



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Cedarhurst Lodge
04 November 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 4 November 2015 from 13.10 to 17.20. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Lavina Harris, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Maureen Claire Royston	Registered Manager: Lavina Ann Harris
Person in charge of the home at the time of inspection: Lavina Ann Harris	Date manager registered: 14/06/2007
Categories of care: RC-MP, RC-MP(E), RC-DE	Number of registered places: 24
Number of residents accommodated on day of inspection: 23	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issue raised during and since the previous inspection and to determine if the following standard had been met:

Standard 1: Residents views and comments shape the quality of services and facilities provided by the home.

4. Methods/ processes

Prior to inspection we analysed the following records: the incidents register and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with four residents individually. We also observed other residents within the home and exchanged greetings. We met with the registered manager, interviewed two care staff individually and spoke informally to two ancillary staff. We met with two representatives of a resident.

We inspected the following records during the inspection: two care records, staff training records, activity records and minutes of resident meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 29 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection undertaken on 29 May 2015.

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.4	The registered manager should ensure that all remaining staff complete training in palliative care.	Met
	Action taken as confirmed during the inspection: Training records inspected demonstrated this had been addressed during September and October 2015.	

Areas for improvement

No areas of improvement were identified.

Number of requirements:	0	Number of recommendations:	0
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5.3 Standard 1: Residents views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

Policies and procedures in regard to resident involvement were not made available to us either during or following the inspection. These should include the full range of methods employed to involve residents. Policies should include arrangements in regard to consent and communication. We made a recommendation in regard to this.

The registered manager and staff reported to us that they actively seek residents' and their families' views and incorporate these into practice. Staff reported to us that this was particularly strong in the areas of meals, menu planning, activities and rituals and routines. Through an inspection of minutes of residents meetings, activity records and discussions with residents, their representatives and staff and we confirmed that residents and their families are involved in developing choices to suit individual preferences.

Residents confirmed to us that staff ask what their choices and preferences are and meet these. Residents gave examples including rising and retiring preferences, food, activities and delivery of personal care.

We inspected two care records and confirmed that records were up to date and were kept under continual review to reflect at all times the needs and preferences of the resident. Care plans had been signed appropriately.

Is care effective? (Quality of management)

The registered manager and staff described to us a range of methods and processes employed by the home to involve and seek the views of residents and their representatives. These included: care management reviews; residents meetings; use of a new feedback system; the homes annual quality review and daily individual conversation. The registered manager reported to us that she had regular and frequent contact with residents and their representatives.

We inspected records of residents meetings and confirmed that formal meetings take place on a regular basis. The registered manager confirmed to us that communication with residents' representative takes place when they visit the home or by telephone. Residents' representatives confirmed to us that they experience good communication with the home.

The annual quality review report dated 1 April 2015 included information which did not pertain to the residential care home. The report also referred to events which took place during the period 2013 / 2014. We made a recommendation in this regard.

Is care compassionate? (Quality of care)

In our discussions with residents and staff we confirmed that residents are listened and responded to in a timely manner by staff. Residents confirmed that they are kept informed about issues affecting them and are treated with respect. Residents confirmed to us that their visitors are made to feel welcome and that communication between the home and their representative is good.

The registered manager and staff were knowledgeable about residents' individual needs, routines and preferences. Residents confirmed to us that they have made friends in the home and have good relations with staff.

Staff gave examples to us of how they incorporated their knowledge of values in their practice with residents. This included, knocking on doors before entering, asking residents what they wanted at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

Two areas of improvement were identified within this standard. There were in regard to policies and procedures. The standard was assessed as met.

Number of requirements:	0	Number of recommendations:	2
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5.4 Additional areas examined

5.4.1 Residents' views

We met with four residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. No complaints or issues of concern were raised with us.

Some comments included:

- “Super staff. Couldn’t say a bad word about them.”
- “I like people best.”
- “It’s very good. All the staff especially are very good.”
- “Yes, they ask if I’m okay.”
- “Everything is A1.”

5.4.2 Staff views

The registered manager and staff spoke positively about their role and duties, staff morale and teamwork.

5.4.3 Residents' representatives' views

We met with two resident representatives together. They expressed positive views in regard to staff attitude, the care and support their relative receives, communication with the home and the standard of décor and cleanliness within the home.

5.4.4 Environment

Following an inspection of the environment, we confirmed that the home was clean, tidy and areas inspected were decorated to a good standard. The large lounge had been redecorated and a number of bedrooms had had new furniture since the previous inspection.

We observed that a handle on a wardrobe needed to be repaired, a handle on one drawer was missing and a grab rail in a shower room was rusted. The registered manager confirmed to us that these would be repaired and made good without delay.

One door was identified as in need of a hold open device to be fitted and one hold open device needed adjusting to meet the preference of a resident. The registered manager confirmed to us that this would be addressed without delay.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lavina Harris, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences.

It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 21.1 Stated: Second time To be completed by: 01 February 2016	The responsible person should ensure that the following policies and procedures are in place and are available to staff in the home: communications with carers and representatives; consent; the involvement of residents in the running of the home. .		
	Response by Registered Person(s) detailing the actions taken: The above policies and procedures are currently being developed by Four Seasons Health Care.		
Recommendation 2 Ref: Standard 20.12 Stated: First time To be completed by: 01 March 2016	The responsible person should review and amend the annual quality review report dated 1 April 2015 to ensure it pertains to the residential care home only for this period.		
	Response by Registered Person(s) detailing the actions taken: The annual quality review report dated 1 st April 2015 has been reviewed and amended to ensure it pertains to the residential care unit only for this period.		
Registered Manager completing QIP	Lavina Harris	Date completed	21.1.16
Registered Person approving QIP	Dr Claire Royston	Date approved	09.02.16
RQIA Inspector assessing response	Kylie Connor	Date approved	11/02/16

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address