



The Regulation and  
Quality Improvement  
Authority

## Primary Unannounced Care Inspection

<b>Name of Establishment:</b>	<b>Cedarhurst Lodge</b>
<b>Establishment ID No:</b>	<b>1589</b>
<b>Date of Inspection:</b>	<b>18 August 2014</b>
<b>Inspector's Name:</b>	<b>Kylie Connor</b>
<b>Inspection No:</b>	<b>16637</b>

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Home:</b>	Cedarhurst Lodge
<b>Address:</b>	Cedarhurst Lodge Cedar Suite Cedarhurst Road Belfast BT8 4RH
<b>Telephone Number:</b>	(028) 9049 2722
<b>E mail Address:</b>	<a href="mailto:cedarhurst.lodge@fshc.co.uk">cedarhurst.lodge@fshc.co.uk</a>
<b>Registered Organisation/ Registered Provider:</b>	Mr James McCall Four Seasons Health Care
<b>Registered Manager:</b>	Ms Lavina Ann Harris
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Lavina Ann Harris
<b>Categories of Care:</b>	RC-DE
<b>Number of Registered Places:</b>	24
<b>Number of Residents Accommodated on Day of Inspection:</b>	22
<b>Scale of Charges (per week):</b>	£481
<b>Date and type of previous inspection:</b>	27 February 2014 Secondary Unannounced
<b>Date and time of inspection:</b>	18 August 2014 9:00am to 5:10pm
<b>Name of Inspector:</b>	Kylie Connor

## 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 an unannounced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the regional manager
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	8
Staff	5 staff plus the registered manager and regional manager
Relatives	1
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	35	0

## 6.0 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 Standards and theme:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

The registered provider and the inspector have 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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.

## 7.0 Profile of Service

Cedarhurst Lodge, Residential Care Home (Cedar Suite) is situated in south-east Belfast, within the Belfast Trust Health and Social Care Trust area. The home is owned by Four Seasons Healthcare and the current Registered Manager, Ms Lavina Harris has been the registered manager effective from June 2007.

The building within which the residential home is situated, is divided into two separately registered homes. On one side, the registered residential home (the cedar suite) is located and on the other side, the separately registered Cedarhurst Nursing Home is situated. Both have separate entrances and there is interconnecting doors for use by staff only. This report pertains only to Cedarhurst Lodge Residential Care Home.

The home is located in a predominately residential area and without access to a car, it is not convenient to shops and community services. Public transport facilities are close by on the Beechill Road but a steep walk is necessary up to the home.

Accommodation for residents is provided in single bedrooms with a washbasin. A communal sitting area is located just inside the internal door to the home beside a staff office/small reception area with direct access onto an enclosed courtyard. Two smaller sitting rooms, both with access onto enclosed courtyards, a larger living room, a dining room, a hairdressing room are also provided on the ground floor. There are also sluice facilities, a visitor toilet, a clinical room and office accommodation. There is spacious car parking facilities within the grounds of the home.

The home is registered to provide care for a maximum of twenty-four persons under the following categories of care:

### Residential care

DE            Dementia

## 8.0 Summary of Inspection

This unannounced primary care inspection of Cedarhurst Lodge (Cedar Suite) was undertaken by Kylie Connor on 18 August 2014 between the hours of 9:00am and 5:30pm. Ms Lavina Harris was available during the inspection and was joined by Lorraine Kirkpatrick, Regional Manager for verbal feedback at the conclusion of the inspection.

The four recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that these have been addressed. The detail of the actions taken can be viewed in the section following this summary.

Prior to the inspection, Ms Lavina Harris completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Ms Lavina Harris in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives and a visiting professional, 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. There were no returned questionnaires received from staff within the timescale for reporting.

In discussions with residents they indicated that 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 members spoken to confirmed that they were provided with the relevant resources and training to undertake their respective duties. The visiting professional made positive remarks in regard to the knowledge and skills demonstrated by staff. Comments received from residents, relatives, staff and the visiting professional are included in section 11.0 of the main body of the report.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff. Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

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 well maintained.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels/guardianship, finances, vetting of staff and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and seven recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

## **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a number of relevant policies and procedures in place which partly reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used and other forms of restrictive practice were used following assessment.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Cedarhurst Lodge was compliant with this standard. Improvements identified included the training for staff in behaviours which challenge and improving relevant policies and procedures.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed but an improvement has been identified. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. An improvement was identified in regard to residents meetings and the variety of the activities.

Activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions but an improvement has been identified. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Records were maintained and an improvement was identified. The evidence gathered through the inspection process concluded that Cedarhurst Lodge is substantially compliant with this standard.



### 9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 February 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17	The registered manager should provide the inspector with an update report summarising action taken and progress made in regard to the identified complaint.	The regional manager confirmed that a meeting took place and communication by email was made. Learning was discussed and the registered manager confirmed the learning was reflected back to staff team. This has been addressed.	Complaint
2	19.1	The responsible person should ensure that the recruitment policy and procedure (2008) is reviewed.	The regional manager confirmed that this policy and procedure has been reviewed and is in draft. This has been addressed.	Compliant
3	12	The registered manager should confirm that the napkins ordered have been received and that an adequate supply will be retained in the home at all times.	Observation of the breakfast and lunchtime meals evidenced that napkins were in use. This has been addressed.	Compliant
4	23	The registered manager should confirm that a training schedule is in place for all remaining staff in the residential home to complete the 'resident experience training'. Confirm a timescale for this training delivered and completed by remaining staff.	The registered manager confirmed that all but four staff who wish, have completed this training and that the course will recommence in September for the remaining staff. Staff spoken to verified that it was beneficial. Review of records verified training provision has taken place since the previous inspection. This is addressed.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
Information regarding the resident's usual conduct, behaviours and means of communication is gathered during a pre admission assessment, on admission and thereafter on an ongoing basis. On admission to the home, a needs assessment is completed - this includes communication and behavioural needs. Risk assessments are then completed - these include a moving and handling assessment, falls assessment, pain assessment, skin assessment, continence assessment, bowel assessment and nutritional assessment . If a resident has a history of communication problems such as deafness, blindness, aphasia or cognitive impairment information is gleaned from the resident (where possible), relatives/representative and the multidisciplinary team. Additional assessments, if necessary are used such as the Abbey pain assessment and Cornell scale for depression. A Connecting with Your Community booklet is also completed to ascertain the residents life history. Following these assessments care plans are derived based on the assessment findings and include any identified triggers that may cause distressed reactions and how staff should respond to behaviours that challenge. The care plans are agreed by the resident/representative and the Care Manager. Staff follow these care plans and review them on a monthly basis or more often if there is a change in the residents condition. The evaluation and review ensure that responses are appropriate, effective and create a positive outcome for the resident.	Compliant
<b>Inspection Findings:</b>	
There are a number of related policies and procedures including a distressed reactions policy and procedure (September 2013) and a policy on deprivation of liberty in place. The area of restraint is included in the organisations Mental Capacity Act Policy which the registered manager was aware that this applies only to England. A review of a number of policies and procedures evidenced that the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) are partly reflected and the	Substantially compliant

inspector was advised that these are under review. The policy and procedures include the need for Trust involvement in managing behaviours which challenge, referring to the 'team involved in the residents care.' It does not state that RQIA must be notified on each occasion restraint is used but does state that 'possible abuse must be reported immediately to safeguarding teams and RQIA.' A recommendation has been made.

Observation of staff interactions, with residents, identified that informed values are demonstrated and discussions with staff evidenced the implementation of least restrictive strategies. A review of staff training records evidenced that staff had received training in behaviours which challenge. However, staff suggested that occasionally this training should be facilitated by a trainer, rather than via e-learning and a recommendation has been made.

A review of two residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken to were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. A visiting professional spoken to confirmed appropriate responses are made.

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	
<p><b>Provider's Self-Assessment</b></p> <p>When a resident's behaviour is uncharacteristic and causes concern, staff consider in the first instance, an underlying cause such as an infection or pain, Screening tools such as the Abbey Pain assessment and the Cornell assessment are used to aid identification of the cause of the change in behaviour and action to be taken. They will contact the GP for advice and obtain urine or sputum samples if requested by the GP. A Distressed Reaction Monitoring form is used to record the behaviour, what was happening at the time, how the reaction was resolved and what could be done to prevent the reaction occurring again. Staff report the behaviour to the Registered Manager, either verbally or through a shift report, the Care Manager is informed and also the relative/representative. A care review will be held if necessary where decisions are made on how to handle the behaviour. Referral can be made to the Behavioural Team if necessary who will discuss their findings and actions to be taken with the staff in the home. The care plan is updated to reflect advice given and include triggers and how to deal with the identified distressed reaction. This is discussed at staff handover reports and at staff meetings. Staff have had training on Distressed Reaction on 23/11/13 and also complete an e-learning module on same.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>No policy and procedure contained information pertaining to the areas stated below and a recommendation has been made;</p> <ul style="list-style-type: none"> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the trust, relatives and RQIA.</li> <li>• Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined</p>	Substantially compliant

<p>above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and/or the person in charge.</p>	
<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>If a consistent approach or response from staff is required this is fully documented in the care plan. This may range from a one to one chat with the resident , having to monitor the distressed reaction on the aforementioned form or any other interventions that are deemed necessary. Staff in the home are kept informed of any change to the care plan at staff handover reports and staff meetings, the Registered Manager is kept informed as mentioned in previous section, the Care Manager is kept informed, who will arrange a care reviews if necessary and the relative/representative is kept informed via the telephone or when they visit. If a care review is arranged to discuss and agree on the appropraite approach or response to be taken, the Key worker in the home, the care manager, the resident (if appropraite) and the relative/representative will all attend.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of two care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p> <p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> <li>. Behaviours which challenge</li> <li>. Training in regard to the home’s categories of care.</li> </ul> <p>The registered manager stated that e-learning training regarding deprivation of liberty will be made available and the registered manager will use a workbook with staff. Staff confirmed that they receive training via e-learning and a suggestion has been made for periodic face to face training. A recommendation has been made. Staff confirmed during discussion that they felt supported from the training provided, supervision and staff meetings.</p>	Compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>FSHC has a Dementia Care Team who are available to offer advice, assistance and training when required. Referrals can be made to any of the MDT via referral forms, through the GP or through the CPN. If the resident has been seen by the Dementia team, the Behavioural team, a psycho-geriatrician, a community psychiatric Nurse, an occupational therapist, psychologist or any other member of the multidisciplinary team a care plan and behaviour management programme is derived taking into account the recommendations made by any of the above. The plan of care is reviewed on a monthly basis or more often if there is a change in the resident's condition or if there is an agreed timescale made by any of the above MDT.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Evidence from care plans and discussions with staff and a visiting professional confirmed the statement above.</p>	Not applicable

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>If a behaviour management programme is in place it is usually with input by the Trust Behavioural Nurse who will provide group training and one to one training on specific residents needs. Any change to the plan of care or management programmes are communicated via staff handover reports and staff meetings. Training on Distressed reactions, etc are available on request by FSHC dementia team and training department. Staff are supported by regular supervision sessions where they have the opportunity to discuss any areas that they feel they have had a positive or negative experience.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.</p> <p>Staff training is addressed in section 10.1.</p>	Not applicable
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>If an incident is managed outside the scope of a residents care plan this is recorded and reported to the Registered Manager, resident's relative/representative, Care Manager and Regional Manager Depending on the seriousness of the incident it is recorded on FSHC Datix system. If necessary a mutlidisciplinary review is held to discuss the incident and how to manage potential recurrences. The care plan is updated to reflect any changes or new approaches.</p>	Compliant

<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from the last twelve months and discussion with staff identified that no incidents had occurred outside of the scope of a resident’s care plan. A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Staff were knowledgeable in regard to responding appropriately when an incident may occur outside a residents’ care plan.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>



<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b> Four Seasons Health Care policy and procedures on physical intervention/restraint are followed and staff follow the principle of person centered care to ensure the safety and comfort of the resident at all times. The need for restraint is fully discussed with the resident and/or their representative, GP and Care Manager - these discussions are documented in care records. Care plans include type of restraint to be used ie buzzer mats and door banners. The unit has a keypad entry which restricts residents from leaving the unit and is part of their assessed needs - this is agreed by the MDT and is recorded in the care records.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b> Discussion with staff and a review of staff training records and an examination of care records confirmed that physical restraint is not used in this home, which is in keeping with the homes categories of care. The regional manager confirmed that she had updated the homes Statement of Purpose to include the types of restrictive practices used in the home with consideration of the human rights act (1998).  Residents were unable to discuss their awareness of decisions that affect their care. There was confirmation that all equipment used including walking aids and buzzer mats are detailed in care plans. There was evidence that a restraint audit is completed on a monthly basis, and review of the record dated July 2014 included pressure mats and bedrails.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>The home employs 2 Personal Activity Therapists (PALs) 5 days per week who, on admission ascertains what each resident is interested in, their current and past hobbies, family history, past occupational history and their current abilities. She develops either individual or group activities accordingly.</p> <p>Audit tools are used to ensure that the views (likes and dislikes) of every resident or their representative are also taken into consideration when designing the social activities programme. (Monthly Audit of Preferences)</p> <p>Social Activity Programmes are evaluated every month, by asking all residents for their views and ratings on the programme (monthly Evaluation)</p> <p>The social activities programme is designed on the findings of the above, by ensuring as far as possible that the content reflects the views of our residents. An individualised care plan is compiled which includes the residents preferences in relation to hobbies and interests.</p> <p>The PAL compiles an individualised Social Activity plan to indicate what activities each resident prefers to partake in and following each activity a Social Activity Progress Report is completed. If the resident has not enjoyed the activity the PAL tries to ascertain the reason why and change the activity plan to suit their preference.</p>	<p>Substantially compliant</p>

<b>Inspection Findings:</b>	
<p>The home had a Daily Life Activities policy and procedure (September 2013) and a Person Centred Planning policy (May 2013) which encourage positive risk taking, promotion of independence and engagement in daily life activities, encourage previous pastimes and completion of life story activities. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. 'Pal' (regarding activity) checklists were completed. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of residents. The Statement of Purpose provided information pertaining to activity provision within the home.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The Activity programme is developed as cited in the previous section. The programme also takes into account age, spiritual needs and is culturally appropriate. The PAL promotes a healthy living approach by incorporating gentle chair, leg and arm exercises, breathing and relaxation exercises. Aromatherapy or reflexology can be arranged if requested by the resident. The home has a good relationship with the local Methodist church who provide a monthly service on a Friday morning and a Eucharistic minister from local Catholic Chapel who administered Communion every Sunday. There are various events arranged throughout the year with the help of Castlereagh Council where the residents are taken out to local leisure facilities when events are arranged. Special events are arranged at Easter, Halloween, Christmas within the Home.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised on a daily basis each week. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Moving towards compliance

<p>There was evidence that a new PAL worker is being introduced into the home and although the service is contracted for 20 hours per week this has not been fully available in the last nine months. The registered manager and regional manager confirmed that this transition would be completed in the next few weeks. It was acknowledged that the new worker will need training and support in the new role and a review records identified that there is a need to improve the variety. Staff spoken to suggested that the PAL provision is increased in the autumn/winter months when residents are less able to use the outdoor space. A recommendation has been made.</p>	
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<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> As cited in section 1 assessments and a life history is gleaned on admission. Residents who choose to stay in their room, have their wishes and privacy respected. The PAL will compile an activity plan that is suitable for them. The resident is included in all questionnaires and reviews of the activities programme.</p>	Compliant
<p><b>Inspection Findings:</b> A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. The registered manager stated that the 'doodle bugs service' service was reviewed and action taken.  Residents and their representatives were also invited to express their views on activities by means of resident/relatives meetings, registered provider visits, one to one discussions with staff and care management review meetings. However, records did not demonstrate that residents meetings were taking place in a timely manner and a recommendation has been made.</p>	Substantially compliant
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> There is an Activity notice board in the foyer and on each unit. This displays day to day activities and up and coming events, the notice board is updated on a regular basis so that residents and relatives are aware of what events are scheduled. For those residents who have cognitive impairment a photo display is offered to encourage them to attend. The PAL compiles a monthly newsletter which also informs residents and relatives of past and scheduled events.</p>	Compliant

Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the residents’ main living room and in the reception area of the home. This location and format of the programme, although accessible to residents and visitors could be improved and a recommendation has been made.</p> <p>Residents were unable to discuss what activities were planned, but staff were knowledgeable and informed the inspector that they tell residents each day what is planned or ask them what they would like to do.</p>	<p>Substantially compliant</p>

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Necessary equipment and aids are identified at the assessment stage of admission. The home purchases/replaces aids and equipment as and when necessary. There is a dedicated Activity room where residents can go to for any arranged activities or as and when they prefer. There are large game boards for those residents who are partially sighted and have poor dexterity, CD players with appropriate CDs for those who are registered blind, cooking and gardening equipment as well as arts and craft equipment. The PAL attends regular PAL meetings - the PALs from other homes meet to discuss activities, programmes, what works well and what does not work well.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The home employs an activity co coordinator (PAL) for 20 hours each week and the reader is referred to comments in 13.2. Activities are also provided by care staff. The activity coordinator and care staff confirmed that there was a need to further improve the range of activity equipment available. This equipment included a large connect 4, ball games, board games, arts and craft resources. There was confirmation from staff and the registered manager that a designated budget for the provision of activities was in place.</p>	<p>Substantially compliant</p>
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Each resident has an individual activity care plan which identifies the residents needs and abilities and their normal concentration level before they become distracted or uninterested. If a resident appears to loose concentration or is distracted then they are offered an alternative activity or to leave the session. The Social Activity plan and Progress report are then completed .</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The staff confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p>	<p>Substantially compliant</p>

<p>Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities. A recommendation has been made in regard to recording the times the activity started/ceased.</p>	
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>If a person such as a Doodlebugs or a member of the Council Activity Board is contracted in to provide therapy to the residents a member of staff/PAL accompanies them at all times and will inform the person if a resident has any history of distressed reactions, what the triggers are and how to respond in the event of a distressed reaction occurring. The person records all activities/treatment on the Activity Progress Report. The Manager monitors the effect of treatment to confirm that the activity/treatment is effective..</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that a number of persons are contracted in to provide a range of musical activities. The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>If a person has been organised as above and there has been a change in the resident's needs, staff will inform the person prior to activity/treatment and the PAL will accompany the person. Following any activity/treatment the person will give oral feedback to the staff in the home and record the activity/treatment on the Activity Progress Report.</p>	Substantially compliant



<b>Inspection Findings:</b>	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity.	Compliant
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Individual Social Activity plans are held for each resident as well as an Activity Progress report. The PAL completes these after any activity and includes recording of the activity type, date, duration, who lead the activity and the participation level and feedback from the resident.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents were in place in regard to photography.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The PAL reviews the activity after each activity to ascertain if the residents enjoyed the activity. If it is identified that the activity was not enjoyed by all then the PAL will remove this activity from the programme. Residents views are vital for the review of the programme. A monthly audit of preference is completed as well as a 6 monthly evaluation of the programme, suggestions and comments are encouraged at residents/relatives meetings and are taken into account when reviewing the programme. The programme is also reviewed if a new resident has any preference that is not already included in the programme.	Substantially compliant

<b>Inspection Findings:</b>	
A review of the programme of activities identified that it is reviewed at residents meetings. The records also identified that the programme had been reviewed at least twice yearly. Residents who spoke with the inspector were unable to confirm their satisfaction with the range of activities provided.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with eight residents and greeted and spoke briefly with others. Residents were observed relaxing in the communal lounge area 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:

- "I'm comfortable, somebody brings me my paper every day. The staff are great. I get my day in. I'm alright I take every day as it comes."
- "I help everybody. They just want to keep their job, they don't bother. The food is alright."
- "It's just first class here. The food is quite good, I see nothing wrong with it. The staff are very helpful."
- "They (the staff) try to help you."
- "I like craft, colouring, it lifts up your heart."
- "If you ask for something, the staff are good."
- "We are very blessed here."

### 11.2 Relatives/representative consultation

One relative who met with the inspector indicated total 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:

- (My relative) has got very content here. They are very good, (my relative) can be difficult for the women but he will come in for the men. (My relative) is content and comfortable.....I see them playing skittles and ball games, but (my relative) doesn't participate. Staff do interact with the residents when they have music on and staff are up dancing with them when an outside entertainer is in. There is always staff in the lounge and they sit with the residents.....It's a god-send to me. They are very good at phoning. If I'm not in they leave a message."

### 11.3 Staff consultation/Questionnaires

The inspector spoke with five staff of different grades in addition to the registered manager and the regional manager. No staff completed and returned questionnaires. Discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Comments received included:

- “The registered manager is very good, she helps us out we have done fundraisers in the past. Some people bring in wool, magazines, something they may have at home and can give us, plan a pub quiz early next year.....only two to five residents like or are able to go out, some become distressed if they go too far away. Some go out with their families. Some people bring in wool, magazines, something they may have at home and can give us, we are going to plan a pub quiz early next year. We did up the garden, we try and do gardening with them.”
- “The residents seem to enjoy what staff are playing, we need some activities that they could do outside, maybe like a foldable table-tennis table.”

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

#### **11.4 Visiting professionals’ consultation**

One professional visited the home. This professional expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- “Staff respond very appropriately to minimise the risk....but they still attend (to an identified resident) and work with (identified resident) who is resistant. Some residents have been extremely difficult and staff respond to each (resident) on an individual level. They facilitate within reason and within a protective environment. I’ve never found the balance to be inappropriate.”

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

### **11.7 Environment**

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector 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 maintained. The registered manager stated that new curtains and duvet covers are on order and that heavier duvets were in storage and would be made available as the seasons changed. A new radiator cover in a bedroom was painted during inspection.

### **11.8 Guardianship Information/Resident Dependency**

A review of the information submitted prior to the inspection and discussions with the registered manager confirmed the need for the resident dependency form to be re-submitted.

### **11.9 Fire Safety**

The inspector examined the home's most recent fire safety risk assessment dated 27 May 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned with one which the registered manager confirmed was being addressed.

The registered manager reviewed the fire safety records and confirmed that fire training, had been provided via e-learning and participated in a fire drill. The inspector recommends that the content of the fire training is made available to the estates inspector. The records evidenced that different fire alarms are tested weekly with records retained. There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed Lavina Harris, 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:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Primary Unannounced Care Inspection

Cedarhurst Lodge

18 August 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 Lavina Harris, Registered Manager either during or after 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

<b>Recommendations</b>					
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	10.1 10.2	Review relevant policies and procedures to ensure compliance with DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005); the Human Rights Act (1998), best practice guidance and reflect involvement of the trust, residents, their representative, notification to RQIA and responding to uncharacteristic behaviour.	One	FSHC are currently in the process of reviewing Policies and Procedures on Restraint	1 November 2014
2	10.1	Review the provision of training re to periodically provide face to face training in behaviours which challenge, as suggested by staff.	One	Training in Management of Acutal and Potential Aggression [MAPA] has been planned for November 2014 for all staff	By return of QIP
4	13.2 13.5	Review and improve the variety of activities, the equipment available for use indoor and outdoor; review the need for staff training and review need for an increase in Pal provision during the autumn/winter seasons.	One	The quality and variety of activities has been reviewed in the unit. Number of PAL hours has also been reveiwed	1 November 2014
5	13.4	Review and improve the format and location(s) for the programme of activity. Record time the activity started and finished.	One	Format and Location of programme of activities has been reviewed. Time of activities is now being recorded	From the date of the inspection and on-going



6	1.2 (Section 13.3 of the report refers)	Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home.  <ul style="list-style-type: none"> <li>• Ensure residents meetings are scheduled and take place in a timely manner.</li> </ul>	One	Residents Meetings have been scheduled and are taking place in a timely manner, monthly	From the date of the inspection and on-going
7	29.4 (Section 11.9 of the report refers)	All staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.  <ul style="list-style-type: none"> <li>• The registered manager should provide the estates inspector with the content of the e-learning fire safety training and the content of the fire evacuation training. Include qualifications of the author and the trainer.</li> </ul>	One	A copy of Cedarhurst E-Learning for Fire Safety has been given to the RQIA Estates Inspector by Registered Manager	By return of QIP

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](mailto:care.team@rqia.org.uk)

NAME OF REGISTERED MANAGER COMPLETING QIP	Lavina Harris
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall  CALEN COUSINS

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	K. Connors	28/10/14
Further information requested from provider			