

# Unannounced Care Inspection Report 15 March 2021



## Cedarhurst Lodge

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

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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 registered to provide residential care for up to 24 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Electus Healthcare 1 Limited  <b>Responsible Individual(s):</b> Alana Irvine	<b>Registered Manager and date registered:</b> Lavina Ann Harris 13 June 2007
<b>Person in charge at the time of inspection:</b> Ela Sosin - Team Leader	<b>Number of registered places:</b> 24
<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 care inspection was undertaken on 15 March 2021 from 09.30 to 17.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan and to determine if the care provided was safe, effective, compassionate and well led. There had been a change in the registered provider to Electus Healthcare since the previous inspection.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Residents spoke positively about living in Cedarhurst Lodge; comments made are included in the main body of the 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
<b>Total number of areas for improvement</b>	*1	*1

\*The total number of areas for improvement includes one, under the regulations, which has been carried over for review at the next inspection and one, under the standards, which has been stated for the second time. Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ela Sosin, team leader, and Lorraine Kirkpatrick, regional 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 15 residents, both individually and in small groups, and five staff. Questionnaires were left in the home to obtain feedback from residents and residents' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota from 8 to 21 March 2021
- staff training records
- incident/accident reports
- monthly monitoring reports
- a sample of governance audits
- complaints/compliments records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- two staff recruitment files
- records of residents' meetings

- three residents' care records
- a sample of food and fluid intake records
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met. One area for improvement has been carried over for review at the next inspection.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 5 March 2020.

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> Ref: Regulation 27 (4) (a) <b>Stated:</b> First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of residents in the home.  Specific reference to twice daily room checks for one resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff evidenced that specific arrangements are no longer required for the identified resident.  Review of care records evidenced that fire risk assessments and care plans had been completed for residents who smoke.	
<b>Area for improvement 2</b> Ref: Regulation 27 <b>Stated:</b> First time	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.	<b>Carried forward to the next care inspection</b>

	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> Second time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          Review of a sample of records evidenced that these were legible, accurate, up to date, signed and dated. This was also the case with residents' diet sheets.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 23.6 <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          Review of training records evidenced that these were up to date and reflective of training, induction and professional development undertaken by staff.</p>	
	<p>Following the inspection the manager confirmed that a separate record was maintained for the residential home.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          Review of menus and discussion with residents evidenced that the food provided is nutritious</p>	



	<p>and varied.</p> <p>Discussion with residents and the chef and review of catering feedback surveys confirmed that residents views had been sought regarding the implementation of menus.</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>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><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed a sample of relevant governance audits and found that these were consistently completed and were specific to the residential home.</p> <p>Care record audits had been initiated as required.</p> <p>Hand hygiene audits were regularly completed. Environmental audits were also consistently completed but IPC issues noted on inspection had not been identified on the audit which therefore needed to be more robust.</p> <p>This area for improvement was partially met and will be stated for the second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the complaints record evidenced that this was completed in full to reflect all details of complaints received and actions taken.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p>	<p>The registered person shall ensure residents' views are taken into account in all matters</p>	<p><b>Met</b></p>

<b>Ref:</b> Standard 1.2  <b>Stated:</b> First time	affecting them.  This is in relation to the minutes of residents' meetings.	
	<b>Action taken as confirmed during the inspection:</b> We could see that a record of residents' meetings was recorded and these evidenced that regular consultation was undertaken with residents to determine their views and opinions.	

## 6.2 Inspection findings

### 6.2.1 Staffing

We discussed staffing with the team leader who told us that residents' dependencies were regularly reassessed in order to ensure that staffing levels were maintained at satisfactory levels. Although staff were busy we observed that residents' needs were met promptly by the number and skill mix of staff on duty. Staff told us that teamwork was good and that the manager was supportive and approachable. Staff spoken with were generally satisfied with staffing levels, one staff member said that they felt staffing levels could be better on occasions, for example, when new residents were admitted in order to help with the settling in period.

Review of two staff recruitment files confirmed that the necessary pre-employment checks were made prior to staff commencing work in the home.

There was a system in place to monitor that staff were appropriately registered with the NISCC. However, the regional manager told us that since the change of registered provider to Electus Healthcare, and despite regular communication with the NISCC, some staff details still need to be updated on the NISCC system to reflect the change. Following the inspection the manager confirmed that all staff were either registered, or in the process of registering, with the NISCC. Progress in this area will be reviewed at the next inspection.

Staff told us that they were provided with mandatory training and reminded when this was due. They also said that they were able to access the training required to carry out their roles and responsibilities effectively and that management listened if they requested additional training.

Staff spoken with commented positively about working in the home; comments included:

- "Teamwork is good."
- "Training is ongoing for all staff and is really good."
- "I love working here; I wouldn't change my job for the world."
- "Lavina (the manager) is extremely approachable."
- "I absolutely love my job."

We received one response to the on-line staff survey; the respondent indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led.



Comments made by staff were brought to the attention of the team leader for information and action if required.

### **6.2.2 Personal protective equipment (PPE)**

There was a plentiful supply of PPE available; PPE stations were well stocked and signage providing useful information on PPE was placed in appropriate areas throughout the home. Staff told us that they had had sufficient supplies of PPE at all times.

Staff spoken with demonstrated their knowledge of the current regional guidelines regarding PPE. Staff were observed to put on and take off their PPE correctly.

Staff and residents had a twice daily temperature check; a record of this was maintained. Any visitors to the home also had a temperature check recorded.

The team leader confirmed that sufficient supplies of PPE were maintained and staff had received PPE awareness training. Daily observations and regular audits were completed to monitor staff use of and compliance with PPE guidelines.

### **6.2.3 The environment and infection prevention and control (IPC) measures**

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room, storage areas and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised. Bed linen and towels were in good condition. Corridors and fire exits were clear of obstruction.

As identified at the previous inspection the home does require refurbishment. The regional manager told us that planned environmental improvements and refurbishment had been put on hold as it would not have been appropriate to have contractors in the home during the COVID-19 pandemic. As a result we will review the environmental improvements that are required at the next inspection.

We observed that some environmental improvements had been made, for example, new bed linen, towels and lounge chairs had been purchased. As already stated the home was clean and tidy although we did observe some IPC issues, for example, dust around ceiling fans and the top of light cord pulls and shower chairs which required more effective cleaning. These issues were brought to the attention of the team leader for information and action as required.

Staff were observed to carry out hand hygiene at appropriate times. Staff were also observed to helpfully prompt and remind residents when to carry out hand hygiene.

### **6.2.4 Care delivery**

Residents in the home looked well cared for; they were observed to be well presented and content in their surroundings. The atmosphere was friendly and relaxed, staff were seen to speak to residents in a kind and friendly manner and to offer them support as required.

Staff demonstrated their knowledge of the importance of effective communication with residents to promote positive outcomes and spoke knowledgeably about the challenges that could arise for the residents due to their mental health issues. Staff recognised the importance of person centred care planning to ensure the care provided was individualised and met each resident's needs.

We spoke to the activity lead who told us of the importance of developing a rapport with residents and building up a relationship in order to be able to identify individual likes, dislikes, needs and interests to assist with planning activities and events. Activities on offer included, for example, 'knit and natter', a weekly breakfast club, coffee mornings, arts and crafts, pool, skittles, bingo and darts. Although outings cannot take place at present community links have been maintained where possible, a local art school sends art supplies and projects to the home and a community circus had performed in the grounds for the residents.

Socially distanced visiting was available both indoors and outdoors as per the current guidance in this area although staff said that most residents prefer outside visiting at present. Bookings are made with the activity lead who assists visitors with information regarding effective hand hygiene and use of PPE as part of the visiting process. Visiting areas are thoroughly cleaned between appointments and visitors have a temperature check and complete a health questionnaire on arrival. The regional manager told us that all residents and relatives had been informed of the care partner initiative and any requests for this would be risk assessed and implemented as per the current guidance in this area.

Residents spoken with told us that they were satisfied with staffing levels and felt well looked after, comments included:

- "The food is lovely, I like the curries."
- "Oh the food is lovely."
- "The place is spotless."
- "The staff are very friendly."
- "I get peace in here, it is easy come, easy go, that's what I need."
- "I find day to day living difficult and I get the support I need in here."
- "The staff are very, very good."
- "Staff help with lots of things, even with cutting hair at the minute."

One resident felt that that there was a lack of choice with meals but all others spoken with felt the choice and variety was good. We spoke to the chef who told us that there was regular consultation with residents regarding menus and their views were taken into account in menu planning.

Comments made by residents were brought to the attention of the team leader for information and action if required.

### **6.2.5 Care records**

We reviewed the care records for three residents and found that these contained relevant risk assessments and care plans to ensure that residents' daily needs were met. A daily, up to date, record of care provided was maintained. Risk assessments and care plans evidenced regular review and were up to date or had been rewritten where necessary.

Relevant and individualised care plans were in place regarding, for example, deprivation of liberty safeguards, dietary requirements, smoking, health conditions such as diabetes, management of distressed reactions and personal care needs. The care plans included recommendations from other healthcare professionals where required.

Review of care records evidenced that, in the event of a fall, staff took appropriate action if a head injury was confirmed or suspected.

The care records for a recently admitted resident had been completed in a timely manner.

### **6.2.6 Governance and management arrangements**

As previously mentioned there had been a change of registered provider to Electus Healthcare since the previous inspection; RQIA had been appropriately notified of the changes.

We reviewed a sample of relevant governance audits and found that these were consistently completed and were specific to the residential home. Care record audits had been initiated as required. Environmental audits were also consistently completed, however, IPC issues noted on inspection had not been identified on IPC audits reviewed; these needed to be more robust. This area for improvement was partially met and will be stated for the second time.

Training records reviewed during the inspection provided an overview for both the residential and adjoining nursing home; there was a system in place to differentiate between the two homes and it was clear which mandatory training had been undertaken by the residential care staff. Following the inspection the manager provided RQIA with a copy of the training records which were maintained for the residential care home; review of the information provided evidenced that a separate training record was in place as required.

Monthly monitoring reports reviewed included feedback from residents, relatives and staff, an update on progress with previously identified deficits and an action plan with a timescale and identified person responsible for completion.

A refurbishment/improvement plan had been developed, a copy of this was provided to RQIA; as previously stated improvements required in this area will be reviewed at the next inspection.

There was a system in place to ensure that accidents/incidents were appropriately reported to RQIA. We reviewed the system in place to record complaints and could see that the record had been completed in full.

## Areas of good practice

Areas of good practice were identified regarding teamwork, maintaining good working relationships, use and availability of PPE and hand hygiene. Additional areas of good practice included the care provided, the culture and ethos, activities and consultation with residents.

## Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3 Conclusion

Residents looked well cared for and were observed to have a good rapport with staff who treated them with respect and kindness.

The home was clean and tidy; required refurbishment and redecoration has been understandably delayed due to the COVID-19 pandemic however a refurbishment/improvement plan has been developed and works will commence as soon as possible.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ela Sosin, team leader, and Lorraine Kirkpatrick, regional 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time  <b>To be completed by:</b> 5 April 2020	<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: 6.1&amp; 6.2.3</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 April 2021	<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 audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned.</li> </ul> <p>Ref: 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager or designated person carrying out the environmental audits in Cedar unit now also take photos of any IPC deficits during their walkabout. Actions are recorded on the action plans which are being kept in the evidence file. Weekly governance review audits are being maintained which identify any issues not being addressed from the previous week. The Regional Manager during her Regulation 29 monthly monitoring visits will monitor compliance to ensure that the audits are sufficiently robust and that any IPC deficits are appropriately identified and actioned..</p>

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





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