

Inspection Report

Name of Service: Cedarhurst Lodge

Provider: Electus Healthcare 1 Limited

Date of Inspection: 19 November 2024

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

1.0 Service information

Organisation/Registered Provider:	Electus Healthcare 1 Limited
Responsible Individual:	Mr Edward Coyle
Registered Manager:	Mrs Julie-Ann Jamieson
Service Profile: This is a registered nursing home which provides nursing care for up to 43 patients. The home is divided into three units; Sycamore and Oak units provide care for patients with mental disorders under and over the age of 65 years, and Beech unit provides care for patients living with dementia. The home is spread over ground floor level and there are a range of communal areas throughout the home and patients have access to enclosed outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 19 November 2024 from 9.10 am to 5.50 pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 July 2023 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details on patients' views.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said that their experience of living in Cedarhurst Lodge was positive. Patients told us that staff were available to them when they needed assistance and described staff as, "nice", and "good."

Patients told us that staff helped meet their needs and assisted them to go about their preferred daily routines.

Patients told us that they were supported to go about their day. For example, some patients talked about being able to go for a smoke when they wanted, other patients talked about engaging in hobbies such as art, knitting, letter writing, and watching movies.

Patients said that they were happy with the cleanliness of the home and some patients commented positively about having their bedrooms personalised. One patient told us that visiting arrangements were working well and that visitors had no issues coming to the home at any time of the day.

Most patients told us that the food was "tasty" and confirmed that they had a choice at each meal time. One patient said that they found food to be "too greasy" at times, while another patient said that the food was sometimes "too salty." Patients confirmed that if they didn't like the food on offer, they could ask for an alternative and that this was accommodated without issue.

Following the inspection RQIA received six completed questionnaires from patients. All six respondents indicated that they were satisfied with the care and services provided in the home.

In relation to care, comments included, “I think under the circumstances it’s the best that I can be offered”, “excellent”, and “very good.”

When asked about staff, comments included, “I feel that staff are there for me all the time, and they talk to me always”, “I feel safe because staff do everything in the right way”, “they are very good and caring”, and “I feel safe knowing staff are here.”

When asked if there was anything about the care and services that could improve, most indicated that they were happy, while one patient said, “answering the buzzer immediately when I call.” Comments were shared with the manager for her consideration and sharing with staff.

Staff spoken with said that they were happy working in the home and that they were satisfied with the staffing arrangements; “there is enough staff”, “good team.”

No staff survey responses or relative questionnaires were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them, although as stated in section 3.2, one patient felt that staff should respond quicker. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, some patients chose to spend time in their own bedrooms, some patients spent most of the day in communal areas, and some patients were seen to move freely around the home.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Throughout the day staff confirmed and were observed to attend safety briefings, such as a ‘safety pauses’ prior to mealtimes to ensure good communication across the team about changes in patients’ needs.

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.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Patients were seen to move freely between their own bedrooms and communal areas of the home. Discussion with patients confirmed that staff supported them to go about their preferred daily activities. For example, some patients talked about enjoying a cigarette, and some patients talked about going to the local shops.

Patients confirmed that they were encouraged to attend patient meetings, where they had the opportunity to share their views on all aspects of the running of the home, and that they could make suggestions such as, menu items or what activities they wanted to do. Records pertaining to patient meetings were reviewed and are discussed further in section 3.3.5 of this report.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were maintained free from trip hazards, patients were encouraged and/or assisted to use mobility aids as recommended by physiotherapy, patients were encouraged to do strengthening exercises to help with their balance, or specialist equipment was used, such as bedrails or alarm mats.

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 and their diet modified.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager indicated that there were robust systems in place to manage patients' nutrition and mealtime experience.

The importance of engaging with patients was well understood by the manager and staff.

On the morning of the inspection, staff were seen to assist patients to make their weekly shopping lists in preparation for a trip to the local supermarket later in the day. Discussion with patients confirmed that they could participate in activities if they wished or could engage in their own interests and hobbies in the privacy of their bedrooms. Some patients were seen to enjoy reading, colouring in, watching television, or listening to music. Staff were seen to play card games with patients.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

An activity therapist was employed on a full time basis, however the manager confirmed that there was an ongoing recruitment drive to employ an additional part time therapist. The activity therapist confirmed that they could deliver a weekly programme of events but that more could be done if they had the additional hours employed. This will be reviewed at the next care inspection.

The weekly programme of social events was displayed around the home and advertised upcoming sessions, such as coffee mornings, shopping trips, arts and crafts, relaxation groups, bingo, cinema trip, quizzes, and Songs of praise. There was evidence of strong community connections such as church groups, community projects, local businesses, and Lisburn and Castlereagh City Council. This is good practice.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred and nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

There was a system in place to monitor the accuracy and effectiveness of patient care plans. The home operated a 'resident of the day' system to complete care plan audits. Review of this system highlighted that the resulting action plans were insufficiently robust and it was unclear if identified issues were addressed in a timely manner. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

The laundry service was reviewed. Observation and discussion with staff evidenced that the handling of patients' laundry did not meet infection prevention and control standards, as the same baskets used to transport unlaundried items were then used to transport laundered items back to the patients. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Julie-Ann Jamieson has been the manager since January 2022 and was registered with RQIA on 23 June 2023.

Staff commented positively about the management team and said that the manager and deputy manager were approachable and available for support and/or guidance.

Staff confirmed that they attended regular staff meetings and that they had opportunity to raise any concerns and/or suggestions about the running of the home.

Review of staff and patient meeting records evidenced inconsistencies in relation to action plans. For example, two out of the last three patient meetings resulted in clear action plans, while one had no action plan completed. Staff meeting records did not have clear action plans. A previously identified area for improvement was partially met and stated for a second time.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. 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.

There was a system in place to manage complaints, however a number of shortfalls were identified. The management team confirmed that nurses were provided with complaints training and all other staff completed training in customer service.

Review of records and discussion with staff and patients indicated that complaints handling was not fully embedded into practice. For example, some patients talked minor expressions of dissatisfaction not being fully addressed. Review of complaints records evidenced that some records were maintained but it was not always clear how the complaint was closed and if the complainant was satisfied with the outcome. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

*The total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next medicines management 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: 16 August 2022	The registered person shall ensure that personal medication records are accurate with the most up to date prescribed medication. Ref: 2.0
	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: 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: 2.0
	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 (December 2022)	
Area for improvement 1 Ref: Standard 7 (evidence) and Standard 41 (evidence) Stated: Second time To be completed by: 3 December 2024	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: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Missing action plan is now available for viewing and actions completed and signed off by registered manager. Template used contains the required information as per standard.

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2024</p>	<p>The registered person shall ensure that the system for auditing patient care plans is sufficiently robust to drive the necessary improvements.</p> <p>There should be evidence of follow up of audits to ensure that the identified deficits have been addressed.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Management diary will be used to address outstanding actions from audit as a reminder. Once completed, audit will be updated to reflect completion.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2024</p>	<p>The registered person shall ensure that there is a system in place for the appropriate handling of patients' laundry.</p> <p>There should be a clear separation of transportation between laundered and unlaundered items.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: New laundry carts have been purchased to ensure separation of unwashed laundry and freshly washed laundry. Laundry baskets are brought to laundry and returned to unit to avoid the potential risk of being used for freshly laundered items. New system working very well</p>
<p>Area for improvement 4</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2024</p>	<p>The registered person shall ensure that there is a robust complaints management system in place and that the home's complaints policy is adhered to.</p> <p>All expressions of dissatisfaction relating to the home should be recorded on a central complaints log and records should clearly state, what action was taken, outcomes and potential learning, and complainants level of satisfaction and how this was determined.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Template for complaints has been adjusted to include a section of complaints satisfaction and how this was determined.</p>

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