

# Unannounced Care Inspection Report 9 June 2016



## The Cedars

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**Inspector: Patricia Galbraith**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of the Cedars took place on 9 June 2016 from 10.00 to 15.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

No requirements or recommendations were made in regard to the delivery of safe care. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Is care effective?

No requirements or recommendations were made in regard to the delivery of effective care. There were examples of best practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were made in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

### Is the service well led?

No requirements or recommendations were made in regard to the delivery of a well led service. There were examples of best practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Victoria, McCauley senior carer, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Selkirk Investments Ltd Jane Anne Hurley	<b>Registered manager:</b> Jane Anne Hurley
<b>Person in charge of the home at the time of inspection:</b> Victoria McCauley, senior carer	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 26
<b>Weekly tariffs at time of inspection:</b> £494	<b>Number of residents accommodated at the time of inspection:</b> 20

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the most recent care inspection and notifications of accidents and incidents.

During the inspection the inspector met with nine residents individually and with others in groups, the registered manager, two care staff, one domestic assistant, two kitchen assistants and the cook. The inspector also spoke with two residents' representatives and one visitor to the home. No visiting professionals were present.

Ten resident views, ten resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Seven resident views questionnaires, two resident representative views questionnaire and seven staff views questionnaires were returned to RQIA. The information contained within the questionnaires reflected general satisfaction with the services provided within the home.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control records
- Equipment maintenance records
- Accident / incident / notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance records of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreements
- Policies and procedures manual.

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 24 November 2015**

] The most recent inspection of The Cedars was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 9 June 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (a) (b)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 7 June 2015</b></p>	<p>The registered manager must ensure there is an up to date Fire Risk Assessment in the home. Fire doors must not be wedged open at any time. If there is an operational requirement for a fire door to be held open, then a suitable hold open device, linked to the premises fire detection and alarm system must be installed. In the case of a bedroom door, a 'swing free' door closer again linked to the fire detection and alarm system would be currently recognised as the most suitable option.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Fire safety risk assessment was reviewed and was in date.</p>	

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty

- 1x senior carer
- 1 x trainee senior carer
- 1 x care assistants
- 3 x domestic staff
- 1 x laundry staff
- 1 x cook
- 2 x kitchen assistants
- One senior care assistant one trainee senior career and one care assistant were due to be on duty later in the day. Two care assistants were scheduled to be on overnight duty.

Discussion with staff and a review of staff training matrix confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The senior carer and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed.

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established Jane Hurley registered manager as safeguarding champion

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges, bathrooms. The majority of residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members of all designations established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Residents were able to describe how staff members wore gloves and aprons when assisting with personal care tasks/kept the home clean.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments ( e.g. manual handling, nutrition, and falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of three care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The senior carer confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment, record of individual equipment and aids supplied maintenance /cleaning records.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment 24 June 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed *te* and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

No areas of improvement were identified during inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

Discussion with the senior carer established that the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these had, up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents, complaints, environment, and catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report

The senior manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of three care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection. The last residents' meeting was dated 13 March 2016.

### Areas for improvement

No areas of improvement were identified during inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.



The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and/or their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The inspector met with ten residents who provided the following comments –

- “ the care here is great “
- “Staff are always there to help”
- “staff are amazing and food is great”

### Areas for improvement

No areas of improvement were identified during inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, Poster/leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The senior carer confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the senior carer identified that she had understanding of her role and responsibilities under the legislation. The senior carer confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The senior carer confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The senior carer confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and concerns raised.

The senior carer confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

No areas of improvement were identified during inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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