

Unannounced Care Inspection Report 18 September 2017



Cedarhurst Lodge

Type of Service: Nursing Home (NH)
Address: Cedarhurst Road, Belfast, BT8 4RH
Tel No: 028 90 492722
Inspector: Donna Rogan

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 43 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager: Lavina Ann Harris
Person in charge at the time of inspection: Lavina Ann Harris	Date manager registered: 13 June 2007
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	Number of registered places: 43 comprising: 20 – NH-DE 23 – NH-MP/E

4.0 Inspection summary

An unannounced inspection took place on 18 September 2017 from 10:00 to 17:15.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to governance arrangements; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified in relation to the environment and the management of care records and activities.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Lavina Harris, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 12 April 2017

The most recent inspection of the home was an announced variation to registration inspection undertaken on 12 April 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

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

During the inspection the inspector met with 15 patients, seven staff and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for the period 11 to 24 September 2017
- 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
- one staff recruitment and induction file
- four patient care records
- four patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 April 2017

The most recent inspection of the home was an announced variation of registration inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (k) Stated: First time	The registered provider must make provision for sluicing facilities.	Met
	Action taken as confirmed during the inspection: A sluice unit has been provided in the designated unit.	
Area for improvement 2 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.	Partially met
	Action taken as confirmed during the inspection: A review of four care records evidenced that they were up to date and were regularly reviewed. However, one care record was not updated in relation to an ongoing condition. An area of improvement is made in this regard. An area for improvement is also made in relation to ensuring care records are re-written following changes to care.	
Area for improvement 3 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.	Met
	Action taken as confirmed during the inspection: A review of the management of mealtimes evidenced that meals were served in a timely way, staff were observed to assist patients appropriately and the meal time was well organised.	

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (b)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Registered nurses were observed to assist with meals. Staff were in attendance in the dining areas at all times.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard E5</p> <p>Stated: First time</p>	<p>The registered provider should ensure the external grounds are further developed to improve the outlook from the dining area.</p> <hr/> <p>Action taken as confirmed during the inspection: The external grounds have been developed and the outlook from the dining area was pleasant.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44.9</p> <p>Stated: First time</p>	<p>The registered provider should ensure the management of waste is maintained in keeping with best practice.</p> <hr/> <p>Action taken as confirmed during the inspection: An additional waste bin has been purchased and the management of waste was being appropriately managed.</p>	<p>Met</p>
<p>Area for improvement 3</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: Confirmation has been received that the identified care record was updated and maintained.</p>	<p>Met</p>

<p>Area for improvement 4</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the care records evidenced that body maps were current. Supplementary care records were completed contemporaneously and evidenced that they were reviewed by registered nurses.</p>		
<p>Area for improvement 5</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that there is a matrix in place and it was completed on a regular basis. There was evidence that issues raised were being addressed and embedded into practice.</p>		
<p>Area for improvement 6</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>This issue was reported and managed in accordance with DOH guidance.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 11 to 24 September 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients' representatives evidenced that there were no concerns regarding staffing levels.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Compliance with training was monitored on the monthly monitoring inspections conducted by the regional manager. Staff commented that the majority of training was conducted through electronic and face to face learning.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). The registration status with Northern Ireland Social Care Council (NISCC) had been monitored appropriately.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified and had attended training pertaining to the role.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents and incidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits were observed to be clear of clutter and obstruction. The home was found to be warm, well decorated, fresh smelling and clean throughout. However, a number of bedrooms in the Sycamore unit needed repainted. A malodour was detected on entering the Beech unit and one identified set of bedroom drawers required repairing. An area of improvement was identified under regulation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, supervision and appraisal of staff, infection prevention and control and the management of accidents/incidents and safeguarding.

Areas for improvement

An area for improvement under the care standards was identified in relation to the environment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, a review of one patient's care record evidenced that a care plan was not in place for an ongoing condition. In the three other care records reviewed, staff were adding information onto existing care plans when there was changes to their care. An area of improvement under the care standards was made to ensure care plans were reflective of patients' conditions and that new care plans were formulated to reflect the care required as the patients' condition changes

Supplementary care charts such as bowel management and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients. Staff also confirmed that the nurse in charge would prepare a report for the registered manager to review highlighting any activities such as accidents/incidents, staffing issues or complaints received within the previous 24 hours.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. There was evidence within records that patient/relatives meetings had been conducted. The registered manager stated that they would aim to have patients/relatives meeting quarterly.

A 'Quality of Life' (QOL) electronic feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

Patients and the representative spoken with expressed their confidence in raising concerns with the home's staff/management. All respondents within patient and relatives' questionnaires stated that the registered manager was available to manage any concerns and/or complaints. All relative questionnaire respondents stated that the registered manager was approachable.

There is an activity person employed by the home, however, they were on annual leave. There were no activities organised on the day of inspection. Staff stated that activities are organised on an 'ad hoc' basis when the activity person is not there. An area of improvement is made under the care standards that activities are planned and occur in the absence of the activities person.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders and teamwork.

Areas for improvement

An area for improvement under regulation was identified in relation to care planning and the management of activities.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining rooms. The meal commenced at 12:45 hours. Patients were seated around tables which had been appropriately laid for the meal. Patients were afforded the choice to have their meal in their preferred dining area. Food was served directly from the hot food trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The views and opinions of patients and patients' representatives, on the service provision of the home, was collected electronically as discussed in section 6.5. The registered manager confirmed that feedback to patients and/or their representatives of the opinions raised was provided during patient/relative meetings or individual feedback where appropriate. Evidence of consultation with patients was also included within the Annual Quality Report.

Seven staff members were consulted to determine their views on the quality of care within Cedarhurst Lodge Care Home. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Four of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments during the inspection and in the returned questionnaires were as follows:

“I think this is a great home.”

“I’m happy in my work.”

“We all work well as a team.”

“We receive regular training and are well supported by the manager.”

“The care is good, and I like my job.”

Fifteen patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. Three of the patient questionnaires were returned. Seven respondents indicated that they were ‘satisfied’ with the care provided to them.

Some patient comments made during the inspection were as follows:

“I am happy living here.”

“We are well looked after.”

“We get plenty of choices.”

“The staff are good and attentive to me.”

“I have no complaints.”

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Three of the relative questionnaires were returned within the timeframe for inclusion in the report. All respondents were ‘satisfied’ with the care provision.

Some patient representative comments were as follows:

“I think my relative is well cared for.”

“I am confident that my is well cared for.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Thank you for all your care and kindness."

"Thank you so much for the love and excellent care you gave to my mother."

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. The audits were conducted monthly and an action plan had been developed to address shortfalls identified within the audits. There was evidence that the action plans had been reviewed to ensure completion.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Lavina Harris, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure the following issues are addressed;</p> <p>Repaint the identified bedrooms in the Sycamore unit. Eradicate the malodour detected on entering the Beech unit. Replace repair the identified set of bedroom drawers.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: All the bedrooms have been repainted in Sycamore unit. The malodour has been eradicated at the entrance to Beech unit. The identified set of bedroom drawers has been replaced</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</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>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: New care plans have been formulated to reflect the care required as the patients' condition changes. Home and Regional Manager are checking the compliance by carrying out care Tracas.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that activities are planned and occur when in the absence of the activities person.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: All activities are now planned and occur when the Activities Person is absent.</p>

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



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