

# Inspection Report

13 September 2022



## Cedarhurst Lodge

**Type of Service: Residential Care Home**

**Address: Cedarhurst Lodge, Cedar Suite, Cedarhurst Road,  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Electus Healthcare 1 Limited</p> <p><b>Responsible Individual</b> Mr Edmund Coyle – not registered</p>	<p><b>Registered Manager:</b> Mrs Julie-Ann Jamieson – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Julie-Ann Jamieson - manager</p>	<p><b>Number of registered places:</b> 24 RC-DE for a maximum of 4 persons and RC-MP / RC-MP ( E ) for a maximum of 20 persons</p>
<p><b>Categories of care:</b> Residential Care (RC) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 23</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 24 residents. The home is situated over one floor with individual resident bedrooms and communal bathrooms, lounges and a dining room.</p> <p>There is a Nursing Home which occupies the part of the ground floor and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 13 September 2022, from 9.40 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Resident's comments about living in the home were positive. Residents who were less able to communicate their opinions were seen to be content and settled in their surroundings and in their interactions with staff.

Interactions between staff and residents were seen to be friendly and staff provided care in a caring and compassionate manner. It was evident that staff were well trained to deliver safe and effective care.

Areas for improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Cedarhurst Lodge, Cedar Suite, was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Ten residents and staff were spoken with individually and in small groups throughout the inspection. Feedback was positive with residents comments included "I'm very happy with everything here," "my room is lovely" and in relation to meals "it's lovely".

Staff were complimentary in their comments saying “the team are working really well together” and “the manager is really supportive”.

Eight completed questionnaires were received and residents confirmed that they were satisfied or very satisfied that care was safe, effective, compassionate and well led.

Two staff responded to the on-line survey and confirmed that they were very satisfied that care was safe, effective, compassionate and well led. Comments included “I feel that the team work and communication amongst us all is greatly improved” and “I really enjoy my work...”

A record of compliments received about the home was kept and shared with the staff team.

## 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 care inspection 10 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (2) (a) (b) <b>Stated:</b> Second time	The registered person shall ensure each resident has an up to date assessment of their needs which is kept under continual review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4)(c) <b>Stated:</b> First time	The registered person shall ensure an accurate written record is kept of the administration of topical creams to a resident.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> While there was evidence that a recording sheet was in place for topical cream application, however, no records had been made to evidence that creams had been applied when required.  This area for improvement has been partially met and has been stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27	The registered person shall ensure the premises are well maintained and remain suitable for their use.	<b>Met</b>

<b>Stated:</b> First time	This is in relation to the maintenance and décor of communal areas and residents' bedrooms.	
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 27 (2)(p) <b>Stated:</b> First time	The registered person shall ensure that appropriate heating is provided in all parts of the home which are used by residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and the spread of infection. This is in relation to the areas for improvement identified in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 13 (8)(a) <b>Stated:</b> First time	The registered person shall make suitable arrangement to ensure that the home is conducted in a manner which respects the privacy and dignity of residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 7</b> <b>Ref:</b> Regulation 18 (2)(i) <b>Stated:</b> First time	The registered person shall ensure that where activities provided by the home are planned and provided with regard to the needs of the residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person and the registered manager shall, having regard for to the number and needs of residents carry on or manager the home (as the case may be) with sufficient care, competence and skill.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure all staff recruitment checks are completed prior to taking up post and a record of the checks are kept in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure residents are provided with a nutritious and varied diet which meets their individual needs and preferences and residents are involved in the planning of meals.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the general health and welfare of resident is continually monitored and recorded and advice is sought were required. This is in relation to residents' weight.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure the building is kept clean and hygienic at all times using the correct equipment recommended for cleaning purposes.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time</p>	<p>The registered person shall ensure working practices are systemically audited and actions resulting from these audits are addressed in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 7</b> <b>Ref:</b> Standard 17 <b>Stated:</b> First time</p>	<p>The registered person shall ensure all complaints are taken seriously and dealt with promptly and effectively.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Recruitment records for staff were available in the home and checks were noted to have been appropriately completed for two new staff.

There were systems in place to ensure staff were trained and supported to do their job. Good compliance has been achieved in relation to mandatory training and additional training has been provided in Dementia Care and Dignity, Privacy and Respect.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff commented on the improved staff morale and team working.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff meetings were held regularly and staff commented that this was helpful in keeping them up to date on any changes in the service provision and the opportunity to discuss residents care requirements.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff spoke with residents in a calm and gentle manner and took time to listen to residents.

It was established that safe systems were in place to manage restrictive practices such as a locked door and management of smoking materials.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors and asking permission before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, walking aids were provided for those who required this assistance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff ensured the meal time was well organised and staff had a good knowledge of residents' needs in relation to nutrition.



There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Alternative meal choices were available for residents who preferred a different meal.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

While there was evidence that residents' needs were assessed at the time of their admission to the home, care plans assessed as required to meet residents care needs were not in place for all residents. This was discussed with the manager and an area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to them.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that an extensive programme of improvement had been undertaken and completed in the home and the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. An activities room was available for residents use when desired and an outside courtyard with seating and plants was provided and accessible.

There was evidence throughout the home of 'homely' touches such as snacks and drinks available and access to a kitchenette.

An up to date fire risk assessment was in place and actions required had been completed. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with the current DoH and IPC guidance.

### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have family in their room, could go out to church, local shops, pubs or other activities in the community.

Residents also told us that they were encouraged to participate in resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff which residents had helped plan. The range of activities included social, community, cultural, religious, spiritual and creative events. Additionally the activities lead worked closely with residents in ensuring activities were available and meaningful.

Staff recognised the importance of maintaining good communication with families. Staff assisted residents to make phone calls if needed. Visiting was in place with positive benefits to the physical and mental wellbeing of residents.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Julie-Ann Jamieson has been the acting manager in this home since 3 January 2022 and has applied to register as the permanent manager.

There was evidence that a robust system of auditing has been put in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home and follow up actions completed.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices.

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 residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. Staff commented that the manager provided guidance when they required this and took time to speak with staff and residents.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	1

\* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Julie-Ann Jamieson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)(c)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure an accurate written record is kept of the administration of topical creams to a resident.  Ref:5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Following inspection GPs were contacted re creams that were not used over last 4 weeks and discontinued. Any creams which are prescribed on a PRN basis are now being documented that they are not applied if not required
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all resident care plans are kept up to date and reflective of residents' current needs.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Each residents care plans and risk assessments have now been reviewed and evaluated re individual needs. Each identified need is now care planned. Risk assessments available were appropriate.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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