

Inspection Report

24 August 2023



Cedarhurst Lodge

Type of service: Residential Care Home
Address: Cedar Suite, Cedarhurst Road, Belfast, BT8 7RH
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Electus Healthcare 1 Limited</p> <p>Responsible Individual: Mr Edmund Coyle</p>	<p>Registered Manager: Mrs Julie-Ann Jamieson</p> <p>Date registered: 23 June 2023</p>
<p>Person in charge at the time of inspection: Ms Hilda Sepelagio – nurse in charge until 10.30 am</p> <p>Mrs Julie-Ann Jamieson – manager from 10.30 am</p>	<p>Number of registered places: 24</p> <p>This number includes: RC-DE for a maximum of four persons and RC-MP / RC-MP (E) for a maximum of 20 persons.</p>
<p>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</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 23</p>
<p>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. The home is situated over one floor with individual bedrooms and communal bathrooms, lounges and a dining room. There is an enclosed courtyard with a seating area for residents' use.</p> <p>There is a nursing home which occupies part of the building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 August 2023, from 9.30 am to 3.30 pm by care inspectors.

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

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

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

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

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

4.0 What people told us about the service

Residents and staff were spoken with individually and in small groups about living and working in the home. A variety of views were provided were residents said the home was lovely, the staff were nice and looked after them well. The meals were described as lovely and one resident said they could be better. This was discussed with the manager for her review.

Staff were positive in their comments about working in the home. Staff said there was good communication with management and they had been provided with a variety of training for their roles. Staff said residents were well looked after and they were provided with detailed information during handover reports.

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

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 18 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that accurate and up to date personal medication records are written and maintained for all residents including new admissions to the home.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that all resident care plans are kept up to date and reflective of resident's current needs.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is further discussed in section 5.2.2. This area for improvement has been stated for a second time.	

Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall review the management of medicines prescribed for pain to ensure there is a care plan in place to direct staff.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall review and update the Standard Operating Procedure for the return/disposal of medicines.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents, however, not all checks required to ensure safe recruitment were completed. An area for improvement has been identified.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was provided in a range of topics including moving and handling, fire prevention and infection prevention and control (IPC). Additionally, training was provided in catheterisation awareness, dementia care and mental health awareness.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff had completed a competency and capability assessment before taking charge of the home in the absence of the manager, however, this required to be updated. This was discussed with the manager who agreed to review this. This will be examined at the next inspection.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day.

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

5.2.2 Care Delivery and Record Keeping

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

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and locked doors. It was established that safe systems were in place to manage this aspect of care.

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

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

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, assistance with mobility was provided by staff and the use of mobility aids if required.

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

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was noted that the meals served did not fully reflect what was displayed on the menu board. An area for improvement was identified.

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

There was choice of meals offered; the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were generally well maintained, however, not all records were regularly reviewed and updated to ensure they continued to meet the residents' needs. This area for improvement has been stated for as second time.

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

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Some bedrooms appeared cluttered but residents said that this was their own choice.

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

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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

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

It was observed that a trolley containing cleaning chemicals was left unattended. This was brought to staff attention for immediate action and an area for improvement was identified.

5.2.4 Quality of Life for Residents

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

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

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

There was a range of activities provided for residents by staff to the home. As said previously, residents had helped plan their activity programme. The range of activities included movies, outings, games and crafts.

Staff recognised the importance of maintaining good communication with families. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Julie-Ann Jamieson has been the registered manager in this home since 23 June 2023.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home.

There was a system in place to manage complaints. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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

6.0 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 (December 2022) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	2*	5*

* the total number of areas for improvement includes one which has been stated for a second time and three which are carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that accurate and up to date personal medication records are written and maintained for all residents including new admissions to the home. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 14 (2)(a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their health. Ref: 5.2.3
	Response by registered person detailing the actions taken: Coaching and development session with domestic staff held. Observed during walkrounds daily by home manager and senior staff. Elearning completed to promote knowledge
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6.6 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that all resident care plans are kept up to date and reflective of residents' current needs. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Matrix held to ensure completion and any anomalies can be easily identified. Monthly care plan audits also completed by management

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall review the management of medicines prescribed for pain to ensure there is a care plan in place to direct staff.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2022</p>	<p>The registered person shall review and update the Standard Operating Procedure for the return/disposal of medicines.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all recruitment checks are completed prior to staff commencing employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Full audit completed of recruitment files by HR and all remain compliant. All new employees are checked by HR team and signed off by head of HR before review from home manager</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the menu reflects the meals which are provided on a daily basis and variations to the menu are recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Menu has now changed and more appropriate to season. There should be no issues in obtaining seasonal vegetables from supplier. Catering staff communicate with staff in units verbally re meals as well as having the menu available. Menu choice options verbally communicated with residents each morning and displayed on the notice board in dining room</p>

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