



# Unannounced Follow Up Care Inspection Report 5 March 2020



## Cedarhurst Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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 care home with 24 beds that provides care for residents living with dementia and mental health conditions.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Royston	<b>Registered Manager and date registered:</b> Lavina Ann Harris 13 June 2007
<b>Person in charge at the time of inspection:</b> Lavina Ann Harris	<b>Number of registered places:</b> Total number 24 places comprising: 04 – RC – DE 20 – RC – MP / MP (E)
<b>Categories of care:</b> 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	<b>Number of residents accommodated in the residential home on the day of this inspection</b> 24

### 4.0 Inspection summary

An unannounced inspection took place on 5 March 2020 from 10.30 hours to 18.30 hours following receipt of information from the South Eastern Health and Social Care Trust (SEHSCT) regarding access to the home and bedrooms, liaison with other professionals, monitoring of weight and diabetes, personal care, the environment, continence care and care documentation. Prior to the inspection we received concerns from a member of the public via the duty desk at RQIA regarding the Cedar unit. The concerns raised were in relation to care delivery, the environment, continence management, staffing levels, staff interactions with residents, the management of complaints and overall governance of the home.

Whilst most of these concerns were unsubstantiated during the inspection the management of complaints, care documentation and overall governance of the home were substantiated and following the inspection senior management at RQIA contacted the management of Cedarhurst Lodge to gain assurances that the areas for improvement would be addressed with immediate effect. Further details of areas for improvement identified during the inspection are included within the main body of this report.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- environment
- meals and mealtimes
- care records
- care practices including continence, weight management and diabetes care
- complaints
- governance records/audits

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	*6

\*The total number of areas for improvement includes one standard which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lavina Ann Harris, Manager and Hilda Sepelagio, Deputy 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 care inspection.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 30 September 2019.

#### 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, registration information, and any other written or verbal information received.

During the inspection we:

- where possible, speak with residents, 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 24 February 2020 to 8 March 2020
- staff training records
- incident and accident records
- three resident care records
- a sample of residents' meeting records
- a sample of governance audits/records
- complaints records
- a sample of monthly monitoring reports from December 2019

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 18 (2) (c) <b>Stated:</b> First time	Call systems must be available in all the residents' bedrooms to allow them to call for assistance when required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of all bedrooms found that call systems were in place for residents.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The manager should ensure that staff wear aprons while carrying out domestic cleaning and that appropriate mop buckets are used appropriately.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Observation of staff carrying out domestic cleaning found that they were using the appropriate aprons and mop buckets.</p>	
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records found that while records were legible and included information on residents' diets they were not up to date for care plans relating to diabetes, personal care and weight.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p><b>Partially Met</b></p>

## 6.2 Inspection findings

### 6.2.1 Staffing/training

The manager was present throughout the inspection and provided a clear picture of the staffing levels for the home. This was confirmed on review of the duty rota.

Staff were observed to be available in appropriate numbers to meet the needs of residents in the home. Discussion with staff also confirmed that they were satisfied that there were enough staff to provide care to each resident. Staff told us:

"There are enough staff."

"We get a lot of training."

"I love it here."

"I love interacting with the residents."

The opinion of staff was also sought in relation to staffing levels via an online survey. No response was received.

Training records were reviewed and identified that the records for both the nursing and residential homes had been combined making it impossible to determine which staff had completed mandatory training. This was discussed with the manager and an area for improvement was made.

Training had been delivered on infection prevention and control however it was evident that this had not been fully implemented by staff as several deficits were identified which are discussed in section 6.2.3.

Discussion with the manager confirmed that all staff had completed level 2 training in the Mental Capacity Act (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS) while the manager had completed level 3 training. Discussion with staff evidenced that they were knowledgeable about what deprivation of liberty is and how to ensure safeguards are in place.

## 6.2.2 Health and welfare

Staff told us they were aware of their roles and responsibilities and were knowledgeable about what action they should take if they had any concerns about care or working practices.

There was a relaxed atmosphere within the home and residents spoken with indicated that they were well looked after by staff and felt safe. Comments included:

“Staff are lovely and listen to you.”

“I feel safe here.”

“Staff are very good.”

“It’s alright here.”

We also sought the opinion of residents and relatives via questionnaires. We received no responses. Any comments received after the return date will be shared with the manager for their information and action as required.

An activities coordinator was observed carrying out art therapy with residents in the lounge and discussed the provision of one to one activities with other residents in their rooms. An outing was arranged for the day of inspection and residents were accompanied to the local shops and cinema. There was clear evidence of a relaxed, pleasant and friendly atmosphere between residents and activity staff.

The lunch time meal was served in the dining room and for those residents who preferred it was served in their bedrooms. Food was served hot and a menu was visible and easy to read showing the choice of meal. A choice of drinks, condiments and deserts was also provided. Whilst most residents told us they enjoyed the food and were provided with an alternative of their choice, other residents’ comments included:

“There are too many chips.”

“I don’t like the food.”

“The food is not hot.”

A review of the monthly menu confirmed that chips were served most evenings. Residents’ dissatisfaction with the food and menu was discussed with the manager and an area for improvement was made.

We observed a kettle, microwave and toaster within the communal kitchen. The manager stated that there was no risk to current residents and that the above equipment was safe to be stored within this area. On review of the risk assessments that had been carried out by the manager it was identified that the overall risk to residents was assessed as a “medium” risk. This was discussed with the manager who provided written confirmation that an action plan had been completed in combination with the risk assessment outlining measures to reduce the associated risks to residents and agreed to review this regularly.



Concerns were identified in the management and storage of chemicals including liquid washing detergent within the communal kitchen of the home. This was discussed with the manager who removed the detergent immediately and agreed to monitor this - during daily walk arounds.

Review of care records for one identified resident evidenced that a record of room checks for fire risk was to be completed twice daily but there was no record of this having been completed. This was discussed with the manager and identified as an area for improvement. Following the inspection written confirmation was received that this action had been completed and that monitoring was ongoing.

### **6.2.3 Environment**

On arrival at the home the main front door was unlocked allowing access to the reception area and the inside entrance door to the residential home was found to be secured with a keypad lock.

We reviewed the homes environment including the bedrooms, bathrooms, lounges, the dining room, kitchen and storage areas. Residents' bedrooms were personalised with their possessions and memorabilia. The home was found to be clean with domestic cleaning observed throughout the inspection. The manager told us that a deep clean had been completed in the home in recent days as a response to the concerns raised by the SEHSCT. Although the home was found to be clean we identified damage to floor coverings, skirting boards, door frames, a sink and a sofa within identified areas of the home which could not be effectively cleaned and discussed this in detail with the manager.

Staff hand washing practices were observed to be limited and the use of alcohol gel was not observed throughout the home during the inspection. Kitchen staff were observed to be working without the appropriate hair covering, aprons and gloves.

The above deficits were discussed in detail with the manager and identified as an area for improvement under infection prevention and control (IPC). Following the inspection an action plan was received from the home detailing the actions taken to address the deficits.

On review of the clean linen store we identified linen that was worn and not fit for use. We further observed linen on a number of beds which was stained and discussed this with staff who changed the bed clothes. Discussion with staff identified that there was no clear system in place to ensure that bed clothes are changed regularly and some staff stated that residents attend to this. We discussed this with the manager who agreed to monitor this closely going forward and to ensure that a record of all bed changes is maintained. This will be reviewed at a future inspection.

The larger of the two lounges was furnished with only three armchairs for seating which was not sufficient for residents' use. This was discussed with the manager who agreed to review this area and following the inspection we received written confirmation that this had been addressed.



#### 6.2.4 Record keeping

A review of three resident's care records evidenced that records were written in a respectful manner and were stored to ensure confidentiality of residents' personal information. However, a number of care plans were identified as being written in 2015 and had not been rewritten to reflect the residents' current needs. In one case three care plans were in use for the same resident for diabetes care with conflicting information. This was discussed with the manager and has been stated for improvement for a second time.

#### 6.2.5 Management and governance arrangements

A review of governance records evidenced that a number of audits were completed on a monthly basis by the manager and/or deputy manager to ensure the safe and effective delivery of care. Environment, IPC, care records and hand hygiene audits were carried out monthly. On review of the most recent audits carried out in February 2020 there were no deficits identified and all audit results were scoring 100% compliance. The audits were recorded for both the nursing and residential homes together and therefore we could not identify where they had been completed. We discussed the need to be able to identify the audits carried out specifically for the residential home and an area for improvement was made.

Review of the home's complaints records evidenced that recent complaints were not recorded. The importance of recording any expression of dissatisfaction was discussed with the management team and an area for improvement was made.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager. Copies of the reports were available for residents, their representatives, staff and trust representatives. Although the reports documented that audits had been carried out, not all of the issues that were evident during the inspection in relation to the environment or IPC management had been documented. Assurances were provided that future monitoring visits would review the content of the audits and establish appropriate action plans where necessary.

#### 6.2.6 Residents' views

We reviewed the record of residents' meetings and evidenced that they did not address residents' views on any aspect of daily life in the home. The record of the meetings had not been signed or agreed with residents. An area for improvement was made.

#### Areas for improvement

The following areas were identified for improvement in relation to training records, the dining experience, fire safety, infection prevention and control (IPC), quality governance audits, complaints recording and resident views.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	5

## **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 Ann Harris, Manager and Hilda Sepelagio, Deputy 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 residential care 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 DHSSPS Residential Care Homes Minimum Standards, August 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of residents in the home.</p> <p>Specific reference to twice daily room checks for one resident.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The identified Resident no longer requires daily checks as agreed in their Care Plan. The Registered Manager and staff in the unit are very aware of the high risk of fire and close monitoring of Residents is carried out when smoking to ensure that all Residents smoke in the designated area of the unit. A smoking risk assessment is in place for each Resident who smokes.</p>
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<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 April 2020</p>	<p>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.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A full deep clean of the unit was carried out following the inspection addressing the deficits highlighted. A full refurbishment and redecoration plan is in place for the unit for 2020 which will be commenced once the restrictions for Covid 19 are lifted..</p>
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### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 April 2020</p>	<p>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.</p> <p>Ref: 6.1 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All Care Plans are being rewritten on an ongoing basis at present. The Registered Manager and Deputy Manager are auditing the care plans on an ongoing basis and any actions required are being addressed immediately.</p>
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<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 April 2020</p>	<p>The registered person shall ensure a record is kept in the home of all training, induction and professional development activities undertaken by staff.</p> <p>With specific reference to ensuring that the residential and nursing home records are separate.</p> <p>Ref: 6.2.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure residents receive a nutritious and varied diet.</p> <p>With specific reference to ensuring that residents are involved in the implementation of menus.</p> <p>Ref: 6.2.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> <li>• Environmental and hand hygiene audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned.</li> <li>• Governance audits in respect of care records should be initiated to ensure care plans and care records are maintained as required.</li> <li>• Environmental audits are specific to the residential home.</li> </ul> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Robust environmental audits now specify area being audited and weekly handwashing audits ongoing. All Care Plans are currently being rewritten on an ongoing basis.</p>

<p><b>Area for improvement 5</b></p> <p>Ref: Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure records are kept of all complaints and include details of all communications, the results of any investigation and the action taken.</p> <p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed.The Registered Manager is recording complaints on an ongoing basis.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 1.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure residents' views are taken into account in all matters affecting them.</p> <p>This is in relation to the minutes of residents' meetings.</p> <p>Ref: 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Unable to have meetings with Residents due to ongoing situation with Co-Vid 19.However,Residents can still make their views known to staff on an individual basis and any issues highlighted are being recorded and addressed in a timely manner.</p>

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



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