Unannounced Care Inspection Report
8 November 2018

Cedarhurst Lodge

Type of Service: Residential Care Home
Address Cedar Suite, Cedarhurst Road, Belfast, BT8 4RH
Tel No: 028 9049 2722
Inspectors: Kylie Connor and Marie-Claire Quinn

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.

1.0 What we look for

2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 24 persons 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 Healthcare **Responsible Individual:** Maureen Royston	**Registered Manager:** Lavina Harris
Person in charge at the time of inspection: Lavina Harris	**Date manager registered:** 14 June 2007
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 registered places:** Total number 24 comprising: 04 – RC – DE 20 – RC – MP / MP (E)

4.0 Inspection summary

An unannounced care inspection took place on 8 November 2018 from 10.00 to 15.05.

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 any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found including, staff recruitment, risk management, communication between residents, staff and other interested parties and maintaining good working relationships.

Areas requiring improvement were identified in regard to care plans for the management of behaviours that challenge and written consents for access to residents care records by RQIA inspectors and in regard to night checks.

Residents said that they had good relations with each other and with the staff. Residents spoke positively about the food, the range of activities and their lifestyle within the home.

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
Total number of areas for improvement	0	2

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 care inspection

No further actions were required to be taken following the most recent inspection on 23 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspectors met with the registered manager, five residents, two care staff, one ancillary staff and one visiting professional.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. A number of 'Have we missed you?' calling cards were left on display to inform visitors/residents' representatives that an inspection had taken place and invite feedback. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff file
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- A sample of audits
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records

- Minutes of recent residents' meetings
- Minute of a representative meeting
- Evaluation reports from quality assurance surveys
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures
- RQIA certificate of registration and employer's liability insurance certificate

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 the most recent inspection dated 6 August 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 February 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care and were block booked. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The inspector advised the registered manager of the Induction Programme (2018) launched by the Northern Ireland Social Care Council (NISCC).

Discussion with the registered manager and staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training and staff appraisals were reviewed during the inspection.

Discussion with the registered manager and review of a sample of records confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the registered manager and review of one staff file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with NISCC.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The necessity to complete the annual Adult Safeguarding Champion (ASC) Position Report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, lap belts and the management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required.

Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the sample of residents’ bedrooms inspected were found to be individualised with photographs, memorabilia and personal items. The home was fresh- smelling, clean and appropriately heated. Residents spoke positively about the décor and cleanliness of the home. Discussion with the registered manager confirmed that there was a programme in place for on-going refurbishment.

A few issues were identified and brought to the attention of the registered manager. For example, one grab-rail situated in a toilet had a small area of rust, one toilet handle appeared to be loose and the surface of the underside of one toilet seat was observed to be damaged. The registered manager reported on 21 November 2018 that these issues had been fully addressed and that discussion had taken place with staff to ensure that monthly IPC audits were robust to prevent a re-occurrence. Discussion took place in regard to how a behaviour management approach had resulted in no paper towels being available in a toilet; the registered manager agreed to review this approach to ensure that IPC was not compromised and paper towels were provided immediately. One commode seat was observed to have a crack in one area and there was evidence of some faecal matter on the seat; the registered manager had the commode replaced immediately and reported that cleaning staff had not cleaned this room.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The registered manager reported that the home had an up to date Legionella risk assessment in place dated 2 October 2017 and all recommendations had been actioned.

It was established that some residents smoked. A review of one care record of these residents identified that risk assessment and corresponding care plan had been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 13 November 2017 and all recommendations had been actioned or were being addressed. The registered manager reported that the fire risk assessment was scheduled to be reviewed the following week.

Review of staff training records confirmed that staff completed fire safety training twice annually. Three fire drills had been completed but the date had not been recorded. Following the inspection the registered manager reported that the records had been dated and that the most recent fire drills had been undertaken on 8 November 2018 and 21 October 2018. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A resident, two staff and a visiting professional spoken with during the inspection made the following comments:

- "Yes, there are always staff about. They keep it (the home) clean. They have it cleaned before we get up in the morning." (resident)
- "There is a level of security and fondness that they provide. They put their well-being first." (visiting professional)
- "We are fully staffed." (staff)
- "Everything is getting a re-vamp." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager, residents and observation of practice established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of two care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, smoking, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. One care plan in regard to the management of behaviours that challenge did not provide specific detail in regard to what the behaviours where, the indicators and specifically how staff should respond to ensure clarity of understanding and consistency of response. One area for improvement has been made to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Part of the lunch-time meal was observed. Tables were set appropriately with utensils, table cloths and condiments. Residents were offered a choice of drinks and staff provided gentle encouragement and asked residents if they were enjoying their lunch. Staff in their interaction with each other were observed to be noisy, talking to one another from across the dining room. This was commented upon by the senior care assistant who arrived to dispense medication however, the noise level did not change.

The menu board had not been updated to show the correct menu choice; staff immediately addressed this when brought to their attention stating that this was unusual. In discussion with the registered manager, assurances were given to address these issues with staff and monitor the quality of service provided during mealtimes. The registered manager reported on 21 November 2018 that regular observations of meal-times were taking place. This will be followed up at the next care inspection.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team regarding any areas of concern identified in a timely manner. Resident's pain was found to be managed appropriately.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the reports of visits by the registered provider and satisfaction survey reports were on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff and a visiting professional spoken with during the inspection made the following comments:

- "Staff are prepared for (care) reviews, paper work is good. Staff are responsive, they just get stuck in. They are good at keeping me up to date." (visiting professional)
- "Team working is perfect. Handovers are always very good, we go right over (back) to when staff were last on (working)." (staff)
- "It you have an opinion, you can share it. We are a great team, we support each other." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified in regard to care plans for the management of behaviours that challenge.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents advised that consent was sought in relation to care and treatment. Written consents were in place pertaining to photography but not in regard to night checks and RQIA inspectors' access to care records. An area for improvement was made to comply with the standards.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. For example, a care plan was in place for the management of pain.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example, staff spoke of the importance of verbal communication with residents and checking residents understanding with them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Staff spoke of the importance and outcomes of encouraging residents' independence. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, a suggestion box and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. Improvements made as direct result of the resident consultation included residents becoming more involved in maintaining the courtyard and small kitchenette for resident use.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents spoke of sitting in the garden, doing a range of arts and craft activities and musical activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents spoke of going out to their church, to the local shops and performances at a local theatre; a poster of the next outing to a local theatre was on display.

Residents and a visiting professional spoken with during the inspection made the following comments:

- "Everyone is treated equally. Everyone is friendly and polite. I go to my church…Everyone's faith is respected. We have a lovely garden. It's nice to be able to go outside." (resident)
- "The staff paint my nails. The hairdresser comes every Wednesday. They are showing a film this morning but I like listening to music. We go to the cinema on Thursdays. It's nice getting out and about." (resident)
- "Staff make efforts to be person-centred." (visiting professional)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the activity programme.

Areas for improvement

One area for improvement was identified in regard to written consents for night checks and RQIA inspectors' access to residents' care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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 outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records and discussion with staff confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints and compliments with staff.
The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events records confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A visiting professional reported that some incidents of bruising and skin flaps had not been reported to the trust and gave an example of one such incident; the registered manager stated that these incidents including the example given did not pertain to the residential care home but were in regard to the nursing home.

A regular audit of accidents and incidents including a monthly register of infections was undertaken and was reviewed as part of the inspection process. Following discussion, the registered manager agreed to include a column in the monthly accident and incident audit template to reflect that a referral had been made to the trust. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. For example, the registered manager reported that staff had received information in regard to the International Dysphagia Diet Standardisation Initiative (IDDSI). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, training had been provided in regard to allergy awareness, equality and diversity, introduction to health and safety and in regard to pressure ulcer care.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.
The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 1 January 2019	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. Ref: 6.5
	Response by registered person detailing the actions taken: All care plans in relation to the management of behaviours have been reviewed and updated to ensure that indicators of individual residents' behaviours, how the behaviour presents and how staff should respond are included in order to support clarity and consistency of approach.
Area for improvement 2 **Ref**: Standard 7.4 **Stated:** First time **To be completed by:** 1 February 2019	The registered person shall ensure that written consents are in place for night checks and access to residents' care records by RQIA inspectors. Ref: 6.6
	Response by registered person detailing the actions taken: This is in the process of being completed. Written consents will be in place by 31.01.19 for night checks and access to residents' care records by RQIA inspectors.

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

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