

Announced Care Inspection Report 12 April 2017



Cedarhurst Lodge

Type of Service: Nursing Home
Address: Cedarhurst Road, Belfast, BT8 4RH
Tel no: 028 9049 2722
Inspector: Donna Rogan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced care inspection of Cedarhurst lodge Care Home took place on 12 April 2017 from 10.00 to 12.00 hours. An application for a variation of was submitted to RQIA on 16 December 2016. The submitted variation included a plan of scheduled works to improve the environment of the home. These planned works involved minimal structural changes to the premises.

The focus of this inspection was to assess the readiness of the environment from a care perspective, to accommodate the increased number of patients within the identified categories.

An inspection of the premises from an estates perspective was also undertaken and has been reported under separate cover.

One requirement and one recommendation were made in order to further improve the environment. The requirement relates to the provision of a sluicing facilities and the recommendation is in relation to further developing the external grounds with a particular emphasis to the outlook from the dining area.

Following an inspection of the environment and discussion with the registered persons confirmation was received that provision for a sluice room would be provided in the NH-MP, NH-MP (E) unit the registration of the variation was been approved for registration from a care perspective by RQIA.

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.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | *4 | *7 |

*Three of the requirements and six of the recommendations have been made as a result of the previous care inspection and were not validated during this inspection. They are included in this report and will be followed up during the next care inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lavina Harris, registered manager and Lorraine Kilpatrick, regional 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 20 July 2016.

2.0 Service details

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| Registered organisation/registered person: Four Seasons Health Care Dr Maureen Royston | Registered manager: Lavina Harris |
| Person in charge of the home at the time of inspection: Lavina Harris | Date manager registered: 13 June 2007 |
| Categories of care: NH-DE, NH-MP, NH-MP(E) | Number of registered places: 43 |

3.0 Methods/processes

Prior to inspection we analysed the following records:

- the registration status of the home
- the variation application and supporting documentation submitted to RQIA
- records of correspondence with the registered person and the registered manager.

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

- discussion with Lavina Harris, registered manager
- discussion with Lorraine Kilpatrick, regional manager
- an inspection of the environment
- review of the homes statement of purpose
- review and discussion of proposed staffing arrangements and scheduled environmental improvements
- evaluation and feedback.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was not reviewed at this inspection due to the focus of the inspection and therefore will be validated at the next unannounced care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 20 July 2016

| Last care inspection statutory requirements | | Validation of compliance |
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| Requirement 1 Ref: Regulation 15 Stated: First time | The registered provider must ensure that care records are reviewed to ensure they are up to date and currently reflect the condition of patients in keeping with best practice. | To be validated at the next care inspection |
| | Action taken as confirmed during the inspection: This requirement was not examined at this inspection and will be carried forward until the next care inspection. | |
| Requirement 2 Ref: Regulation 12 Stated: First time | The registered provider must ensure that the management of meal times are reviewed and that meals are served in a timely way to meet the individual needs of the patients. Following the review, if additional staff are required to meet the needs of the patients, this should be accommodated. | To be validated at the next care inspection |
| | Action taken as confirmed during the inspection: This requirement was not examined at this inspection and will be carried forward until the next care inspection. | |
| Requirement 3 Ref: Regulation 14 (2) (b) Stated: First time | The registered provider must ensure that sufficient observation and direction is implemented to ensure patients are not put at any risk during mealtimes. | To be validated at the next care inspection |
| | Action taken as confirmed during the inspection: This requirement was not examined at this inspection and will be carried forward until the next care inspection. | |
| Last care inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 44.9 Stated: First time | The registered provider should ensure the management of waste is maintained in keeping with best practice. | To be validated at the next care inspection |
| | Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection. | |

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| <p>Recommendation 2</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> | <p>The registered provider should ensure that the identified care record required is updated in relation to fluids consistency.</p> <hr/> <p>Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p> | <p>To be validated at the next care inspection</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> | <p>The registered provider should ensure that body maps are current and those no longer relevant are removed from the care record.</p> <p>Supplementary care records should be completed contemporaneously and evidence that they are reviewed by registered nurses.</p> <hr/> <p>Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p> | <p>To be validated at the next care inspection</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> | <p>The registered provider should ensure that the level of auditing is increased in order to ensure that the issues raised in relation to care records are addressed and that the learning from the audits is embedded into practice.</p> <hr/> <p>Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p> | <p>To be validated at the next care inspection</p> |
| <p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> | <p>The registered provider should ensure that the disclosures from two patients shared during feedback are reviewed and investigated in accordance with the home's policies and procedures and DOH guidance and addressed where appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p> | <p>To be validated at the next care inspection</p> |

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| <p>Recommendation 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>Carried forward until the next inspection</p> | <p>The registered provider should ensure that the issues raised in relation to meals and mealtimes and care records management are reviewed as part of the Regulation 29 monitoring visits.</p> <hr/> <p>Action taken as confirmed during the inspection: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p> | <p>To be validated at the next care inspection</p> |
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4.3 Inspection findings

4.3.1 Staffing arrangements

Discussion with the registered manager confirmed that staffing levels will be reviewed and amended in accordance with the health and welfare needs of the patients to be accommodated. The registered manager advised that the staffing arrangements would include a review of all staff teams to ensure that the staffing arrangements were sufficient to ensure the needs of patients' holistically. The staffing arrangements will be reviewed and monitored at subsequent care inspections.

4.3.2 Statement of purpose

The statement of purpose reviewed was reflective of requirements under The Nursing Homes Regulations (Northern Ireland) 2005 and included the arrangements in place for the planned environmental improvements.

4.3.3 Environmental improvements

As previously discussed the submitted variation included planned environmental improvements to the home.

The bedrooms reviewed were found to be presented to a good standard of décor and met the Standards E18 –E22 as outlined in the DHSSPS Care Standards for Nursing Homes, 2015. The furniture was of good quality and suitable for the needs of patients. The en-suite facilities were presented to a satisfactory standard. Patients had access to a bedside light, call bell and lockable space. No issues were identified.

We concluded that the improvements made were carried out to a satisfactory standard and enhanced the environment of the home for patients, their representatives and staff.

Two areas of work were still to be completed this included the provision of a sluice room in the one unit. Written confirmation has been received from the managing director of Four Seasons Healthcare that the work to provide a new sluice room would be completed by 8 May 2017. A requirement is made that the proposed work is completed within the proposed timescale. A recommendation was also made that the external grounds are further developed to improve the outlook for patients from the dining area. The regional manager confirmed that this work will commence in the more clement weather.

Areas for improvement

There was one requirement and one recommendation made in relation to the provision of a sluice room and the external grounds are further developed to improve the outlook from the dining area.

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| Number of requirements | 1 | Number of recommendations | 1 |
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lavina Harris, registered manager and Lorraine Kilpatrick, regional manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

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| <p>Requirement 1</p> <p>Ref: Regulation 27 (2) (k)</p> <p>Stated: First time</p> <p>To be completed by: 8 May 2017</p> | <p>The registered provider must make provision for sluicing facilities.</p> <p>Ref: Section 4.3.4</p> |
| | <p>Response by registered provider detailing the actions taken: A sluice room has been created in the unit and is available for use.</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p> | <p>The registered provider must ensure that care records are reviewed to ensure they are up to date and currently reflect the condition of patients in keeping with best practice.</p> <p>Ref: Section 4.4</p> |
| | <p>Response by registered provider detailing the actions taken: Registered and Deputy Managers regularly reviews care records to ensure they are up to date and currently reflect the condition of patients. Following a care traca being completed, should any action be required, the action plan is given to the Primary Nurse with timescales to complete the action and then the Registered and Deputy Managers will recheck the files to ensure all actions have been addressed.</p> |
| <p>Requirement 3</p> <p>Ref: Regulation 12</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p> | <p>The registered provider must ensure that the management of meal times are reviewed and that meals are served in a timely way to meet the individual needs of the patients. Following the review, if additional staff are required to meet the needs of the patients, this should be accommodated.</p> <p>Ref: Section 4.4</p> |
| | <p>Response by registered provider detailing the actions taken: The Registered Manager has reviewed the management of meal times to ensure that meals are served in a timely way to meet the individual needs of the patients. Dining audits are carried out on a regular basis and any actions identified are addressed. The Registered Manager also monitors the management of meal times during her daily walkabouts of the Home.</p> |

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| <p>Requirement 4</p> <p>Ref: Regulation 14 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p> | <p>The registered provider must ensure that sufficient observation and direction is implemented to ensure patients are not put at any risk during mealtimes.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The Registered Manager during her daily walkabout of the Home will check there is sufficient observations and direction is implemented to ensure patients are not put at any risk during mealtimes.</p> |
| <p>Recommendations</p> | |
| <p>Recommendation 1</p> <p>Ref: Standard E5</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p> | <p>The registered provider should ensure the external grounds are further developed to improve the outlook from the dining area.</p> <hr/> <p>Response by registered provider detailing the actions taken: The Registered Manager has contacted the FSHC Estates Manager to discuss a new bin compound being created, this is currently being addressed and will be completed by 30/06/17.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 44.9</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p> | <p>The registered provider should ensure the management of waste is maintained in keeping with best practice.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The Registered Manager contacted FSHC Purchasing Helpdesk to request an additional waste bin, this has been delivered and the management of waste is now being well maintained.</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p> | <p>The registered provider should ensure that the identified care record required is updated in relation to fluids consistency.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The Registered Manager has checked the identified care record, and the required action in relation to fluid consistency has been addressed.</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p> | <p>The registered provider should ensure that body maps are current and those no longer relevant are removed from the care record.</p> <p>Supplementary care records should be completed contemporaneously and evidence that they are reviewed by registered nurses.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: A review of all body maps in the Home has taken place and those no longer relevant have been removed from the care records and filed away. The Registered Manager is checking during care tracas to ensure this is addressed in an ongoing basis.</p> |

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| <p>Recommendation 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by:</p> | <p>The registered provider should ensure that the level of auditing is increased in order to ensure that the issues raised in relation to care records are addressed and that the learning from the audits is embedded into practice.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: There is a matrix in place for all patients to ensure that the audits are being completed on a regular basis, dates are being recorded when the Registered Manager checks the care records to ensure that all actions have been completed. The Regional Manager spot checks the care records during her regulation 29 visits to ensure that all actions have been completed.</p> |
| <p>Recommendation 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p> | <p>The registered provider should ensure that the disclosures from two patients shared during feedback are reviewed and investigated in accordance with the home's policies and procedures and DOH guidance and addressed where appropriate.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: The Registered Manager has reviewed and investigated the disclosures from two patients and discussed it with the Care Managers and no further action was required.</p> |

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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