



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	The Cedars
Establishment ID No:	1588
Date of Inspection:	2 September 2014
Inspector's Name:	Lorna Conn
Inspection No:	16815

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	The Cedars
Address:	130 Upper Knockbreda Road Belfast BT6 9QB
Telephone Number:	028 90799517
E mail Address:	info@cedarsni.co.uk
Registered Organisation/ Registered Provider:	Selkirk Investments Ltd/ Ms Jane Anne Hurley
Registered Manager:	Ms Jane Anne Hurley
Person in Charge of the home at the time of Inspection:	Ms Jane Anne Hurley
Categories of Care:	RC-I, RC-LD (E), RC-DE
Number of Registered Places:	26
Number of Residents Accommodated on Day of Inspection:	18
Scale of Charges (per week):	£426.00 - £449.00
Date and type of previous inspection:	19 February 2014, Primary unannounced inspection
Date and time of inspection:	2 September 2014 1:15pm - 4:00pm
Name of Inspector:	Lorna Conn

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 residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

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 the registered manager/provider
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 24 Staff Supervision and Appraisal - Staff are supervised and their performance appraised to promote the delivery of quality care and services.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

The Cedars is situated on an elevated site in a residential area of South East Belfast close to the dual carriageway at the foot of the Castlereagh Hills. The home provides accommodation for 26 individuals in 18 single and four double bedrooms. The facilities include two lounges, a dining room, bathroom and WCs on each floor. Access to the first floor is via a passenger lift and stairs. An extension to the home provides a WC with disabled access, a laundry, training room, shower / WC, two small offices and a records store. The residential home is owned and operated by Selkirk Investments Ltd and Ms Jane Anne Hurley. Ms Jane Hurley is the current registered manager.

There is parking for visitors close to the entrance to the home which is convenient for local community amenities and services. The home also provides Domiciliary Care Services in the community which are run from a separate part of the building.

The home is registered to provide care for a maximum of 26 persons under the following categories of care: RC-I (Old age); RC-LD (E) (Learning Disability – over 65 years) and RC-DE (Dementia)

7.0 Summary of inspection

This secondary unannounced care inspection of The Cedars was undertaken by Lorna Conn on 2 September 2014 between the hours of 1:15pm and 4:00pm. Ms Jane Hurley was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed the two requirements and one recommendation within the timescales specified. One recommendation concerning resident involvement in recruitment has been carried forward for examination at the next inspection as there had been no new staff recruited since the last inspection with which to evidence this. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was standard 24, staff supervision and appraisal and the inspector examined the level of compliance achieved with respect to Standard 24 – Staff supervision and appraisal. Evidence reviewed indicated that a procedure is in place; the home has plans in place for the organisation of both supervision and appraisal on an on-going basis and senior staff have received training with respect to this role. No new requirements or recommendations have been made with respect to areas where improvements are necessary. This is good to note. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties and that regular supervision and appraisal had occurred.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

No new requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, relatives, the registered manager/ registered provider and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection.

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Regulation 3 (10) (c) Schedule 1	Revise Statement of Purpose to ensure it is developed further in order to ensure that it contains all areas as per legislative requirements.	The statement of purpose dated 4 August 2014 was examined and was found to be compliant.	Compliant
2.	Regulation 29 (3)	Revise visits by the Registered Provider reports to ensure the report complies with Regulation 29.	Monthly reports were examined and were found to review a number of the key areas.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	RQIA guidance	Audit dates of annual refresher training relating to the Protection of Vulnerable adults to ensure all staff have completed annual refresher training and that a record/matrix is retained in respect of same.	The training matrix for 2014 was inspected and all staff had recorded annual updates in vulnerable adults.	Compliant
2.	19.6	Review how residents, or where appropriate their representatives, could be involved in the recruitment process where possible.	The home has not recruited any new staff since the last inspection. This has been carried forward to the primary inspection.	Not assessed.

9.0 Inspection Findings

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

<p>Criterion Assessed: 24.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Discussions with the registered manager confirmed that she and the senior care staff are responsible for conducting supervision and appraisal and evidence reviewed indicated that specific training in supervision and performance appraisal had been provided for all staff on 31 July 2014.</p>	<p>Compliant</p>
<p>Criterion Assessed: 24.2 Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Three staff records examined at the time of the inspection evidenced that staff had received recorded; individual, formal supervision on not less than a six monthly basis.</p>	<p>Compliant</p>

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

<p>Criterion Assessed: 24.3 Supervision sessions are planned in advance and dedicated time set aside.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: There was evidence available during the inspection that supervision sessions had occurred and were planned with dedicated time set aside.</p>	<p>Compliant</p>
<p>Criterion Assessed: 24.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Interviews with staff and discussions with senior staff and the registered manager confirmed that there were opportunities to report serious and/or recurring issues at staff handovers and in supervision.</p>	<p>Compliant</p>

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

<p>Criterion Assessed: 24.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Records reviewed during the inspection indicated that staff had received a recorded annual appraisal during 2013 and some had been appraised in 2014. The process for appraisal for 2014 was well underway. The appraisal forms examined indicated that there were opportunities to discuss personal development.</p>	<p>Compliant</p>
<p>Criterion Assessed: 24.6 Staff who are contracted to undertake specific services receive guidance and support that corresponds to their role and responsibilities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Records reviewed indicated that these staff had also received supervision and appraisal corresponding to their roles and responsibilities.</p>	<p>Compliant</p>

10.0 Additional areas examined

10.1 Resident's consultation

The inspector met with 13 residents individually and with others in groups. Residents were observed relaxing in the communal lounge areas whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'It's going well here. The staff must be alright or I wouldn't have stayed as long'.

'They are very good to me and I love my room'.

'The staff are awfully good. It's a home from home. I never thought I'd be so happy'.

'I like the food and they are very good to me here. We get the best of food and they give you what you want'.

'It's lovely. The food is really nice and the staff are wonderful'.

'I'm very well looked after'.

10.2 Relatives/representative consultation

One relative who met with the inspector indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'It seems very good. It's like a hotel as I hear staff giving residents a choice of meal'.

10.3 Staff consultation

The inspector spoke with four staff of different grades that were on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents and confirmed that they had received regular supervision and appraisal.

Comments received included:

'It's grand here. My training is all up to date and the care is very good. People here become like family. We try our best and are constantly learning. I have supervision every six months and yearly appraisal. If I had any concerns I would go to the manager and she's very good. Staff are here for a long term and it shows as it's a good home'.

'The staff are great and were a great help to me when I started work. I had my appraisal recently and I'm very happy here. The training really benefitted me and being able to interact with the residents which is the biggest thing for me'.

'Everything is dead on here. I have all my training and supervision and appraisal. If I had any concerns I would go straight to the manager. The care is good and it's more relaxed than where I worked before and I have time to talk to the residents. There are activities on every day'.

10.4 Visiting professionals' consultation

No visiting professionals were present in the home during the inspection.

10.5 Environment

The inspector viewed the home by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Jane Hurley, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

The Cedars

2 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Jane Hurley during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19.6	Review how residents, or where appropriate their representatives, could be involved in the recruitment process where possible.	Once	This issue has been addressed at a recent residents meeting by seeking their opinions, views and suggestions which were minuted, and will be included in our next recruitment policy review.	By 28 February 2015.

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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Jane Hurley
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jane Hurley

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorna conn	21/10/14
Further information requested from provider			