



The Regulation and
Quality Improvement
Authority

Cedarhurst Lodge
RQIA ID: 1589
Cedar Suite
Cedarhurst Road,
Belfast
BT8 4RH

Inspector: Kylie Connor
Inspection ID: IN22647

Tel: (028) 9049 2722
Email: cedarhurst.lodge@fshc.co.uk

**Unannounced Care Inspection
of
Cedarhurst Lodge**

29 May 2015

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

1. Summary of inspection

An unannounced care inspection of Cedarhurst Lodge, Cedar Suite took place on 29 May 2015 from 09.10 to 16.40. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care (2013).

1.1 Actions/ Enforcement taken following the last inspection

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

1.2 Actions/ Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Lavina Harris, Registered Manager and Lorraine Kirkpatrick, Regional Manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Four Seasons Health Care/ Dr Maureen Claire Royston	Registered Manager: Ms Lavina Ann Harris
Person in charge of the home at the time of inspection: Ms Lavina Ann Harris	Date manager registered: 14 June 2007
Categories of care: RC-MP, RC-MP(E), RC-DE	Number of registered places: 24
Number of residents accommodated on day of inspection: 23	Weekly tariff at time of inspection: From £470 to £495

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/ Process

Prior to the inspection we analysed the following records: the returned Quality Improvement Plan (QIP) from the previous care inspection and notifications

During the inspection we met with the registered manager, seven residents, two care staff, one activity worker (PAL), one regional manager, one practice support nurse, one visiting professional and one resident's visitor/representative.

Records were examined during the inspection, including:

- Three care records
- The home's complaint record book
- The accident book and the incident book
- Fire safety check records
- Staff training records in regard to fire safety, palliative care and continence management
- The Statement of Purpose dated 21 August 2014
- Restraint Policy dated May 2015
- A number of policies and guidelines pertaining to the areas inspected
- Activity records
- A schedule and minutes of residents meetings
- Annual quality report dated 1 April 2015
- Care assistant 2 day induction template

Records examined following the inspection included: the fire risk assessment, dated 25 May 2015; nine returned staff questionnaires.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 2 October 2014. The completed QIP was returned and approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 10.1 10.2	The responsible person should review relevant policies and procedures to ensure compliance with DHSSPS 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.	Met
	Action taken as confirmed during the inspection: The home had a copy of the current best practice guidance. The restraint policy dated May 2015 had been updated accordingly.	
Recommendation 2 Ref: Standard 10.1	The registered manager should review the provision of training to periodically provide face to face training in behaviours which challenge, as suggested by staff.	Met
	Action taken as confirmed during the inspection: The registered manager, staff and practice support nurse, confirmed to us that this had been addressed.	
Recommendation 3 Ref: Standard 13.2 13.5	The registered manager should review and improve: the variety of activities; indoor and outdoor equipment; the need for staff training and need for an increase in Pal provision during the autumn/winter seasons.	Met
	Action taken as confirmed during the inspection: The activity worker and registered manager confirmed to us that this had been addressed.	

Recommendation 4 Ref: Standard 13.4	The registered manager should review and improve the format and location(s) for the programme of activity. Record the time the activity started and finished.	Met
	Action taken as confirmed during the inspection: We confirmed that this had been addressed following an inspection of the home and a selection of activity records.	
Recommendation 5 Ref: Standard 1.2	The registered manager should ensure that Residents' meetings are scheduled and take place in a timely manner.	Met
	Action taken as confirmed during the inspection: Following an inspection of a schedule of residents' meetings, we confirmed that this had been addressed.	
Recommendation 6 Ref: Standard 29.4	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.	Met
	Action taken as confirmed during the inspection: We confirmed that this had been addressed following our discussion with the registered manager and estates inspector.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We confirmed that needs assessments, risk assessments and care plans were in place and kept under continual review. Documentation was amended as changes occurred to residents' care or welfare. Three residents care records inspected were kept up to date to accurately reflect at all times the residents' needs and preferences. The needs assessments and care plans were appropriately signed by the resident or their representative. The registered manager confirmed to us that recently re-written records would be signed in a timely manner.

Assessments and care plans detailed the residents' or families wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. When there had been discussion with the general practitioner, relating to a care pathway, the registered manager confirmed to us that this would be noted within the care records.

Is care effective? (Quality of management)

The home had policies and procedures and an end of life manual in place relating to dying and death of a resident. The regional manager confirmed to us that these were under review and current best practice guidelines would be reflected. The home had a copy of the current best practice guidance. Staff training records inspected and discussion with the registered manager confirmed to us that some staff had completed training in palliative care during 2014. We made a recommendation in regard to completion of training for the remaining staff.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (general practitioner, district nursing, occupational therapy, speech and language therapy and dietician). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members reported to us that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate informed values that underpin care within the home as they related to dying and death of a resident.

The registered manager and staff described the care and support delivered several years ago to a resident when their death was expected. It was confirmed that the family were very involved during this time and that staff had accommodated the family making them comfortable within the home.

The registered manager and staff reported to us that due to residents' cognitive abilities at that time, they were unaware of the dying and death of this resident. The registered manager acknowledged that a change in residents accommodated in the home would necessitate a different approach in the future.

The registered manager confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. The registered manager gave an account of particular difficulties encountered in the past and efforts made by the home. This is commended. Staff reported to us how they had created a suitable environment for a resident who was dying which included, appropriate equipment, ensuring low levels of sound and low lighting levels.

The registered manager confirmed to us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

There was one area of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

Staff demonstrated knowledge and understanding of continence care. The registered manager and practice support nurse informed us of the content of continence training which is planned to be delivered to the remaining staff.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Following our inspection of the environment and discussions with the registered manager and staff, we confirmed that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. Staff confirmed to us that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had written policies and procedures relating to continence management and some staff had received appropriate information and training with further training planned. The home had copies of current best practice guidelines in continence care. A staff induction template included information on continence management. We inspected the care records and noted that continence needs were documented. Staff were knowledgeable regarding where guidance and advice could be sought on continence management.

Discussions with staff and inspection of care records, confirmed that no residents had reduced skin integrity associated with poor continence management. There were no mal-odours during inspection of the home.

Is care compassionate? (Quality of care)

In our discreet observations of care practices, residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they confirmed that staff provides care and support in a sensitive, kind and caring manner.

Following discussions, we confirmed that staff recognised the potential loss of dignity associated with incontinence. Staff described how care is delivered in a compassionate manner. Staff articulated those values that underpin care within the home as they related to continence management and support.

Areas for improvement

There were no areas of improvement identified within this theme. This theme was assessed to be safe, effective and compassionate.

5.5 Additional areas examined

5.5.1 Residents' views

We met with seven residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- “Staff are far better here.”
- “They can’t do more than they are doing.”
- “It’s good.”

5.5.2 Staff views/ returned questionnaires

We met with two care staff and one activity staff member. Staff spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. Nine staff questionnaires were returned and read by us. Positive responses were indicated in all areas within the questionnaire.

Some comments included:

- “We give the family time.”
- “We provide refreshments and they (family members) can come and go when it suits and they can talk to staff for emotional support or ask questions.”
- “I feel the residents are all treated with respect and good care is given to keep them happy and comfortable.”

5.5.3 Residents representatives/visitors views

We met with one resident’s representative/visitor who expressed positive views in regard to staff attitude, the environment, communication with staff and the care and support their relative receives in the home.

5.5.4 Visiting professionals views

We met with one social worker who expressed positive views in regard to staff attitude, communication with the home, the standard of the environment and the care and support delivered.

Some comments include:

- “It’s brilliant (the standard of care and support). With the registered manager being a mental health nurse, this has had a positive impact on client experience.”
- “Staff have accommodated resident’s particular needs.”

5.5.5 Environment

Following an inspection of the environment, we confirmed that the home was clean, tidy and most areas were decorated to a good standard. The registered manager reported to us that improvements had been made. These included new chairs, a number of bedrooms had been redecorated and furniture replaced. In our discussion with the registered manager, she confirmed that there are plans to replace the flooring in one living room and the flooring in the residents’ reception area.

The registered manager confirmed to us that there are a number of residents who smoke and risk assessments have been completed. She confirmed that there is a designated smoking area in one courtyard and the provision of either a covered shelter or a smoking room are under consideration. We advised the registered manager to review smoking guidance available on RQIA’s website and to liaise with the registration team prior to making any changes. We confirmed that the estates inspector would be available for consultation.

5.5.6 Care practices

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

5.5.7 Accidents/ incidents

We undertook an inspection of audits of accident and incidents of the previous three months. These had been reported and managed appropriately.

5.5.8 Complaints/ compliments

Inspection of complaint records and discussion with the registered manager confirmed that there had been no complaints received in the home from 1 January 2014 to 31 March 2015.

5.5.9 Fire safety

The registered manager reported to us that the most recent fire risk assessment had been undertaken on 25 May 2015 and the report had not yet been received. This report was made available to us following the inspection.

Following inspection of staff training records we confirmed that staff had received fire safety training twice yearly. Fire safety check records were up to date. There were no obvious fire risks.

Areas for improvement

There were no areas of improvement identified within the additional areas examined.

6. Quality Improvement Plan

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

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

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

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 23.4 Stated: First time To be completed by: 1 August 2015	The registered manager should ensure that all remaining staff complete training in palliative care. Ref: Section 5.3		
	Response by Registered Person(s) detailing the actions taken: All training has been completed on E-Learning and SOAR.		
Registered Manager completing QIP	Lavina Harris	Date completed	30/06/2015
Registered Person approving QIP	Dr M Claire Royston	Date approved	26/08/2015
RQIA Inspector assessing response	K. Connor	Date approved	27/8/15

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