

Inspection Report

23 September 2021



Cedarhurst Lodge

Type of service: Nursing (NH)
Address: Cedarhurst Road, Belfast, BT8 7RH
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Electus Healthcare 1 Limited</p> <p>Responsible Individual (R.I.): Mr Ed Coyle – (acting)</p>	<p>Registered Manager: Mrs Lynda Burton - not registered</p>
<p>Person in charge at the time of inspection: Mrs Lynda Burton</p>	<p>Number of registered places: 43</p> <p>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: 37</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 23 September 2021, from 10.00 am to 7.30 pm by a care inspector.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in regard to the lack of robust managerial oversight and governance arrangements within the home; infection prevention and control (IPC) practices; the condition and/or cleanliness of the environment; domestic staffing arrangements and fire safety arrangements.

The Responsible Individual was invited to attend a serious concerns meeting with RQIA on 1 October 2021 to discuss the inspection findings and their plans to address the serious concerns identified.

During the meeting the Responsible Individual discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance. Following the meeting, a comprehensive action plan was also provided, confirming how the management team would address these deficits in a sustained manner.

This inspection identified nine new areas for improvement; two areas for improvement were carried forward for review at the next inspection and one was stated for a second time.

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.

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.

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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection 12 patients were spoken with individually and others were engaged with in small groups in communal areas. Eight staff were also spoken with. No questionnaire responses were received within the allocated timeframe. One staff member submitted a response to the staff survey and this feedback was shared with the management team for their consideration and action, as appropriate.

Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Cedarhurst Lodge Nursing Home. Patients described the staff as “brilliant” and “good.”

Staff told us that they enjoyed working in the home and described good teamwork amongst their colleagues.

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 19 November 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) (b) and (c) Stated: Second time	The registered person shall ensure that all chemicals are securely stored in accordance with COSHH legislation, to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 14.25 Stated: Second time	The registered person shall ensure that a reconciliation of money and valuables held and accounts managed is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 2.8 Stated: Second time	The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure that the duty rota clearly evidences the full name of all staff working in the home.	Not met
	Action taken as confirmed during the inspection: Review of the duty rota evidenced that only the first name of a number of staff was documented. This area for improvement has not been met and has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff training records evidenced a number of staff were not up to date in regard to mandatory training requirements. This was discussed with the R.I. during the serious concerns meeting on 1 October 2021 who advised that the management team would conduct a review of all mandatory training for staff to ensure that overdue training would be provided as a matter of priority; in addition, RQIA were advised that a new E-learning training platform had been

procured and that staff would be supported to fulfil their training requirements via this. An area for improvement was identified.

It was noted that there was sufficient staff in the home to respond to the needs of the patients in a timely way and to provide them with a choice about how they wished to spend their day.

Discussion with the Manager and review of the duty rota did not accurately reflect the number of staff working within the home on the day of inspection. In addition, it was noted that only one domestic staff member was on duty and responsible for the cleaning of both the nursing and residential home on the day of inspection. This deficit was discussed with the R.I. during the serious concerns meeting and it was agreed that the manager and/or deputy manager would review the housekeeping staff duty rota on a weekly basis; it was further agreed that the Manager is responsible for ensuring the presence of sufficient domestic staff on duty on a daily basis.

Review of records highlighted that there was a lack of robust governance arrangements for the monitoring of the professional registration of staff. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC), but the checking of care staff registrations with the Northern Ireland Social Care Council (NISCC) were not consistently done and it was not clear if all care staff were registered with NISCC. This was discussed at the serious concerns meeting on 1 October 2021; the R.I. provided assurance that contact had been made with NISCC and that the identified staff were being supported to register with NISCC. RQIA were also advised by the management team that the Manager would audit all staff NISCC registrations on a monthly basis; in addition, the R.I. stated that the home would be introducing a new electronic system to improve the oversight and monitoring of staff registration with the NMC/NISCC as necessary. Monthly monitoring visits would also focus on this aspect of staff management. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

The staff meet at the beginning of each shift to discuss any changes in the needs of the patients. 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.

Review of a sample of care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients. Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily records were kept of how each patient spent their day and of the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

We examined the records in regard to patients who smoke cigarettes or tobacco. Deficits were identified in regard to how this aspect of care was documented. There also was a lack of effective oversight of this aspect of the patients' care by nursing staff. An area for improvement was identified. This was discussed at the serious concerns meeting on 1 October 2021; RQIA were advised that the recording of patients smoking and the use of tobacco by them has since been reviewed and that the nurse in charge of the unit is responsible for overseeing this aspect of care twice daily. It was further agreed that the Manager would monitor staff compliance with the home's protocol for managing this aspect of patient care.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, aids such as alarm mats, crash mats or bedrails were in use. Patient areas were maintained free from clutter or potential hazards. Staff also conducted regular checks on patients throughout the day and night.

Records confirmed that in the event of a patient falling, a post falls protocol was followed and there was evidence that staff took appropriate action. Care records were updated to reflect the fall, the Trust key worker and family were informed. However, review of a sample of records highlighted that RQIA were not informed of a number of falls in keeping with regulation. This was discussed during the serious concerns meeting on 1 October 2021. RQIA were advised that retrospective notifications would be submitted and that the threshold for the submission for notifications to RQIA will be discussed with the appropriate staff; an area for improvement was identified.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to their repositioning were mostly well maintained.

Patients who required care for wounds had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds, for example, the podiatrist, and that they were following any recommendations made by these professionals. However, review of one identified patient's wound care records did not evidence that the patient's care plan had been updated following a recent visit from the podiatrist; this was discussed with staff who updated the care plan by the end of the inspection.

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. If required, records were kept of what patients had to eat and drink daily.

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 a sample of patient bedrooms, communal lounges, dining rooms, bathrooms, the laundry and storage spaces.

We observed a number of environmental deficits; the home was observed as being in general need of redecoration with several areas throughout the home noted to be either unclean and/or in poor physical condition. The environmental deficits was discussed at the serious concerns meeting on 1 October 2021 with the R.I. who provided a refurbishment plan; however, the refurbishment plan lacked sufficient detail and it was agreed that an updated and more detailed action plan would be forwarded to RQIA for review.

Observation of the environment and staff practices highlighted a number of shortfalls in regard to infection prevention and control practices; for example, there was a lack of robust screening measures in place within regard to visiting arrangements and a number environmental IPC shortfalls were identified as outlined in area for improvement number eight. Furthermore, an identified patient had not been appropriately isolated following admission to the home; it was also concerning that the management team lacked awareness as to the significance of these deficits. This was discussed with the R.I. during the serious concerns meeting on 1 October 2021 who stated that new measures had since been implemented to ensure that anyone entering the home is adequately screened; in addition, all staff had subsequently been updated in regard to their responsibilities regarding the isolation of patients, when needed. Three areas for improvement were identified.

Corridors and fire exits were clear of clutter and obstruction. The most recent fire risk assessment was undertaken on 16 November 2020 with a number of actions identified. Review of the fire risk assessment highlighted that it contained no written evidence to indicate whether required actions had been addressed. RQIA discussed this deficit with the R.I. during the serious concerns meeting on 1 October 2021; it was stressed that the home's fire risk assessment should clearly indicate any actions taken in regard to the action plan which it contained. The R.I. provided RQIA with an updated fire risk assessment action plan and gave an assurance that all actions had been addressed appropriately. It was further agreed that the fire risk assessment would be monitored as part of the home's monthly monitoring visits. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Observations and discussions with patients confirmed that they were able to choose how they spent their day, for example, some patients liked to walk around the home spending time in many different communal areas during the day, and staff were seen to accommodate this wish.

The home has an activity staff member in post for each unit. It was observed that staff promoted a social atmosphere in communal areas with music playing or televisions switched on. Staff were seen to engage with patients during activities such as colouring and a music quiz. One patient was enjoying a fish supper which was brought in at his request by the activity member of staff. A record of patient involvement and participation in activities is recorded by the activity staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Visiting and Care Partner arrangements were in place with positive benefits being noted by staff as to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Lynda Burton has been appointed as the new Manager; an application for the Manager's registration with RQIA has been submitted and will be reviewed accordingly.

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

A number of governance audits were completed to monitor the quality of care and services. Where deficits are identified, the audit process should include: an action plan with the person responsible for completing the action; a time frame for completion; and a follow up to ensure the necessary improvements have been made. Where action plans had been developed there was no evidence that the required actions had been addressed; there was also no evidence of effective oversight by the manager in regard to any audits that were delegated to other staff members. An area for improvement was identified.

These deficits were discussed at the serious concerns meeting on 1 October 2021. The R.I. advised that governance audits would now be reviewed on a weekly basis by the Manager and deputy manager to help drive improvement within the home; in addition, it was agreed that the responsible individual, the home's quality manager and an external consultant would maintain further oversight in relation to the completion of all governance audits within the home.

6.0 Conclusion

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held on 1 October 2021 where details of the serious concerns identified by RQIA were discussed with the Responsible Individual. Assurances were provided as to the actions planned to bring the home back into compliance with regulations and standards. At the conclusion of the meeting RQIA confirmed that no further action would be necessary at this time but, a follow-up inspection would be conducted to monitor the improvements made and evidence if they had been sustained.

Based on the inspection findings and discussions held we are satisfied that staff were attending to patients in a caring and compassionate manner. Patients looked well dressed, relaxed and comfortable. Patients were observed to be happy in their surroundings and in their interactions with staff.

Nine new areas for improvement were identified as a result of this inspection as outlined in the quality improvement plan within Section 7.0.

7.0 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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	9	3*

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

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2021</p>	<p>The registered person shall ensure that a robust system is developed and implemented to ensure that all staff receive mandatory training appropriate to their job role.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A matrix is now in place for staff to receive training. Staff have received EFAW, Fire Training, and M&H training. Flexabee e-learning has been introduced and all staff have received their log ins and been given a date to have their training completed. Staff have been allocated to further training throughout the month of December and January. Residential and nursing staff training will now be separated.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2021</p>	<p>The registered person shall ensure a robust system is in place to monitor staff registration with NISCC.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff have now been registered with NISCC. This is included in the first 2 weeks of new staff induction to ensure that they are fully registered within the first 3 months. A detailed NISCC tracker is in place and checked monthly by the Acting manager and updated when required. Staff are also advised by Acting manager when their NISCC is due for renewal.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all documentation is completed to accurately reflect the stock and consumption of cigarettes and tobacco for those patients who smoke.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Acting manager now has records in place for each individual who smokes. This is checked daily and signed by staff, and then checked by the Acting manager randomly at least once per month..</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that RQIA is appropriately notified of any accident in the home where medical advice is sought.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Acting manager has carried out staff supervisions on roles and responsibilities with staff in regard of notifying the RQIA when an accident occurs which requires medical advice from GP, Paramedics other medical personnel. Notifications have been added retrospectively to ensure all up to date.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> • The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered person has reviewed all recommendations from the Fire Risk Assessment and all actions have been addressed and signed off. This will be prioritised and any future items which need addressing will be signed off and countersigned by the Operations Director within the prescribed time frame for any new actions.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that regional Covid-19 guidance for nursing and residential homes is implemented.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the screening of all visitors to the home for signs and symptoms of Covid-19 • patients admitted to the home are appropriately isolated, in keeping with best practice guidance. <p>Ref: 5.2.3</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The Acting manager has ensured that Covid 19 guidelines for nursing and residential homes has been implemented in relation to the screening of visitors and admission of patients who require isolation. During daily flash meetings staff discuss any upcoming new admissions with the Acting manager and the isolation period for residents: and the need for 1:1 if required to ensure adherence to isolation period.</p> <p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • pull cords are appropriately covered with a wipe able material and do not have a wooden pull • shower chairs are effectively cleaned • notices are not displayed in poly pockets • the washing machine and cooker in the Sycamore unit are effectively cleaned. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Pull cords have been addressed and have a wipeable surface. Shower chairs have been cleaned and domestic staff have received training in their roles to include this, including supervision. All notices are now laminated. The washing machine and the cooker have now been cleaned and the appropriate staff have been made aware of their responsibilities in keeping them clean. Staff will be reminded that use of poly pockets for notices is not acceptable.</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically (but is not limited to) the robust completion , action planning and management oversight of:</p> <ul style="list-style-type: none"> • care record audit • IPC audit • housekeeping audit • dining experience audit • complaints audit. <p>Ref: 5.2.5</p>
<p>Response by registered person detailing the actions taken: The Acting manager has implemented daily flash meetings with the unit leads. Unit manager walkarounds are completed by each unit lead and the Acting manager reviews and signs them off. All staff who undertake audits are to receive training in governance system completion, to ensure that audits are thorough and have relevant detail. Monthly governance meetings will be implemented with staff. Staff to be made aware that all care plans to be re written an an annual basis.</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the duty rota clearly evidences the full name of all staff working in the home.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The Acting manger has put in a new duty rota template for easier reading, which includes the full name of all staff on duty. All staff have been informed that when booking agency staff that the full name and designation of the agency staff member is completed and the name entered into the correct area of the rota. The Acting manager and deputy are the only people who can change the rota. Fire Marshall and First aider are clearly marked on the rota.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 14.25</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2019</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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