen suite. The inspector was informed of the treatments and dressing currently being undertaken with patients. The treatments and/or dressing did not correspond to any patient having serious leg wounds.

The inspector did not substantiate this aspect of the complaint.

#### **6.1.7 Overuse of medication**

The inspector was unable to ascertain if a patient had been over medicated. This was discussed with the registered manager who was asked to investigate the issue of medication through medication audits and inform RQIA of the outcome. This information was submitted to RQIA at a later date.

The inspector did not substantiate this aspect of the complaint.

## **7.0 Conclusion**

On the day of the inspection the inspector substantiated aspects of the issues raised in the anonymous complaint and a requirement has been made.

On the day of the inspection patients were observed to be treated courteously, with dignity and respect. All patients were well groomed and appropriately dressed and generally appeared comfortable in their surroundings.

The general environment of the home was well maintained, bright and clean. There were no malodours evidenced throughout the nursing home.

Therefore, one requirement and two recommendations are made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors wish to thank Ms Harris, registered manager, patients and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

## 8.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action taken - As confirmed during this inspection	Inspector's validation of compliance
1	12 (1) (a) & (b)	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient:</p> <p>(a) meet his individual needs; (b) reflect current best practice</p> <p>Patient choice should be evident and respected in all aspects of daily life including mealtimes.</p> <p><b>This requirement is restated from the previous inspection report and also referenced in section 11.4, additional areas examined, meals and mealtimes</b></p>	This requirement was not reviewed on this occasion and is carried forward for review at the next inspection	Not Assessed

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	<p>It is recommended the nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professionals. Nursing care records should also include:</p> <ul style="list-style-type: none"> <li>• life story/history information should be completed and inform care plans and/or care interventions by staff;</li> <li>• care plans should be written in a person centred manner particularly in a dementia care home;</li> <li>• care plans should evidence consultation with the patient and/or their representative;</li> <li>• where a care intervention has been prescribed it should be implemented by staff and evaluated</li> <li>• care interventions should be meaningful, clear and concise and not left open to interpretation</li> </ul>	This recommendation was not reviewed on this occasion and is carried forward for review at the next inspection.	Not Assessed

		<b>This recommendation is restated from the previous inspection report.</b>		
2	30.1	<p>It is recommended that at all times the staff on duty meet the assessed nursing care, social and recreational needs of all patients. The staff duty rota should be developed in accordance with dependency levels, workload, category of care and skill mix of staff.</p> <p><b>Reference: additional areas examined, 11.5 staffing arrangements</b></p>	This recommendation was not reviewed on this occasion and is carried forward for review at the next inspection.	Not Assessed
3	5.3	<p>It is recommended patient care records evidence;</p> <ul style="list-style-type: none"> <li>• a current body mapping chart</li> <li>• a wound observation chart for each wound as opposed to amalgamating onto one chart</li> </ul> <p><b>Reference: criterion 5.3</b></p>	This recommendation was not reviewed on this occasion and is carried forward for review at the next inspection.	Not Assessed
4	12.3	<p>It is recommended a choice of meal is offered to patients on therapeutic diets.</p> <p><b>Reference: additional areas examined, 11.4 meals and mealtimes</b></p>	This recommendation was not reviewed on this occasion and is carried forward for review at the next inspection.	Not Assessed

5	12.11	<p>It is recommended a record is kept of all meals provided in sufficient detail to demonstrate patients are offered a choice at every mealtime.</p> <p><b>Reference: additional areas examined, 11.4 meals and mealtimes</b></p>	<p>This recommendation was not reviewed on this occasion and is carried forward for review at the next inspection.</p>	Not Assessed
6	12.10	<p>It is recommended that a registered nurse is present in the dining room when meals are being served to monitor patients' nutritional intake and supervise staff.</p> <p><b>Reference: summary, care practices</b></p>	<p>This recommendation was not reviewed on this occasion and is carried forward for review at the next inspection.</p>	Not Assessed
7	10.7	<p>It is recommended that where any form of restrictive practice is in use evidence is present to support the completion of a risk assessment and corresponding care plan.</p> <p><b>Reference: criterion 10.7</b></p>	<p>This recommendation was not reviewed on this occasion and is carried forward for review at the next inspection.</p>	Not Assessed

**8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the 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.

Since the previous care inspection of 31 December 2013, RQIA has received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Cedarhurst Lodge Care Home, Beech Su

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Lavina Harris, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Heather Sleator**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





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## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Cedarhurst Lodge (Beech Suite)

8 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Lavina Harris, registered manager, at the conclusion of the inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

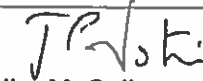

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.


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.

<b>Statutory Requirements</b>					
<b>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 (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	18 (2) (n)	<p>The registered person shall having regard to the size of the nursing home and the number and needs of patients –</p> <p>(n) where activities are provided by or on behalf of the nursing home, including training, occupation and recreation, there are arrangements to ensure that –</p> <p>(i) activities are planned and provided with regard to the needs of patients; and</p> <p>(ii) patients are consulted about the planned programme of activities</p> <p>The registered manager must ensure a systematic and consistent approach to the planning and provision of activities is on-going in the home. Evidence must be present in the home of the activities provided and patients' response to activities.</p> <p><b>Ref: section 3.1 areas inspected, activities</b></p>	One	<p>The registered managed has reviewed the provision of activities in the home. There are now two Personal Activity Leaders in the home. The registered manager has invited the PALs to the next patients' meeting to gain feedback on the activities carried out in the home. The registered manager also meets with the two PALs once a month to review the evidence of recording outcome of activities and plan for the month ahead.</p>	One month

<b>Recommendations</b>					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	31.1	<p>It is recommended at all times the staff on duty meet the assessed nursing care, social and recreational needs of all patients, taking into account the size and layout of the home, the statement of purpose and fire safety arrangements.</p> <p>The registered manager shall ensure that staffing arrangements reflect the assessed dependency levels and needs of patients.</p> <p><b>Ref: section 3.1 areas inspected, staffing</b></p>	One	The registered manager has reviewed the staffing levels in the unit to ensure the staffing arrangements reflect the assessed dependency levels and needs of patients. Occupancy in the unit has been decreased by five patients due to opening of new ARBD unit.	From the time of inspection
2	5.4	<p>It is recommended re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</p> <p>The registered manager shall ensure that when completing any audit of the quality of services in the home, in this instance, falls analysis, the information gained is transferred to a patient's care plan.</p> <p><b>Ref: section 3.1 areas inspected, care issues</b></p>	One	The registered manager, once having carried out an audit of the quality of the services in the home, ensures that the information gained is transferred to a patient's care plan. The registered manager meets with the two nursing sisters at the end of every month to discuss her findings of the quality audits, and where action needs taken.	From the time of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Lavina Harris
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	 Jim McCall  DIRECTOR OF OPERATIONS 5/11/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x		23/06/15
Further information requested from provider			