



Unannounced Care Inspection Report 11 February 2019



The Cedars

Type of Service: Residential Care Home
Address: 130 Upper Knockbreda Road, Belfast
BT6 9QB
Tel No: 02890799517
Inspector: Lyn Buckley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a care home which is registered to provide residential care for up to 26 persons.

3.0 Service details

Organisation/Registered Provider: Selkirk Investments Ltd Responsible Individual: Jane Anne Hurley	Registered Manager: Jane Anne Hurley
Person in charge at the time of inspection: Linda Beattie	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 26 comprising of 25 – RC- I 1 – RC- DE for a named person

4.0 Inspection summary

An unannounced inspection took place on 11 February 2019 from 10:50 to 13:45 hours.

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

The inspection focused on assessing progress and/or compliance with issues raised during and since the last care inspection undertaken on 10 September 2018.

We can confirm that all areas of improvement identified during the September 2018 inspection have been complied with.

There were no areas for improvement identified during this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jane Hurley, registered person and Linda Beattie, senior in charge, 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.

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection to this home was an unannounced care inspection undertaken on 10 September 2018. Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 11 residents and four staff. Five resident questionnaires and five relatives/representatives questionnaires were left for distribution. A poster was provided for display inviting staff to provide feedback to RQIA on-line. The inspector also provided the registered person with 'Have we missed you' cards which were to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- complaints record
- home's policy and procedures file
- a sample of accident and incident records
- two residents' care records.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2018. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure the waste bin placed within the communal toilet opposite room seven, first floor, is replaced with a pedal operated type of bin.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the senior in charge and the registered person evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 28.3 Stated: First time	The registered person shall ensure that all cleaning liquids are safely and securely stored within a locked cupboard in accordance with COSHH requirements.	Met
	Action taken as confirmed during the inspection: Observation of the home's environment evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that a smoking risk assessment and care plan for one resident is reviewed, revised and discussed with the resident.	Met
	Action taken as confirmed during the inspection: Discussion with the senior in charge and review of two residents' care records evidenced that this area for improvement has been met.	

Area for improvement 4 Ref: Standard 6.3 Stated: First time	The registered person shall ensure; <ul style="list-style-type: none"> • That the registered manager signs/dates all care plans. • Undertake a review of all care plans and needs assessments to ensure these documents are dated in accordance with minimum residential care standards. • Written consent is obtained from residents or their representative, as appropriate, for consent to photography and access to care records 	Met
	Action taken as confirmed during the inspection: Discussion with the senior in charge and review of three residents' care records evidenced that this area for improvement has been met.	
Area for improvement 5 Ref: Standard 21.3 Stated: First time	The registered person shall ensure that a central index is contained within the policy/procedure file.	Met
	Action taken as confirmed during the inspection: Review of the policy/procedure file evidenced that this area for improvement has been met.	
Area for improvement 6 Ref: Standard 17.1 Stated: First time	The registered person shall ensure that staff receives training in complaints handling and that records retained fully reflect investigation/outcome.	Met
	Action taken as confirmed during the inspection: Discussion with the senior in charge and the registered person evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.3.1 Staffing

The registered person confirmed that staffing levels for the home were kept under review to ensure the needs of residents were met.

Residents said the following in relation to the staff:

- “Staff have supported me and I am very grateful [for their support] and kindness.”
- “Staff are attentive, caring and friendly.”

- “Staff came immediately when I called them”.
- “Staff are respectful, kind and caring.”

Residents were observed to be relaxed and comfortable in their interactions with staff.

In addition to discussions, we also consulted residents and relatives via questionnaires regarding staffing. However, none were received/returned within the timeframe specified.

Staff spoken with described good team work, believed they delivered good care and that there was effective management of the home. Some of the staff consulted had worked as part of the team for 10 years and more.

All staff were invited, via a poster, left with the registered person, to provide feedback via an on line survey which included questions regarding staffing. At the time of issuing this report we had received no responses.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Environment

Observations evidenced that the home was warm comfortable and the décor was maintained to a high standard. Housekeeping staff were complimented for their efforts in maintaining the cleanliness of the home.

Residents could choose to remain in their room or make use of communal lounges and the dining room.

Observations confirmed that staff adhered to good practice guidance in relation to infection prevention and control measures.

Fire exits and escape routes were observed to be free from clutter. One resident wished to have their room door held open. Details were discussed with the registered person and senior in charge during feedback and it was agreed that this resident’s request would be addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Consultation

We spoke with 11 residents. In addition to comments made by residents regarding staffing, other comments made included:

- “I enjoy my food – three choices.”
- “Good food.”

- “I am content.”
- “Very good home.”
- “I have no complaints.”

As discussed previously, we provided five resident questionnaires and five relatives/representatives questionnaires for distribution, after the inspection; none were returned within the timescale specified.

We spoke with four staff on duty during the inspection; staff all commented positively regarding the care delivered, staffing levels and management of the home.

We also invited all staff, via a poster provided to the registered person, to participate in an online survey. We had no responses.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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