

Inspection Report

22 February 2023



Cedarhurst Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Electus Healthcare 1 Limited</p> <p>Responsible Individual: Mr Edward Coyle</p>	<p>Registered Manager: Mrs Julie-Ann Jamieson – not registered</p>
<p>Person in charge at the time of inspection: Hilda Sepelagio – Deputy Manager until Julie-Ann Jamieson – Manager arrived 11.30 am.</p>	<p>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.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 43</p>
<p>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.</p> <p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 22 February 2023, from 9.30 am to 4.40 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 warm, clean and comfortable. Patients were well presented in their appearance and appeared happy and settled in the home. Comments from patients were positive in regards to their interactions with staff and with the food provision in the home. Those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was positive to note that no new areas for improvement were identified as part of this inspection.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

The findings of this report will provide the Manager 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 spoken with on an individual basis during the inspection told us that they were happy with the care and services provided in Cedarhurst Lodge. Patients comments included "I Love it here; I'm well looked after". Two relatives voiced no concerns about the care of their loved one.

Staff said that the management team are very approachable, teamwork was good and that they felt well supported in their role. Two agency staff members said Cedarhurst Lodge was a good place to work and the staff were very welcoming.

No questionnaires were returned or no feedback was received from the staff online survey within the allocated timeframe.

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 16 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 Stated: Second time	The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection at all times and evidence meaningful oversight by the manager.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients, ensure that at all times suitably qualified, competent and experienced persons are working in such numbers as are appropriate for the health and welfare of patients.	Met
	This is stated with specific reference to the review of staffing levels within the Beech unit.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times • the type of mattress, correct setting and assessed repositioning regime must be documented correctly in patients care plan and repositioning booklets. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.</p> <p>Action taken as confirmed during the inspection: Nail polish and nail polish remover was observed in an unlocked cupboard within one unit.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that personal medication records are accurate with the most up to date prescribed medication.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: Second time</p>	<p>The registered person shall ensure a recruitment checklist is appropriately completed and retained in the home for all staff members employed.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <ul style="list-style-type: none"> • The duty rota should evidence the full name of all staff working in the home • Alterations or corrections made to the duty rota should be made in accordance with best practice guidance. <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the daily menu is appropriately displayed in all three units.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure a structured programme of activities is developed and implemented following discussion with the patients.</p> <p>Arrangements for the provision of activities should be in place in the absence of an activity co-ordinator.</p> <p>Activities must be an integral part of the care process with daily progress notes reflecting activity provision.</p> <p>This is stated with specific reference to the provision of activities in the Beech unit.</p> <hr/> <p>Action taken as confirmed during the inspection: Within the Electus group of homes there is a focus on improvement work in regard to activity provision in all their homes. Therefore, this area for improvement is carried forward to allow time for this work to be implemented in Cedarhurst Lodge.</p>	<p>Carried forward to the next inspection</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>This is stated with specific reference to care plan audits:</p> <ul style="list-style-type: none"> • Registered nurses should where possible not audit their own work • Where deficits have been identified there should be evidence that these have been addressed within an agreed timeframe. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

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. Some gaps were evident in the mandatory training for a number of staff, the manager provided dates that she had secured for the identified training gaps.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The duty rotas accurately reflected the staff working in the home over a 24-hour period. Staff absences were recorded on the rota and the person in charge in the absence of the manager was clearly highlighted.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Patients who are less able to mobilise require special attention to their skin care and were assisted by staff to change their position. A review of repositioning records evidenced that patients were repositioned as prescribed in their care plans. The repositioning records were well maintained and in one particular unit there was evidence that the records were overseen on a daily basis by the nurse in charge of the unit. This was discussed with the manager how this good practice should be rolled out to the other units.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food.

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weights were checked at least monthly to monitor for weight loss or gain.

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. 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 PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

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.

Patients were observed listening to music, reading, chatting with staff and watching TV. The activity staff member and a number of patients were observed playing balloon tennis and later in the afternoon a movie was enjoyed.

The management team shared the company's improvement plans for the provision of activities within their homes. The area for improvement in respect to activity provision in the home was considered and given the ongoing improvement work, the area for improvement was carried forward for review at the next inspection so the work can be implemented fully in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has 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. Mrs Jamieson is in the process of submitting an application to RQIA to be registered as the manager.

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.

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 care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and 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 where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	3*	1*

*the total number of areas for improvement includes one Regulation which has been stated for a second time. Two Regulations and one Standard are 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.
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation. Ref: 5.1 Response by registered person detailing the actions taken: All chemicals are secured within a locked area out of reach of residents. This is checked daily when completing walk rounds daily by both home manager and senior nursing staff. Supervision completed with staff to advise of the type of chemicals that must be stored out of reach and also legislation related to same. COSHH training also sourced and will be provided in April 2023 to all staff.

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

<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 16 June 2022</p>	<p>The registered person shall ensure a structured programme of activities is developed and implemented following discussion with the patients.</p> <p>Arrangements for the provision of activities should be in place in the absence of an activity co-ordinator.</p> <p>Activities must be an integral part of the care process with daily progress notes reflecting activity provision.</p> <p>This is stated with specific reference to the provision of activities in the Beech unit.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Pals (Activity Leaders) will attend training on meaningful activities 6th April 2023. Meeting will also discuss new documentation for activities planning and records of participation/engagement.</p> <p>Care staff identified through allocation to complete activities in each unit in the absence of activities team.</p> <p>Beech unit now engage in activities suitable and of interest following discussion with relatives and residents. Activities take place on several occasions throughout the day. Same documented following attendance and completion.</p>

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