Unannounced Care Inspection Report
30 September 2019

Cedarhurst Lodge

Type of Service: Residential Care Home
Address: Cedar Suite, Cedarhurst Road, Belfast, BT8 4RH
Tel No: 028 9049 2722
Inspector: Debbie Wylie

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for

2.0 Profile of service

This is a residential home registered to provide care for up to 24 residents in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. The residential care home is situated within the same building as Cedarhurst Nursing Home.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Maureen Royston	**Registered Manager and date registered:** Lavina Harris - 14 June 2007
Person in charge at the time of inspection: Lavina Harris	**Number of registered places:** Total number 24 places comprising: 04 – RC – DE 20 – RC – MP / MP (E)
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 patients accommodated in the nursing home on the day of this inspection** 24

4.0 Inspection summary

An unannounced inspection took place on 30 September 2019 from 09.50 hours to 16.10 hours.

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

The inspection assessed progress with all areas for improvement identified in the home during 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.

Evidence of good practice was found in relation to the décor and cleanliness, staffing, supervision, training, person centred care, dignity and respect, good working relationships between staff and the registered manager and management oversight of the home.

Areas requiring improvement were identified in relation to infection prevention and control, domestic cleaning, record keeping and availability of a call system in residents' bedrooms.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Lavina Harris, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 8 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 08 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, notifiable events, registration information and written and verbal communication received since the last care inspection.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 09 September 2019 to 30 September 2019
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) and checks
- staff training records matrix
- incident and accident records
- one agency staff induction file
- three patient care records
- a sample of governance records

- a sample of monthly monitoring reports from 26 June 2019 to 05 September 2019
- RQIA registration certificate
- annual appraisal and staff supervision schedule
- staff and residents meetings records
- fire risk assessment
- fire drills record
- maintenance of fire-fighting equipment, alarms, lights and doors.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 6.2

Stated: First time</td><td>The registered person shall ensure that in regard to the management of behaviours that challenge, all care plans detail the specific indicators of individual residents' behaviours, how the behaviour presents and how staff should respond to support clarity and consistency of approach.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The inspector reviewed the home's procedures and processes in place to support residents presenting with behaviours that challenge. Records reviewed by the inspector evidenced that care plans detailed the specific indicators of individual resident behaviours, how the behaviour presents and how staff should respond to support the resident.</td></tr>
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Area for improvement 2 **Ref**: Standard 7.4 **Stated:** First time	The registered person shall ensure that written consents are in place for night checks and access to residents' care records by RQIA inspectors.	**Met**
	Action taken as confirmed during the inspection: Written consent for night checks and consent to access residents' care records by RQIA inspectors were in place within the three care records reviewed by the inspector.	

There were no areas for improvement identified as a result of the last pharmacy inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Throughout the inspection residents reported that staff were kind to them and responsive to their needs.

The home had undergone some decoration throughout including the residents' bedrooms. This had been carried out with the residents taste and choices taken into consideration. Decorating was discussed and the plan is to continue re-decorating the rest of the home. The home was warm and comfortable and daily cleaning was on-going at the time of inspection. Residents told us:

- "My room is nice and warm and clean and tidy."
- "I like my room and the staff helped me paper it."

Residents presented well and appropriately dressed. Clean laundry was being delivered to residents' rooms during the inspection.

Fire exits were found to be free from obstacles and records showed that emergency evacuation records were in place for residents. Fire safety records including firefighting equipment, check of doors and fire drills were in place and satisfactory. There were risk assessments and care plans in place to support residents who smoked. The inspector noted these to be appropriate and considered the management of potential fire risk.

Residents' rooms were comfortable and personalised to their own taste and décor. Residents had personalised their rooms demonstrating compassion and respect for residents' decisions. It was noted in several rooms that the nurse call system had no call button. This was highlighted as an area of improvement to comply with the regulations.

Staffing

Staffing levels at the time of the inspection were reflective of the duty rota and sufficient to meet the presenting needs of residents.

One agency staff member was employed by the home and the registered manager confirmed that the same agency staff member was requested for shifts to allow continuity of care. The inspector evidenced that there were enough staff on duty to respond to the needs of residents. Staff were confident in their roles and were carrying out their duties in a relaxed manner. No concerns were raised by staff or residents regarding staffing levels during the inspection. Staff told the inspector:

- "Staffing levels are very good."
- "Staffing is much better with two senior care staff on duty."

The duty rota did not identify who was the person in charge and had the incorrect unit name displayed. It was identified that there was no staff designation on the rota and this needed to be included. Codes were used on the duty rota but there was no code index to determine what they meant.

These areas were discussed with the manager and records were updated during the inspection to identify the codes used, identify the person in charge of the unit and to display the correct unit name.

Staff induction, supervision and appraisal

All staff spoken to stated they had had a good induction to the home and their role. Inspection of records of induction for the agency staff member confirmed a robust induction was carried out and documented by the registered manager.

The inspector noted that the registered manager had a system in place for planning supervisions and annual appraisals with staff. Supervision and appraisal records included the date these had been completed. Staff on duty confirmed that supervision was completed on a regular basis. Support staff records also confirmed up-to-date appraisal records were in place.

Discussion with staff demonstrated that staff had a good knowledge of their roles and responsibilities and felt competent to carry these out. Staff identified they felt supported by their senior staff and also the home manager. Observation of staff showed evidence that staff were interacting with and responding to the needs of residents promptly and appropriately.

Staff training and registration with professional body

Records inspected identified that staff training was continuing and compliance was at a high level. Discussion with staff confirmed that they received training on a regular basis and that they were aware of the need to complete mandatory training.

Registration with the Northern Ireland Social Care Council (NISCC) or Nursing and Midwifery Council (NMC) is necessary to ensure that nursing and social care staff are safe practitioners and adhere to the appropriate codes of practice. Review of the registration records did not assure the inspector that the appropriate arrangements were in place to confirm that all staff were registered with their relevant body. The registration of staff and pending registration of new staff was confirmed on discussion as this had been checked verbally with NISCC at the inspector's

request. An up to date copy of the staff NISCC and NMC registration checks has been forwarded to the inspector from the registered manager post inspection. These records confirmed that all staff checks have been carried out and are documented appropriately.

Safeguarding residents from harm

Staff knowledge was reflective of Safeguarding Regional Policy and Procedure and they showed a good understanding of reporting mechanisms and processes for raising concerns within the unit. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse and a list of contact numbers was displayed to support staff in this regard. Staff told us:

- "I would recognise different kinds of abuse; physical, financial and verbal."
- "There is a very high standard of care here."

The registered manager was also able to describe how she has referred safeguarding concerns for investigation and the actions which should be taken if any concerns are raised.

Infection prevention and control

The Inspector noted the home to be well presented, fresh smelling and cleaning was ongoing throughout the inspection within bedrooms, bathrooms and communal areas. During the inspection domestic staff carrying out the cleaning duties were observed not wearing an apron at any time. Also, the same mop and mop bucket were used in all rooms increasing the risk of cross contamination and infection. These concerns have been stated as an area for improvement to comply with the regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, and the homes environment.

Areas for improvement

Areas for improvement were identified in relation to infection prevention and control and up-to-date recording of NISCC registration checks and call buttons in residents' rooms.

	Regulations	Standards
Total numb of areas for improvement	2	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff reported that there was very good team work and communication enabling individual care of residents. The inspector evidenced that each shift within the home was supported by a team leader. Residents told us:

- "This is a nice place to be."

- "The staff and patients are nice."
- "I've got everything where I want it."

Food and nutrition

Observation of the lunch time meal showed residents were relaxed and chatting while enjoying their meal. The menu was clearly stated and visible on the white board in the dining room. All residents were able to manage their food without any assistance and choice of drinks was provided throughout. Tables were set with condiments and food was kept warm until residents were in the dining room. Staff chatted quietly with residents and appeared interested in their discussion. Residents who preferred to eat in their own rooms were accommodated. Food was hot and appeared nutritious with residents telling us:

- "You get plenty of vegetables."
- "They get me something different if I don't like the choice of food."
- "I get anything I like."

Special diet requirements were discussed with staff. Staff demonstrated awareness of residents' requirements regarding diabetic meals and modified diets. Care records confirmed speech and language assessments for identified residents were within their care plans however, for those residents on specific diets this information was not clearly stated on the diet sheet used by staff to support the resident during meal times. This was reported to the manager during the inspection who agreed to address this on the diet sheet.

Records

Records were observed to be stored safely and securely in line with General Data Protection Regulations.

Review of residents' care records identified a range of assessments and care plans were in place including moving and handling, personal safety, smoking, medication, choking and deprivation of liberty. The inspector noted that care plans were being regularly reviewed. There was also an appropriate range of risk assessments in place to support residents. These included risk assessments in relation to falls, smoking, choking, moving and handling, eating and drinking use of waking aids and medications.

Records inspected also confirmed that there was an up to date legionella risk assessment in place along with up to date fire training and regular fire drills for staff. Records of fire safety checks confirmed that fire-fighting equipment, fire alarms system, emergency lighting and means of escape were checked weekly and/or monthly. Three residents' records reviewed by the inspector also showed that a completed Personal Emergency Evacuation Plan was in place for each resident.

Activities

There were several activity coordinators on duty at the time of inspection. There was a detailed list of activities planned for the week. The weekly activities calendar was clearly displayed in the corridor for residents to see. Bowling was taking place in the lounge in the afternoon and was well attended by a good number of residents. It was clear that residents got a lot of enjoyment from this as it was well organised and entertaining. Care records showed care plans in place for

residents who did not join in with activities to encourage them to participate and to offer alternative activities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders, diet and nutrition and activities.

Areas for improvement

One area for improvement in relation to safe provision of information on specified and modified diets was identified and is detailed in the QIP accompanying this report.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity and respect

Staff were observed treating residents with dignity, care and compassion during the inspection. Staff were visible throughout the home and noted as being responsive to residents' needs. They were knowledgeable about residents' individual care requirements and were seen to be chatting and responsive throughout the day. Staff and visiting professionals told the inspector:

- "Our first priority is the residents."
- "When staff are content so are the residents."
- "The care is really good in the home."
- "There is a good professional relationship with the home."
- "There is very good communication with the manager."

Records showed that consent was sought and in place for resident photographs and also for night checks and access to records by RQIA inspectors. Staff were observed taking into account residents choices and requests when interacting and carrying out care.

Resident involvement

Discussion with staff and residents found that there were planned activities for all residents during most days of the week. Previous activities of making craft items for Halloween were evident in the activities room and plans were in place to complete these with residents. Residents described how they enjoyed this and were observed to be involved in plans and activities on the day of inspection. Staff were observed interacting with residents chatting and smiling throughout activities and it was apparent that staff enjoyed the activity as much as the residents did. Residents were listened to and treated respectfully during the inspection. Residents told us:

- "We go shopping on a Friday."
- "I love my 80's music and play it every day."
- "Staff talk to me all the time."

Residents' preferences and interests were reflected in care records and staff demonstrated knowledge of resident preferences when providing care and during one to one interactions. This was also evident with residents own personal items displayed and stored in their bedrooms as they preferred and staff respecting each residents preference as to the time to get out of bed in the morning. Residents meetings were held monthly and gave residents an opportunity to discuss the home and be involved in decisions regarding the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents, taking account of the views of residents' activities and individual preferences.

Areas for improvement

No areas for improvement in relation to compassionate care were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registered manager of the home stated that the care provided within the home was in accordance with the statement of purpose and the categories for which the home was registered with RQIA. The inspector found this to be correct on the day of inspection.

Management

There has been no change in management arrangements for the home since the last inspection. The registered manager remained on duty throughout the inspection and was available to residents and staff for all aspects of support required. The registered manager's hours of work were evident on the duty rota and staff confirmed they were aware of the manager's hours of working. Throughout the inspection it was apparent that there was an open door policy used by the registered manager for all staff and visitors to the home.

Staff on duty stated they had very good support from the registered manager and felt that they could approach her at any time they needed. A General Practitioner (GP) who was visiting the home at the time of the inspection described the management arrangements:

- "Communication is very good with the manager."
- "The manager is very receptive to interaction with the GP practice."

- "There is a very good professional relationship with the home."

Monthly management oversight inspections and reports were completed as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. These reports evidenced the registered manager's oversight of care and governance within the home.

Inspection of resident records identified that a residents' care questionnaire had been completed with each resident. Questionnaires reviewed by the inspector evidenced that residents had recorded good satisfaction with the care provided in the home.

A review of the accidents, incidents and notifiable events records confirmed that these were effectively documented and reported to RQIA and other relevant organisations.

Meetings

Inspection of records showed that there was evidence of meetings for all staff, residents and relatives. Meetings were held on a regular basis and appropriate records of the meetings were being retained. A relatives meeting was not attended. The registered manager continued to provide an open door policy for all relatives of residents in the home.

Records

Records provided by the registered manager and inspected showed that there was an up to date water management record signed, dated and reviewed. Quarterly fire safety checks were signed and dated along with up to date hot surface checks giving a good insight into safety and recording of checks within the home

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, maintaining good working relationships, manager support for staff and safety of the home.

Areas for improvement

No areas for improvement in relation to the home being well led were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lavina Harris, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 The Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 18 (2) (c) **Stated:** First time **To be completed by:** immediately from the date of inspection	Call systems must be available in all the residents' bedrooms to allow them to call for assistance when required. Ref: 6.3
	Response by registered person detailing the actions taken: This has been addressed.Call leads are now in all residents' bedrooms. Compliance will be monitored through the audit process. .
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The manager should ensure that staff wear aprons while carrying out domestic cleaning and that appropriate mop buckets are used appropriately. Ref: 6.3
	Response by registered person detailing the actions taken: This has been addressed.Domestic staff are wearing aprons while carrying out domestic cleaning and appropriate mop buckets are being used appropriately.The registered manager is monitoring compliance during daily walkabout around the unit.
Action required to ensure compliance with The Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure all records are legible, accurate, up-to-date, signed and dated by the person making the entry. This must include information recorded on residents' diet sheets used to support staff during meal times. Ref: 6.4
	Response by registered person detailing the actions taken: The Registered Manager is monitoring the records during daily walkabout to ensure that they are legible, accurate, up-to-date and dated by the person making the entry. Any issues identified are being addressed immediately.

Please ensure this document is completed in full and returned via Web Portal

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