The Regulation and Quality Improvement Authority

Inspection Report

18 July 2023

Cedarhurst Lodge

Type of service: Nursing Home
Address: Cedarhurst Road, Belfast, BT8 7RH
Telephone number: 028 9049 2722

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

1.0 Service information

Organisation: Electus Healthcare 1 Limited **Responsible Individual:** Mr Edward Coyle	**Registered Manager:** Mrs Julie-Ann Jamieson **Date Registered:** 23 June 2023
Person in charge at the time of inspection: Aileen Villaraza, Registered Nurse, until Julie-Ann Jamieson, Manager, arrived at 11 am.	**Number of registered places:** 43 Maximum number of 43 service users with 31 persons within categories NH-MP and MP(E) and 12 persons within category NH-DE accommodated within the dementia unit.
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:** 41
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 43 patients. The home is divided into three units. The Beech unit provides nursing care for patients living with dementia. The Sycamore and Oak units provide nursing care for patients living with a mental illness. All three units are located on the ground floor. Patients have access to communal lounges, dining rooms and a garden. There is a residential care home on the same site which occupies part of the ground floor; the manager has managerial responsibility for both the nursing and residential service.	

2.0 Inspection summary

An unannounced inspection took place on 18 July 2023, from 9.40 am to 6.15 pm by a care inspector.

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

The home was clean with a welcoming atmosphere. Patients were presented as well cared for, in that attention had been paid by staff to personal hygiene and dressing needs of patients. Staff were seen to work well together and to communicate in a professional manner towards each other and in a warm and reassuring manner towards patients.

Two areas for improvement identified at a previous inspection relating to medicines management were not assessed as part of this inspection and were carried forward to be reviewed at a future inspection. One area for improvement identified at a previous care inspection was assessed as met. Another previously identified area for improvement relating to the provision of activities was assessed as partially met and was stated for a second time.

Two new areas for improvement were identified in relation to the nurse in charge arrangements and meeting records.

RQIA were assured that the delivery of care and service provided in Cedarhurst Lodge was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were consulted during the inspection and their views are shared in this report. No questionnaire or survey responses were received within the allocated timeframe.

Patients spoke in positive terms about the care provided by staff. Patients said that staff were available to them when they needed and that staff were helpful and polite in manner. Patients told us that they enjoyed the range of food and drinks available and said that they were offered choice at each mealtime.

Some patients told us that they enjoyed participating in social and recreational activities such as painting, going to the shops, and “chippie day.” A few patients commented that they did not participate in activities because they were not interested in the activities on offer or they were not aware of what activities they could avail of. The topic of activities is discussed further in sections 5.1. and 5.2.4.

Staff in Beech and Sycamore units said that there were enough staff on duty each day. Staff in Oak unit said that while there was generally enough staff on duty to meet the needs of patients, they felt under pressure in the mornings as this was a peak time. Staff were seen to be very busy during the inspection however patients’ needs were met. Comments about staffing were discussed with the management team, and while it was confirmed that staffing levels are reviewed monthly as part of the home’s routine governance systems, the management team agreed to conduct an additional review on Oak unit to ensure that staffing was safe and effective.

Staff described having good teamwork and told us that they enjoyed working in Cedarhurst Lodge. Staff said that they were provided with regular training to ensure they were delivering effective care and staff new to the home told us that they were supported with a comprehensive induction programme.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 February 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that personal medication records are accurate with the most up to date prescribed medication.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that written confirmation of all new patients' medicines is obtained from the prescriber at or prior to admission to the home.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** Second time	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 **Ref:** Standard 11 **Stated:** First time	The registered person shall ensure a structured programme of activities is developed and implemented following discussion with the patients. Arrangements for the provision of activities should be in place in the absence of an activity co-ordinator. Activities must be an integral part of the care process with daily progress notes reflecting activity provision. This is stated with specific reference to the provision of activities in the Beech unit.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence of some consultation with patients about activities at patient meetings and the activities coordinator had taken part in a regional development day. However, some shortfalls remained evident in the provision of activities, with particular emphasis on availability of activities personnel and provision of bespoke activities for those patients living with dementia. This area for improvement was assessed as partially met and stated for a second time. Further detail can be found in section 5.2.4	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff new to the home confirmed that they were provided with a comprehensive induction to their role and were allocated time at the start of their employment to work alongside more experienced staff to help them become familiar with the policies and procedures in the home.

Staff confirmed that they were provided with training on a range of essential topics through eLearning and face to face practical sessions. Records showed good compliance with training and the manager had oversight of all staff training compliance which they reviewed monthly.

Records showed that staff were further supported through formal supervision and annual appraisals. The manager had a system in place to monitor the provision of supervisions and appraisals to all staff.

The staff duty rota accurately reflected the staff working in the home on a daily basis. While there was an on-call rota available for senior management cover, the duty rotas did not clearly indicate the nurse in charge of the home in the absence of the manager. In addition, staff were unsure who was in charge of the building on the morning of inspection. An area for improvement was identified.

Staff said that there was good teamwork and agency staff reiterated this ethos and told us that they felt welcomed and supported by all staff members. Staff in Beech and Sycamore units said that they were satisfied with the staffing levels in the home, while staff working in Oak unit said that they felt there was not enough staff on in the morning as they felt under pressure at this time. Staff were observed to be busy during the inspection. Staffing was discussed with the management team who confirmed that staffing arrangements were reviewed monthly and subject to change in response to identified needs. The management team agreed to conduct an additional review of staffing in Oak unit to ensure care provision was safe and effective. Staffing arrangements will be reviewed again at future inspections.

Patients said that staff were available to help when they needed them and that staff were warm and polite in manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of patients.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, staff were seen to use distraction techniques with good effect to redirect a patient showing early signs of agitation. Interventions by staff were seen to be reassuring, warm, and respectful.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs and included any advice or recommendations made by other healthcare professionals such as speech and language therapy (SALT), occupational therapy (OT), physiotherapy, or dietetics.

Patients who were identified as being at risk of skin breakdown had pressure risk assessments completed monthly and care plans were developed to guide staff on how to prevent or reduce this risk, and the care plans detailed any specialist pressure prevention equipment such as air flow mattresses and the correct settings for each patient.

Pressure prevention care plans stipulated if the patient needed assistance to change their position and advised staff on the recommended frequency of repositioning; records for repositioning were well maintained and evidenced that the patient's skin was checked at regular intervals.

At times some patients may require the use of equipment that can be considered to be restrictive. For example, bedrails or alarm mats. It was established that safe systems were in place to manage this aspect of care. The manager monitored restrictive practice on a monthly basis through auditing and analysis.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were maintained clutter free, staff assisted patients with mobility where required, and specialist equipment was used as prescribed by OT or physiotherapy, such as walking aids or specialised seating.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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

Menu boards in each dining room displayed at least two choices for each main mealtime. Staff were heard to offer choices to patients and to provide a variety of drinks. Patients were seen to dine in a location of their own choosing, with some joining fellow patients in the communal dining rooms, and some patients opting to have their meals in their bedrooms.

Staff were seen to be well coordinated during the serving of lunch, with one staff member assigned to allocate duties and oversee the main dining room. The lunch time experience was calm and unhurried. Staff were seen to provide assistance to patients where required. The food looked and smelled appetising. The majority of patients said that they enjoyed the food on offer. One patient commented that sausages and beans appeared too regularly on the menu, but that they could always opt for a different choice. Comments about the food were shared with the management team for consideration.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. Patients at risk of or with a history of unplanned weight loss had a care plan in place and onward referrals to dietetics were completed where appropriate.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

It was observed that staff provided care in a compassionate manner and it was evident through discussions that staff knew the patients well and had a good understanding of each patients' individual needs.

Patients told us that they were "looked after well."

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. The most recent fire risk assessment was conducted on 28 March 2023 and a number of recommendations were made. The management team confirmed that all recommendations had been addressed. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

There were systems in place to manage risks associated with COVID-19 and other infectious diseases. The adjoining residential home had an outbreak of COVID-19 at the time of the inspection and the home had appropriately liaised with the Public Health Authority (PHA) for guidance. Measures had been put in place to reduce the risk of spread of infection between the services, such as restricted access through certain areas of the building and grounds. These measures did not impact on patients' ability to access all communal spaces in the nursing home.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired. Due to an outbreak of COVID-19 infection in the adjoining residential home, patients in the nursing home had been advised not to go out to local shops until the outbreak in the residential home was declared over. Patients were seen to use the outside spaces of the home during the inspection.

Observations and discussions with staff and the management team evidenced that some shortfalls remained in relation to the equitable provision of activities throughout the home. The management team advised that there was an ongoing recruitment drive for a second activities coordinator and acknowledged that the current interim arrangements for care staff to facilitate daily activities did not work consistently due to other work priorities for care staff.

Some patients told us that they were either unaware of any organised activities, or the activities on offer did not interest them. One patient described feeling bored and expressed that they would like to have more mental stimulation. Staff recognised the importance of social and recreational activities for the wellbeing of patients and told us about efforts they made to facilitate some activities, but expressed that this was sometimes challenging due to other work pressures.

The activities coordinator had a programme of planned activities which included, bingo, pizza day, gardening club, and Sunday service. Care staff reported that they would from time to time

facilitate some ad hoc activities, such as puzzles, arts and crafts, games, and singalongs. Records evidenced that the provision of activities was inconsistent. On the day of inspection, no organised activities were seen in Beech or Oak unit, while activities such as painting, puzzles, singing, and beauty sessions were seen to take place in Sycamore unit. This area for improvement was assessed as partially met and was stated for a second time.

It was positive to note through records that patients were encouraged to share their views about the care and services provided in the home through meetings. Minutes from the most recent meeting were reviewed and detailed some suggestions made by patients to management. The meeting records did not have an action plan and there was no evidence to show if any patient suggestions had been followed up. Meeting records are discussed further in section 5.2.5.

5.2.5 Management and Governance Arrangements

There had been no change in the management of the home since the last inspection. Mrs Julie-Ann Jamieson has been the home Manager since January 2022 and became the Registered Manager on 23 June 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Discussion with staff and review of records showed that regular meetings took place for patients, relatives, and staff. While no relatives attended the most recent relatives meeting, records for patient and staff meetings showed good attendance. As stated in section 5.2.4, the meeting minutes did not have an action plan, therefore the records did not evidence what actions were taken following each meeting. An area for improvement was identified.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their Trust key worker / care manager, and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was a system in place to manage complaints and a complaints analysis was completed monthly. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager, describing her as approachable. Staff said that the manager was visible around the home on the days that she worked and that the manager conducted a daily walk around and engaged with the staff, patients, and relatives on each unit to see how the day was going and to address any problems or concerns. Some staff commented that members of the regional management team did not routinely engage with staff

or patients on the floor to obtain their views during the monthly monitoring visits. This was discussed with the management team for their review and consideration.

The home was visited each month by a representative of the registered provider to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

*The total number of areas for improvement includes one that has been stated for a second time and two that have been carried forward for review at the next inspection.

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection onwards (16 August 2022)	The registered person shall ensure that personal medication records are accurate with the most up to date prescribed medication. Ref: 5.1
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection onwards (16 August 2022)	The registered person shall ensure that written confirmation of all new patients' medicines is obtained from the prescriber at or prior to admission to the home. Ref: 5.1
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** 31 August 2023	The registered person shall ensure a structured programme of activities is developed and implemented following discussion with the patients. Arrangements for the provision of activities should be in place in the absence of an activity co-ordinator. Activities must be an integral part of the care process with daily progress notes reflecting activity provision. This is stated with specific reference to the provision of activities in the Beech unit. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: Recruitment remains ongoing. In the interim period, Activtity co ordinator will plan and organise actitivites for these units. Staff allocation used to delegate activties amongst the team in both the Oak and Beech unit

Area for improvement 2 **Ref:** Standard 41.7 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a robust system is in place to inform all persons living, working, and visiting the home of who is in charge of the home in the absence of the manager. Ref: 5.2.1
	Response by registered person detailing the actions taken: Previous off dutys had highlighted nurse in charge of each unit. Off dutys now reflect a person in charge of the overall home in the absence of manager and deputy manager. This can be viewed for both day and night staff.
Area for improvement 3 **Ref:** Standard 7 (evidence) and Standard 41 (evidence) **Stated:** First time **To be completed by:** 31 August 2023	The registered person shall ensure that the records from any meetings held in the home contain an action plan to detail any follow up actions required. The action plans should detail the action require, who is responsible, timeframe for completion, and date and sign off when addressed. Ref: 5.2.4 and 5.2.5
	Response by registered person detailing the actions taken: Action plan now available following meetings with staff and residents. This will also be completed following next relatives meeting and all other meetings held within the home

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