



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN018007
<b>Establishment ID No:</b>	1070
<b>Name of Establishment:</b>	Cedarhurst Lodge Care Home (Beech)
<b>Date of Inspection:</b>	02 October 2014
<b>Inspector's Name:</b>	Colin Muldoon

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Cedarhurst Lodge Care Home (Beech)
<b>Address:</b>	Cedarhurst Road, Belfast. BT8 4RH
<b>Telephone Number:</b>	02890 492722
<b>Registered Organisation/Provider:</b>	Four Seasons Health Care Mr J McCall
<b>Registered Manager:</b>	Ms Lavina Harris
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms Lavina Harris
<b>Other person(s) consulted during inspection:</b>	Mr Stevie McCormick (FSHC Estates Manager)
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	45
<b>Category of Care</b>	NH-DE
<b>Date and time of inspection:</b>	02 October 2014 10.30 – 12.50
<b>Date of previous Estates inspection:</b>	23 March 2012
<b>Name of Inspector:</b>	Colin Muldoon

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with Mr Stevie McCormick
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Mr Stevie McCormick.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Cedarhurst Lodge is a purpose built care home set within a residential area of Newtownbreda in Belfast. All bedroom accommodation is provided in single bedrooms, and in addition there are sitting rooms, a dining room, kitchen, laundry, toilet/washing facilities, staff accommodation and offices. The home sits on a generous site and there is good car parking space.

## **8.0 SUMMARY**

There was good evidence of maintenance activities and in general the building appeared to be in satisfactory condition although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Cedarhurst Lodge Care Home on 02 October 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in six requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr Stevie McCormick during the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous Estates inspection on 23 March 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 14.-(2)(c)	The provider must implement the scheme of action arising from the new legionella risk assessment.	The last legionella risk assessment was carried out in April 2012. The action plan resulting from the assessment identified a number of issues requiring attention. The records available indicate that all the remedial works were completed in October 2013. The inspector was informed that arrangements have been made to review the legionella risk assessment.	There are procedures in place towards the control of legionella. However, the records relating to the monitoring of all the calorifier temperatures and the flushing of infrequently used outlets were incomplete. Mr McCormick confirmed he would address this matter urgently. (Item 1 in Quality Improvement Plan)
2	Regulation 27.-(2)(b)	The floor covering and shower outlet in bathroom 73 must be repaired. It is recommended that plans are made to refurbish this bathroom.	Completed	
3	Regulation 27.-(3)(a)	The provider must ensure that there is suitable working and storage space on the premises.	The home has a first floor area which is accessible to staff only. Within this area there is a storage room.	The manager and fire safety advisor should keep the amount and type of stored material under constant review. (Item 5 in Quality Improvement Plan)

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
4	Regulation 27.-(2)(b) 27.-(2)(d)	The cleaners store (room 65) requires to be refurbished.	Some work has been carried out to this store.	Although some work has been carried out this cleaners store would benefit from further upgrade. It was confirmed to the inspector that this will be included in a forthcoming scheme of works planned for the home.
5	Regulation 27.-(4)(c)	The provider must restore all the emergency lights to full working order.	The inspector was informed that the remedial works were carried out on 19 June 2012. The emergency lighting system was last serviced on 29 September 2014.	
6	Regulation 27.-(4)(d)(i)	The provider must ensure that all fire doors provide an effective fire seal.	It was confirmed to the inspector that this was addressed following the last inspection.	During this inspection there were a number of fire doors propped open eg doors 132,117, 83. (Item 6 in Quality Improvement Plan)

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
1	Standard 32.	The provider should carry out the remedial work identified in the gas safety certificate issued for the catering appliances. (Item 9.2.7 in report)	It was confirmed to the inspector that this work was completed. The most recent Gas Safe certificate for the kitchen (23/09/2014) gave a zero risk rating for the installation and appliances.	

**9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

- 9.2.1 In the shower room beside store 65 the top part of the floor gulley requires to be replaced or repaired.  
(Item 2 in Quality Improvement Plan)
- 9.2.2 On the day of inspection there was no documentation relating to the servicing of the thermostatic mixing valves, the thorough examination and servicing of the hoists or Gas Safe certificates for the laundry.  
(Item 3 in Quality Improvement Plan)

These matters are detailed in the section of the attached quality improvement plan titled '**Standard 32 - Premises and grounds**'.

**9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner***

- 9.3.1 In the two treatment rooms mains powered portable fans were positioned at the very edge of the sink units. In treatment room 92 there were a number of unsecured oxygen cylinders.  
(Item 4 in Quality Improvement Plan)

These matters are detailed in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

**9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.***

- 9.4.1 **See section 9.1**

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3B**

Announced Estates Inspection to Cedarhurst Lodge Care Home (Beech) on 02 October 2014

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## Quality Improvement Plan sign off sheet for estates inspectors

<b>Name of Home</b>	Cedarhurst (Beech)
<b>Date of Inspection</b>	02 October 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	21/01/2015

Estates Inspection – QIP sign off sheet

**Informing and Improving Health and Social Care**

## Quality Improvement Plan

### Announced Estates Inspection

#### Cedarhurst Lodge Care Home (Beech)

**02 October 2014**

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

## **NOTES:**

The details of the Quality improvement Plan were discussed with Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.


Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Lavina Harris
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jim McCall 

CAROL COUSINS  
DIRECTOR OF OPERATIONS

Announced Estates Inspection to Cedarhurst Lodge Care Home (Beech) on 02 October 2014

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## Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 13.-(7)	The actions being taken towards the control of legionella should be reviewed and updated as necessary. It should be ensured that a scheme for the effective control of legionella is being fully implemented. The legionella risk assessment should be reviewed within 2 months. (Item 9.1.1 in report)	1 Week	The Legionella Risk Assessment will be reviewed within two months
2	Regulation 27.-(2)(b)	In the shower room beside store 65 the floor gulley requires repair. (Item 9.2.1 in report)	2 Weeks	This is currently being addressed
3	Regulation 27.-(2)(c) 27.-(2)(q)	It should be confirmed that: 1. The thermostatic mixing valves are being serviced, set and tested in accordance with the manufacturer's instructions. 2. There are current LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination reports which verify that all the hoists are without defects. 3. The hoists are being serviced in accordance with the manufacturer's instructions. 4. There is a current and valid Gas Safe certificate which verifies that the laundry equipment is safe to use. (Item 9.2.2 in report)	1 Month	1) The Thermostatic Mixing Valves are being serviced, set and tested in accordance with the manufacturers instructions 2) LOLER Reports are in place 3) Hoists are being serviced in accordance with manufacturers instructions 4) Gas Certificate is in place

Announced Estates Inspection to Cedarhurst Lodge Care Home (Beech) on 02 October 2014

**Standard 35 - Safe and healthy working practices**

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 27.-(2)(t)	The advice of the health and safety advisor should be sought regarding the use of the electric fans in the treatment rooms. The spare oxygen cylinders in room 92 should be secured against toppling. (Item 9.3.1 in report)	1 Month	Oxygen Cylinders have been secured in Room 92 and advice has been sought from the H&S Advisor regarding fans in the Treatment Rooms

**Standard 36 - Fire Safety**

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27.-(4)(b)	The manager and fire safety advisor should keep the amount and type of stored material under constant review. (Item 9.1.3 in report)	Ongoing	<b>This has been reviewed and Registered Manager will monitor on an ongoing basis</b>
6	Regulation 27.-(4)(c) 27.-(4)(d)(i)	It should be ensured that fire doors are not propped open. If for operational reasons bedroom doors are required to stand open they should be fitted with stand open devices linked to the fire detection and alarm system. (Item 9.1.6 in report)	Ongoing	Fire Doors are not being propped open. Capex for 16 DRUs has been authorised and DRUs have been ordered.