

Inspection Report

23 September 2021



Cedarhurst Lodge

Type of service: Residential Care Home
Address: Cedar Suite, Cedarhurst Road, Belfast, BT8 7RH
Telephone number: 028 9049 2722

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Electus Healthcare 1 Limited Registered Individual: Mr Ed Coyle (Acting) | Registered Manager: Mrs Lynda Burton – not registered |
| Person in charge at the time of inspection: Mrs Lynda Burton – manager | Number of registered places: 24 RC-DE for a maximum of 4 persons and RC-MP / RC-MP (E) for a maximum of 20 persons. |
| Categories of care: 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. | Number of residents accommodated in the residential care home on the day of this inspection: 22 |
| Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 24 residents. Residents have access to a communal lounge, dining room and courtyard. The home is located on the ground floor of a building which also encompasses a registered nursing home for which the manager also has responsibility. | |

2.0 Inspection summary

An unannounced inspection took place on 23 September 2021, from 10.00 am to 6.30 pm by the care inspector.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in regard to the lack of robust managerial oversight and governance arrangements within the home; and infection prevention and control (IPC) practices.

The Responsible Individual was invited to attend a serious concerns meeting with RQIA on 1 October 2021 to discuss the inspection findings and their plans to address the serious concerns identified.

During the meeting the Responsible Individual discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm

they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance. Following the meeting, a comprehensive action plan was also provided, confirming how the management team would address these deficits in a sustained manner.

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

Fourteen areas for improvement were identified and two areas for improvement were subsumed and re-stated under the regulations.

Comments received from residents, people who visit them and staff during or after the inspection are included in this report.

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

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 and 'Tell Us' cards 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 provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with nine residents and four staff. Residents were generally positive about the care in Cedarhurst Lodge and told us “(the staff) are looking after us well” and “I like the lasagne and fish and chips.” However, some residents stated that they “did not know who was in charge” and “the food could be better.” This feedback was shared with the management team for further consideration and action, as appropriate.

Staff told us that at times they were short of staff however, they were confident residents were well looked after.

No resident or relative questionnaires were returned following the inspection and there were no responses to the online staff survey.

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 inspection on 15 March 2021 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 Stated: First time | The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance. | Partially Met |
| | Action taken as confirmed during the inspection: Observation of the environment evidenced that the environmental deficits listed above were met however there was poor use of PPE and hand washing opportunities. This area for improvement has been partially met; those areas which are not met have been subsumed into a new area for improvement under Regulation. | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 20.10 Stated: Second time | The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. <ul style="list-style-type: none"> Environmental audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned. | Not Met |

5.2.2 Care Delivery and Record Keeping

Staff recognised 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 at communicating with residents; they were also understanding of residents' needs. Staff explained their actions to residents and spoke with them in a calm manner.

Staff met at the beginning of each shift for a handover report to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

There was a requirement for a resident to have one to one supervision in place and care records were in place to support this. Despite this it was noted that during the inspection this resident had left the home unsupervised. On discussion with staff it was noted that similar incidents involving the same resident had occurred on previous occasions. An area for improvement was identified.

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 verbal encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The dining room was bright and inviting with condiments available for residents. A choice of drinks was provided and meals were served in the dining room or in residents' own bedrooms. The lunch appeared appetising and residents said it was warm and very nice. Several residents spoken with were positive about the meals provided in the home; however, two residents said the food could be better and one said they would like more fresh vegetables. This was brought to the attention of the management team who agreed to review the meal provision in the home.

Staff told us how they were aware of residents' nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet.

Residents' care records showed evidence that a pre admission assessment was not fully completed for all residents. Following this initial assessment, it was also noted that care plans were not adequately developed to direct staff on how to meet residents' care or supervision needs. An area for improvement was identified.

Review of care records highlighted that these were not kept up to date in a consistent manner, namely: personal evacuation plans, care plans for the provision of one to one supervision, and those concerned with the management of topical creams for residents. An area for improvement was identified.

A review of records relating to the management of some residents' smoking materials evidenced that they were not accurately completed. An area for improvement was identified. During the serious concerns meeting, the R.I. advised that records relating to these items would be reviewed and that identified staff would be given responsibility to manage this aspect of care while under the manager's oversight.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that while some residents' bedrooms and communal rooms were tidy and personalised, attention was required to the maintenance and décor of a number of identified communal areas and residents' rooms. For example; wall paper was coming away from walls and the fabric of three armchairs were torn. While a refurbishment plan was in place, it lacked sufficient detail to provide assurance that these deficits would be addressed. An area for improvement was identified. During the subsequent serious concerns meeting the R.I. agreed to provide RQIA with an updated refurbishment plan which has been received and shared with RQIA estates inspectors for review.

Observation of the environment and staff practices highlighted a number of shortfalls in regard to infection prevention and control practices. For example: there was a lack of robust screening measures in place with regard to visiting arrangements; identified chairs and bathrooms required cleaning and/or contained broken fixtures. It was also noted that domestic equipment and Personal Protective Equipment (PPE) was not used in keeping with best practice. Two areas for improvement were made.

These deficits were discussed during the serious concerns meeting and the R.I. stated that a deep cleaning schedule was to be implemented within the home; in addition, domestic staff would receive further support by means of group supervision and training. Also, the R.I. advised that a template would be devised for use by the manager and/or deputy manager in order to conduct daily spot checks on the cleanliness of the home. The R.I. further agreed that appropriate signage for visitors would be erected within the home and that visiting arrangements had been reviewed to ensure compliance with current regional guidance.

Fire safety measures were reviewed and it was noted that the recommended actions arising from the fire risk assessment had not all been fully completed. This was brought to the attention of the management team and following the inspection the R.I. gave assurances that the recommended actions had been put in place. It was further agreed that the fire risk assessment would be monitored as part of the home's monthly monitoring visits; these are discussed further in Section 5.2.5. An area for improvement was identified.

A keypad lock was situated at the entrance hall of the home. It was established that the door lock did not always close immediately which potentially compromised the safety of those residents at risk of exiting the building unsupervised. This was discussed with the management team for their immediate action. An area for improvement was identified.

It was confirmed that the home participates in the regional testing arrangements for residents and staff and that any outbreak of infection was reported to the Public Health Authority (PHA).

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. There was evidence of seasonal activities throughout the year including making decorations for Halloween.

Residents also told us that there were no regular residents' meetings to provide them with an opportunity to comment on aspects of the running of the home. This was discussed with the management team who agreed to commence regular residents meetings; this will be reviewed at a future inspection.

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.

While it was noted that a range of activities were, at times, provided for residents by staff, these were not carried out regularly. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially while visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone calls to friends and family.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Linda Burton has been the acting manager in this home since 9 August 2021.

A review of records highlighted that a number of governance audits were either completed inconsistently or were insufficiently robust so as to drive necessary improvements within the home. An area for improvement was re-stated under the regulations. During the serious concerns meeting, the R.I. advised that governance audits would now be reviewed on a weekly basis by the manager and deputy manager to help drive improvement within the home; in addition, it was agreed that the responsible individual, the home's quality manager and an external consultant would maintain further oversight in relation to the completion of all governance audits within the home.

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

As stated in Section 5.2.1, the staff duty rota was noted to be inaccurate; this was highlighted to the manager who was unaware of this staffing shortfall. In addition, discussion with the manager highlighted ineffective awareness in regard to IPC practices and the supervision of residents within the home; an area for improvement was made. This lack of robust managerial oversight was discussed with the R.I. during the serious concerns meeting; it was agreed that the manager would be supported by means of additional supervision and training from the senior management team in order to maintain effective daily oversight of the home.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. It was noted that the action plans produced as a result of these visits were not actioned in a timely manner. An area for improvement was identified.

6.0 Conclusion

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held on 1 October 2021 where details of the serious concerns identified by RQIA were discussed with the Responsible Individual. Assurances were provided as to the actions planned to bring the home back into compliance with regulations and standards. At the conclusion of the meeting RQIA confirmed that no further action would be necessary at this time but, a follow-up inspection would be conducted to monitor the improvements made and evidence if they had been sustained.

Residents were well dressed and attention had been paid to their personal appearance. Residents were able to make choices about how they spent their day.

Residents and staff were observed to have positive interactions and enjoyed listening to the piano being played during the day.

In addition, fourteen areas for improvement were identified and are referenced within the Quality Improvement Plan (QIP) in Section 7.0.

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)**.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 6 | 8 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Lynda Burton, Manager, as part of the inspection process. Inspection findings were further discussed with the senior management team following the inspection. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 13 (b) Stated: First time To be completed by: With immediate effect | <p>The registered person shall make proper provision for the care and where appropriate, treatment and supervision of residents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans are being reviewed and care plan audits completed each month to ensure compliance. Care plans to be reviewed and updated to reflect are those residents requiring 1:1 supervision, to include the times of attendance of the 1:1.</p> |
| Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect | <p>The registered person shall make suitable arrangements to effectively manage and robustly monitor the IPC deficits identified within this report. This includes but is not limited to:</p> <ul style="list-style-type: none"> • PPE use • Environmental cleanliness <p>Ref: 5.1and 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff to completed donning and doffing competency. Extra DANI stations erected throughout the unit so that PPE is readily available. Domestic staff have received training around deep cleaning,touch points,COSSH and importance of enviromental cleanliness. Acting manager will do spot checks and daily manager walkarounds will be completed also by the nurses in charge of the units to ensure compliance.</p> |
| Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect | <p>The registered person shall make suitable arrangements to effectively manage robust screening measures with regard to visiting arrangements to the home.</p> <p>Ref: 5.1and 5.2.3</p> <p>Response by registered person detailing the actions taken: The Acting manager has ensured that Covid 19 guidelines for nursing and residential homes has been implemented in relation to the screening of visitors and admission of patients who require isolation.During daily flash meetings staff discuss any upcoming new admissions with the Acting manager and the isolation period for residents: and the need for 1:1 if required to ensure adherence to isolation period.</p> |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall have in place a current written fire risk assessment and fire management plan and ensure actions are followed up in a timely manner.</p> <p>Ref: 5.2.3</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First</p> <p>To be completed by: With immediate effect</p> | <p>Response by registered person detailing the actions taken: The registered person has reviewed all recommendations from the Fire Risk Assessment and all actions have been addressed and signed off. This will be prioritised and any future items which need addressing will be signed off and countersigned by the Operations Director within the prescribed time frame for any new actions.</p> <p>The registered person shall having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, manage the home with sufficient care, competence and skill. This includes but is not limited to the management of staffing levels; quality assurance audits; IPC practices and management of residents requiring enhanced levels of supervision.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Acting manager has introduced daily flash meeting, daily manager walk arounds and staff meetings. Staff are reminded about the importance of IPC practices and have completed donning and doffing competency. The Acting manager has oversight of the rota and if agency are required will book ahead of vacant shifts. Agency staff are block booked to ensure continuity of care. All staff are given an induction specific to the resident if doing a one to one and a handover.</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that monthly monitoring reports are completed in a robust manner at all times; this includes but is not limited to the timely completion of identified actions within such reports.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The responsible individual has set up a rota for monthly monitoring reports and will follow up completion of actions identified within these reports.</p> |

| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) | |
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| Area for improvement 1 Ref: Standard 25 Stated: First time To be completed by: With immediate effect | The registered person shall ensure the details of all staff working over a 24 hour period are on the duty rota. Ref: 5.2.1 |
| | Response by registered person detailing the actions taken: The Acting manger has put in a new duty rota template for easier reading, which includes the full name of all staff on duty.The Manager manager and deputy are the only people who can change the rota. Fire Marshall and First aider are clearly marked on the rota. |
| Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 31 October 2021 | The registered person shall ensure that persons employed to work at the home receive training relevant to their role. With specific reference to: <ul style="list-style-type: none"> • infection prevention and control , • first aid, • fire training, • control of substances hazardous to health (COSHH), • health and safety and moving and handling. Ref: 5.2.1 |
| | Response by registered person detailing the actions taken: A matrix is now in place for staff to receive training. Staff have received EFAW,Fire Training,and M&H training.Flexebee e-learning has been introduced and all staff have received their log ins and been given a date to have their training completed.Staff have been allocated to further training throughout the month of December and January. Residential Staff training to be separated from nursing. |
| Area for improvement 3 Ref: Standard 27.6 Stated: First time To be completed by: With immediate effect | The registered person shall ensure the keypad lock on the entrance door is maintained and suitable for its stated purpose Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: New doors and keypad lock are now in place. |

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| <p>Area for improvement 4</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure each resident has an up to date assessment of their needs which is kept under continual review.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Meeting with all senior staff and team lead within the unit has addressed the importance of updating care plans in a timely manner and ensuring that reviews carried out are meaningful and person centred.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure care plans are kept up to date and reflect the resident's current needs. This is in relation to care plans for one to one supervision and the application of topical creams.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been made aware of importance of keeping care plans up to date in regard to one to one supervision and application of topical creams.</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure accurate records are kept of residents' possessions handed over for safekeeping and returned to the resident. This is in relation to smoking materials</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Acting manager now has books in place for each individual who smokes . This is checked daily and signed by staff, and then randomly reviewed and signed off by the Acting Manager.</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2021</p> | <p>The registered person shall ensure the premises are well maintained and remain suitable for their use. This is in relation to the maintenance and décor of a number of identified communal areas and residents' rooms.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: There is an action plan for refurbishment and redecoration. The registered person will update the action plan as and when the work is undertaken. This plan will be available for inspection at all times and the Acting manager will have oversight.</p> |

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| <p>Area for improvement 8</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that a structured daily programme of varied activities and events is developed and maintained for residents; this programme should evidence consultation with residents and their family members, where appropriate.</p> <p>Ref: 5.2.4</p> |
| | <p>Response by registered person detailing the actions taken: The Acting Manager has had meetings with the PALS and meaning ful activity has been discussed. PALS are also to hold regular monthly resident meetings with their residents, where menus, activity plans and any ideas or suggestions are discussed.</p> |

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