

Inspection Report

10 May 2022



Cedarhurst Lodge

Type of service: Residential Care Homes
Address: Cedar Suite, Cedarhurst Road, Belfast, BT8 7RH
Telephone number: 028 9049 2722

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Electus Healthcare 1 Limited</p> <p>Responsible Individual Mrs Hazel McMullan – not registered</p>	<p>Registered Manager: Mrs Julie Ann Jamieson – not registered</p>
<p>Person in charge at the time of inspection: Mrs Julie Ann Jamieson</p>	<p>Number of registered places: 24</p> <p>RC-DE for a maximum of 4 persons and RC-MP / RC-MP (E) for a maximum of 20 persons</p>
<p>Categories of care: Residential Care: (RC) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 24</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 24 residents. The home is situated on the ground floor and provides communal access to lounges, a dining room, single bedrooms and an outside courtyard area for residents use.</p> <p>There is a Nursing Home which occupies part of the home and manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 May 2022, from 9.45 am to 6.15 pm by a care inspector.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified regarding: the lack of robust managerial oversight and governance arrangements, recruitment checks within the home, the décor and maintenance of the premises and the privacy and dignity of residents.

Given the concerns raised a meeting was held on 23 May 2022 with the intention to issue three failure to comply (FTC) notices under the Residential Care Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1) - Registered person: general requirements
- Regulation 13 (8) (a) – Health and welfare of patients
- Regulation 27 (2) (b)(d)(e) – Fitness of the premises

This meeting was attended by Ed Coyle, Chief Executive, Hazel McMullan, Responsible Individual (applicant), and Gemma Coyle, Managing Director who discussed the action they had taken since the inspection to address these shortfalls and provided an action plan to confirm how these deficits would be managed in a sustained manner.

The three FTC notices were not issued as we were sufficiently assured that senior management were actively addressing the areas for improvement identified. We were assured that recruitment oversight and managerial and governance oversight were now in place, refurbishment of the areas identified in the home had taken place and the privacy and dignity of residents was a priority in the management arrangements and daily life in the home.

RQIA will continue to monitor and review the quality of services provided in Cedarhurst Lodge. It should be noted that further non-compliance may lead to additional enforcement action.

Areas for improvement were also identified regarding the fitness of the premises, managerial governance and oversight, care records, infection prevention and control (IPC), activity provision, staff training, audits, meal provision, weight management, effective environmental cleaning and complaints management.

Interaction between residents and staff were seen to be friendly and professional. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents' bedrooms were personalised with their own mementos and keepsakes.

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

3.0 How we inspect

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

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

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

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

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

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

4.0 What people told us about the service

During the inspection we spoke with eight residents and two staff individually and in small groups. No visitors were present during the inspection to consult with. Residents were generally positive about staff and the management team, however, they identified problems with the environment, lack of activities, availability of communal rooms in the home and the attitude of some staff. This was brought to the attention of the management of the home and the Local Health and Social Care Trust to address.

Staff said the manager was supportive and approachable and that there were good levels of communication between staff and management.

Ten resident questionnaires were received, following the inspection and confirmed they were moderately to very satisfied that care was safe, effective, compassionate and well led. There was no response to the on-line staff questionnaire.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: First time	The registered person shall ensure each resident has an up to date assessment of their needs which is kept under continual review.	Not met
	Action taken as confirmed during the inspection: New patient assessments were not completed in a timely manner, were not all up to date nor regularly reviewed. This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: Second time	The registered person shall ensure care plans are kept up to date and reflect the resident's current needs. This is in relation to care plans for one to one supervision and the application of topical creams.	Not met
	Action taken as confirmed during the inspection: There were no residents who required one to one supervision. Records identified that the application of topical creams was not accurately recorded in care records. This area for improvement has not been met and has been subsumed under the Regulations.	

<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the premises are well maintained and remain suitable for their use. This is in relation to the maintenance and décor of a number of identified communal areas and residents' rooms.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>While some redecoration required in the home had been completed, a number of areas in the home still required redecoration and repair.</p> <p>This area for improvement has been partially met and has been subsumed under the Regulations.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure all staff recruitment checks are completed prior to taking up post and a record of the checks are kept in the home.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was no evidence available in the home that recruitment checks had been fully completed prior to staff taking up post.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Serious concerns were highlighted in regard to the lack of recruitment processes and identified that there was no evidence of a system of checks having been completed to ensure staff were safely recruited to their post. There were no recruitment records available in the home to confirm management oversight of this process and to ensure staff were recruited safely to protect residents.

These shortfalls were discussed with the Chief Executive, Responsible Individual (Applicant) and Managing Director during the meeting on 23 May 2022; assurance was given that all recruitment checks had been completed for staff prior to commencing employment and the record of these checks was now held in Cedarhurst Lodge for management oversight. This area for improvement has been stated for a second.

There were systems in place to ensure staff were trained and supported to do their job however records identified that not all staff were up to date with their mandatory training. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way.

Staff said there was good team work and they felt supported in their role, were satisfied with staffing levels and the level of communication between staff and management.

There were processes in place to ensure staff were registered with the Northern Ireland Social Care Council (NISCC) the appropriate professional body for their role.

5.2.2 Care Delivery and Record Keeping

Staff met at the start of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents needs including their daily routines.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were observed to be respectful, understanding and sensitive to residents' needs. Staff took time to chat and sit with residents who were unsettled or confused.

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

Residents who are less able to mobilise require special attention to their skin care. These residents were assisted by staff with mobility and provided with mobility aids where this was required.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example; wakening aid equipment was available and residents were encouraged to use this when walking.

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

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. Meals were described by some residents as having no taste and being burnt. Although there was a choice of meals they did not appear well presented. This was discussed with the manager and an area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Not all significant weight loss was reported to the relevant professional for review and action. An area for improvement was identified.

Residents' needs should be assessed at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet residents' needs; review of care records identified that this had not been completed in a timely manner for all residents following admission. This area for improvement has been stated for a second time.

Review of the record of administration of topical creams showed evidence that this was not accurately recorded. This area for improvement has been subsumed as an area for improvement under the Regulations.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to residents. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Serious concerns were identified in relation to the home's environment which continues to require maintenance and redecoration. For example; heating was not working in a number of bedrooms, paper towel dispenser were lying on floors, bin lids were broken, wallpaper was torn and falling off walls and a number of items of furniture required repair or replacement.

It was notable that the home had not been appropriately cleaned; areas of the home and equipment were unclean. Issues identified included foul smelling toilets and bedrooms, a mattress base heavily stained with urine, bed sheets soiled with faeces and walls in the dining room stained with food debris. Domestic cleaning was not completed using the incorrect colour coded equipment as per National Patient Safety Agency (NPSA) National Colour Coding Scheme.

These shortfalls were discussed with the Chief Executive, Responsible Individual (Applicant) and Managing Director during the meeting on 23 May 2022; assurances were provided that the areas for repair had been addressed and redecoration had been completed in the identified areas of concern. An action plan with completion with dates provided for the planned improvement works for the home and domestic staff had completed retraining while further housekeeping staff had been recruited to the home. One area for improvement has been subsumed under the Regulations and two new areas for improvement have been identified.

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

The home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided however it was noted that not all staff were using PPE when required. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance. Temperature checks and a health questionnaire were completed for all visitors and PPE was supplied.

5.2.4 Quality of Life for Residents

Serious concerns were identified in relation to the lack of progress with improvements to the standard of décor, replacement of damaged furniture, cleanliness of the home, provision of meaningful activities for residents and the restrictions to residents from accessing the lounge, the activities room and the hairdressing room. Residents said they “missed using the activities room”. This had the potential to impact on the well-being and dignity of residents.

These shortfalls were discussed with the Chief Executive, Responsible Individual (Applicant) and Managing Director during the meeting on 23 May 2022; assurances were provided through an action plan that the redecoration plan was in place, damaged furniture had been replaced and an increased provision had been put in place to ensure meaningful activities are in available. Two areas for improvement have been identified.

Residents could have a lie in or stay up late to watch TV and could go out to church and local shops. Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example; menu choices.

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

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

5.2.5 Management and Governance Arrangements

Serious concerns were identified in relation to a lack of robust managerial oversight and governance arrangements within the home in relation to recruitment oversight, oversight of the maintenance of the heating system, oversight of the cleanliness and décor of the environment and the effectiveness of audits in identifying deficits or when deficits had been identified these had not been addressed.

These shortfalls were discussed with the Chief Executive, Responsible Individual (Applicant) and Managing Director during the meeting on 23 May 2022; assurances were provided through an action plan that recruitment checks for all staff have been completed and recruitment

checklists and files are in place and have been returned to the home until they can be uploaded to the computerised system in a more timely manner. Assurance was provided that the heating in the two identified rooms had been repaired and that senior management support will be provided in the home two half days and one full day per week. An area for improvement has been identified.

There has been a change in the management of the home since the last inspection. Mrs Julie Ann Jamieson has been the manager in this home since 3 January 2022 and has applied to become the registered manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The auditing system had identified the areas of serious concern regarding the cleanliness and maintenance of the environment, however, action had not been taken to address this. An area for improvement was identified.

A complaint raised by a resident regarding the heating in the home had not been addressed appropriately through the complaints process and appropriate action taken to address this. An area for improvement was identified.

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

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

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

6.0 Quality Improvement Plan/Areas for Improvement

The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	8*	7*

* The total number of areas for improvement includes two that have been stated for a second time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure each resident has an up to date assessment of their needs which is kept under continual review.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: A meeting has been held with all senior carers within the unit to address the importance of updating care plans in a timely manner. A care plan matrix is in now in place. All care files have been updated.</p>
Area for improvement 2 Ref: Regulation 13 (4)(c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure an accurate written record is kept of the administration of topical creams to a resident.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff have been made aware of importance of completing documentation around application of topical creams. This is now being completed and verified by the Home Manager Deputy Manager on daily walk rounds, and random checks</p>
Area for improvement 3 Ref: Regulation 27 Stated: First time To be completed by: 31 August 2022	<p>The registered person shall ensure the premises are well maintained and remain suitable for their use. This is in relation to the maintenance and décor of communal areas and residents' bedrooms.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All repainting is now fully completed. All vanity units have now been fitted apart from the vacant room. Manager does a daily walkaround to ensure all areas well maintained. Any deficits reported to maintenance and addressd in a timely manner.</p>
Area for improvement 4 Ref: Regulation 27 (2)(p) Stated: First time	<p>The registered person shall ensure that appropriate heating is provided in all parts of the home which are used by residents.</p> <p>Ref: 5.1 and 5.2.3</p>

To be completed by: 31 August 2022	Response by registered person detailing the actions taken: Heating system has been replaced and updated.
--	--

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and the spread of infection. This is in relation to the areas for improvement identified in the report.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Colour coded buckets and mops in place. Staff have had COSHH training and training on the colour coding of cleaning equipment. Random spot checks by the Home Manager to ensure compliance with colour coding and the use of PPE.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (8)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall make suitable arrangement to ensure that the home is conducted in a manner which does not potentially impact on the well-being and dignity of residents.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: All training is now completed in an area that does not impact or infringe on residents personal space and maintains their dignity</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 18 (2)(i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where activities provided by the home are planned and provided with regard to the needs of the residents.</p> <p>Ref 5.1 and 5.2.4</p>
	<p>Response by registered person detailing the actions taken: Activities are set with consultation of the resident's. They are asked what activity they would like to have, so this then is added to the weekly activity program. The activity co-ordinators (PALS) bring their activity planner to the manager on a Friday for the following week to the manager to have oversight.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person and the registered manager shall, having regard for to the number and needs of residents carry on or manager the home (as the case may be) with sufficient care, competence and skill.</p> <p>5.2.5</p>
	<p>Response by registered person detailing the actions taken: The home Manager has undergone supervision, in relation to audits and management oversight. The Home Manager is supported 2 days per week by the Operations Manager, and all homes governance is reviewed during visits and reg 23 monitoring visits for compliance.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1.1)	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all staff recruitment checks are completed prior to taking up post and a record of the checks are kept in the home.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Recruitment files are now kept within the service. A full audit has been completed by the HR department and all files are now complete. A record is kept in staff files of their recruitment checks.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2022</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A matrix is in place for staff to receive training. All staff receive their Flexabee e-learning log in within their induction period and are given a set period of time to complete. Staff have been allocated to attend further training throughout the month of August and September. The home has Safeguarding and M&H trainers who are rolling out training to staff within the home. Staff are made aware that mandatory training has to be completed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure residents are provided with a nutritious and varied diet which meets their individual needs and preferences and residents are involved in the planning of meals.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A Residents meeting was held and menus discussed. The results of residents input was then discussed with the chef manager. The chef manager has reviewed the menus to meet the needs of the residents. The dining experience is being monitored by the Home Manager and Deputy Manager for compliance. During the reg 23 visit mealtime is observed to ensure compliance.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure the general health and welfare of resident is continually monitored and recorded and advice is sought where required. This is in relation to residents' weight.</p> <p>Ref: 5.2.2</p>

With immediate effect	Response by registered person detailing the actions taken: Weight loss is monitored monthly or weekly if required. Any weight loss of 2.5kg or more is reported to RQIA, G.P. NOK and dietician. The manager has oversight of all weight loss within the unit.
-----------------------	--

<p>Area for improvement 5</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the building is kept clean and hygienic at all times using the correct equipment recommended for cleaning purposes.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Colour coded buckets and mops in place. Staff have had COSHH training and training on the colour coding of cleaning equipment. Random spot checks by the Home Manager to ensure compliance with colour coding and the use of PPE.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure working practices are systemically audited and actions resulting from these audits are addressed in a timely manner.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Any identified areas are reviewed by the home manager and the deputy manager and signed off when completed, to show compliance. Audits are then re-checked during the reg 23 visit to ensure that they have been completed.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all complaints are taken seriously and dealt with promptly and effectively.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Complaints are recorded and managed as per company policy within an appropriate time frame. Complaints are acknowledged from both residents, relatives and other members of the public</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care