Unannounced Care Inspection Report
30 August 2018

Cedarhurst Lodge

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

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 Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Ms Lavina Ann Harris
Person in charge at the time of inspection: Ms Lavina Harris – registered manager	**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 of: 20 – NH-DE in Beech Unit 23 – NH MP and MP(E) in Sycamore Unit.

4.0 Inspection summary

An unannounced inspection took place on 30 August 2018 from 09:50 to 16:00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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 staffing; the home’s environment; effective communication between patients, staff and other key stakeholders; staff knowledge of patients’ assessed needs; the culture and ethos of the home and listening to and valuing patients and taking account of the views of patients.

Areas requiring improvement were identified regarding care planning, infection prevention and control and patient information.

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 and in their interaction with staff. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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

*The total number of areas for improvement includes one made under the regulations for a second time.

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 1 May 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 1 May 2018. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients individually and with others in small groups, nine staff, and one patient's relative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives/relatives. A poster, for display in the staff room, invited staff to give feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you cards' which were to be placed in a prominent position to enable patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision, if they so wished.

The following records were examined during the inspection:

- duty rota for all staff from 27 August to 9 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2018

- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patient care charts such as food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record for 2018
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from January 2018.

Areas for improvement identified at the last care inspection were reviewed and assessed for compliance; recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 May 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 September 2017

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 27

Stated: First time</td><td>The registered person shall ensure the following issues are addressed:

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.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Observations and discussion with the registered manager evidenced that this area for improvement had been met.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 15

Stated: First time</td><td>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.</td><td rowspan="2">Partially Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
We reviewed four patients' records including care plans and the review/evaluation of the care plans. Three of the four patients' care plans reviewed reflected the needs of the patients. However one patient's care plan interventions had not been updated to reflect changes made by a healthcare professional. This area for improvement has been partially met and is stated for a second time.

Refer to section 6.5 for details.</td></tr>
</table>

<table>
<tr><th colspan="2">Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 11

Stated: First time</td><td>The registered person shall ensure that activities are planned and occur when in the absence of the activities person.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Discussion with the registered manager, two personal activity leaders, patients and staff confirmed that this area for improvement had been met.</td></tr>
</table>

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 regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 27 August to 9 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. However, no responses were received before issuing this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Cedarhurst Lodge. We also sought the opinion of patients on staffing via questionnaires. However, no responses were received before issuing this report.

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also ought relatives' opinion on staffing via questionnaires. However, no responses were received before issuing this report.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff member's recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

Records also evidenced that an enhanced Access NI check was sought, received and reviewed prior to the staff member commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were also systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) or the Northern Ireland Adverse Incident Centre (NIAIC) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training compliance records for 2018. Staff confirmed that they were enabled and required to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and nursing staff; it was evidenced there was proactive approach to the prevention and management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Housekeeping staff were commended for their efforts. Patients and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control measures (IPC) and best practice were generally adhered to. For example staff were observed making appropriate use of personal protective equipment (PPE) such as aprons and gloves; and cleansing their hands using the correct hand washing technique.

However, a number of concerns regarding the infection prevention and control measures were identified as follows:

- metal fixtures underneath a wash hand basin were observed to be rusted and could not be effectively cleaned
- old screw fixtures in bathrooms were observed to 'weep' a rust coloured substance onto the ceramic tiles – these require to be sealed and the tiles cleaned
- one shower chair was observed to have staining on the underside of the seat – this chair had not been effectively cleaned between each patients use
- PPE dispenser for aprons was observed in the sluice room – PPE should not be stored in what are considered high risk areas such as toilets or sluice rooms
- laminated notices had been attached to door using sellotape which had left a dark sticky residue indicating a build-up of dust in the residue; and that the door had not been effectively cleaned
- some staff were observed wearing nail polish and cardigans while on duty.

The registered manager ensured that all of the areas detailed above had been addressed before the conclusion of the inspection. However, an area for improvement was made to ensure sustained consistency in IPC practices and monitoring.

The manager had a system in place to monitor the incidents of Health Care Acquired Infections (HCAI's) such as chest or urinary infections and when antibiotics were prescribed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of alarm mats and reviewed regularly as required.

Areas of good practice

There were examples of good practice found throughout the inspection relation to staffing, staff recruitment, staff training, adult safeguarding, and the homely environment.

Areas for improvement

An area for improvement was identified regarding infection prevention and control measures.

	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.

We reviewed the management of nutrition, patients' weight, management of infections and pressure area care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Review of patients' care records evidenced that care plans were in place to direct the care required and three out of the four records reviewed were reflective of the assessed needs of the patients.

As stated previously in section 6.2, we reviewed four patients' records including care plans and the review/evaluation of care plans. Three of the four patients' care plans reflected the needs of the patients' and any recommendations made by healthcare professionals. One patient's care record in relation to the management of modified diet and fluids identified concerns regarding how and when nursing staff recorded changes to the care plan interventions following a review by the Speech and Language Therapist (SALT). In the record reviewed the SALT had recommended a change to the patient's fluid consistency in May 2018. Nursing staff had recorded the change in the review/evaluation section of the care plan but they had not updated the care plan interventions, or the dietary overview document for the unit, to reflect the change. There was the potential for confusion regarding the prescribed fluid consistency. Discussion with nursing and care staff confirmed that the consistency recommended in May 2018 by the SALT was being adhered to. Details were discussed with the registered nurse in charge of the unit and the registered manager and the records were updated before the conclusion of the inspection. However, the area for improvement made during the previous care inspection has been stated for a second time.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their relative/representative, if appropriate. There was evidence of regular communication with relatives/representatives within the care records reviewed. The home was also participating in 'a pilot model' regarding the assessment of mental health needs and the care planning process. Nursing staff spoken with were enthusiastic about the benefits being realised in using the pilot model.

Patients spoken with expressed their confidence in raising concerns with the home's staff and management. Patients were aware of who their nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders and staff knowledge of patients' assessed needs.

Areas for improvement

No new areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We arrived in the home at 09:50 hours and were greeted by the registered manager and her staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. However, we observed that patients' supplementary care records were left unattended in lounge or corridor areas by staff while they attended to patients' needs. We also observed one patient's specific care needs to be displayed on the bedroom wall at the wash hand basin Details were discussed with the registered manager and an area for improvement was made.

Discussion with patients and staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity leaders confirmed that they needed to be adaptable/flexible to enable patients' to choose their activity. Group and individual activities were offered. Care staff were also involved in delivering one to one activities and assisted patients to participate in group activities. It was confirmed by the activity leaders and the registered manager that activities were provided by care staff when the activity leaders were off duty. Patients confirmed that they were enabled by staff to attend activities and to go out for the morning/afternoon to local shops and cafes. Patients were observed participating in a group activity, petting a dog, playing darts and listening to music or watching television in their bedroom or in one of the lounges. A group of patients were also preparing to go on an outing accompanied by staff.

We observed the serving of the lunchtime meal in the dementia unit. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. One of the comments recorded was, “Thank you all for the care you gave… while he was here.”

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Cedarhurst Lodge was a good experience. 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.

Ten patient questionnaires were provided; none were returned within the timeframe specified or before issuing of report.

We spoke with one relative who confirmed they were satisfied with their oved one’s care and that they would raise any concerns with the registered manager or the nurse in charge.

Ten relative questionnaires were provided; none were returned within the timeframe specified or before issuing this report.

Staff were asked to complete an on line survey, we had no responses before issuing this report.

Any comments from patients, patient representatives and staff in returned questionnaires received or online responses, after the issue of this report, will be 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 taking account of the views of patients.

Areas for improvement

An area for improvement was identified in relation to patient information.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients, and one relative evidenced that the registered manager's working patterns supported effective engagement with them and the multi-professional team. The duty rota indicated the nurse in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, wounds, and falls/incidents occurring in the home. Areas for improvement regarding IPC measures and record keeping have been made.

Discussion with the registered manager and review of a sample of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

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 new areas for improvement were identified within this domain.

	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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 15

Stated: Second time

To be completed by:
Immediate action required.</td><td>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.

Ref: 6.2 and 6.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
This has been addressed.The care plans are reflective of patients' conditions and new care plans being formulated reflect the care required as the patients' condition changes.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 13 (7)

Stated: First time

To be completed by:
Immediate action required.</td><td>The registered person shall ensure that infection prevention and control deficits identified in section 6.4 are addressed and that governance systems and/or staff can routinely and consistently identify these types of infection control risks.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Infection prevention and control deficits identified in section 6.4 have been addressed.The registered manager or deputy during daily walkabouts around the Home record any infection control risks which are then addressed.A different section of the infection control audit is carried out on a monthly basis and any actions are addressed.</td></tr>
<tr><td colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 5

Stated: First time

To be completed by:
17 September 2018</td><td>The registered person shall ensure that patient information, including supplementary care charts, is maintained in a secure and confidential manner.

Ref: 6.6</td></tr>
<tr><td>Response by registered person detailing the actions taken:
This has been addressed,all patient information is being stored securely.</td></tr>
</table>

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

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