

# Inspection Report

## 29 November 2021



## Cedarhurst Lodge

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Electus Healthcare 1 Limited<br><br><b>Responsible Individual</b><br>Mrs Hazel McMullan  | <b>Registered Manager:</b><br>Mrs Caron McKay – acting manager  |
| <b>Person in charge at the time of inspection:</b><br>Mrs Caron McKay – acting manager   | <b>Number of registered places:</b><br>24<br>RC-DE for a maximum of 4 persons and<br>RC-MP / RC-MP ( E ) for a maximum of 20<br>persons |
| <b>Categories of care:</b><br>Residential Care (RC)<br>DE – Dementia.<br>MP – Mental disorder excluding learning<br>disability or dementia.<br>MP(E) - Mental disorder excluding learning<br>disability or dementia – over 65 years.   | <b>Number of residents accommodated in<br/>the residential care home on the day of<br/>this inspection:</b><br>21                       |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>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 of the building and a Nursing Home occupies the adjoining area of the ground floor. The Manager for this home manages both services. |   |

## 2.0 Inspection summary

An unannounced inspection took place on 29 November 2021, from 10.00 am to 6.30pm by the care and estates inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents spoke positively about life in the home and the care provided by staff. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and interactions with staff.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified. Details can be found in the Quality Improvement Plan (QIP) attached.

RQIA were assured that the delivery of care and service provided in Cedarhurst Lodge was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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**

Thirteen residents told us they were happy with the care in Cedarhurst Lodge and were positive in their comments about staffing levels and the activities in the home. Residents said "everything is fine here," "they are looking after me well," and "the food is good."

Five staff said the atmosphere in the home was settled and both the care and cleanliness of the home were much improved. Staff said “I have had an induction and am getting training,” and “the manager is really good and we are planning social events for residents.”

No resident or relative questionnaires were received following the inspection and there was no response to the online staff survey.

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 23 September 2021                                      |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 13 (b)<br><b>Stated:</b> First time              | The registered person shall make proper provision for the care and where appropriate, treatment and supervision of residents.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 13 (7)<br><b>Stated:</b> First time              | The registered person shall make suitable arrangements to effectively manage and robustly monitor the IPC deficits identified within this report. This includes but is not limited to: <ul style="list-style-type: none"> <li>• PPE use</li> <li>• Environmental cleanliness</li> </ul> | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   |                          |
| <b>Area for improvement 3</b><br><b>Ref:</b> Regulation 13 (7)<br><b>Stated:</b> First time              | The registered person shall make suitable arrangements to effectively manage robust screening measures with regard to visiting arrangements to the home.  | <b>Met</b>               |

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|---|---|---------------------------------|
|   | <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>   |                                 |
| <p><b>Area for improvement 4</b><br/><b>Ref:</b> Regulation 27 (4) (a)<br/><b>Stated:</b> First time</p>                  | <p>The registered person shall have in place a current written fire risk assessment and fire management plan and ensure actions are followed up in a timely manner</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>  | <b>Met</b>                      |
| <p><b>Area for improvement 5</b><br/><b>Ref:</b> Regulation 10 (1)<br/><b>Stated:</b> First time</p>                      | <p>The registered person shall having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, manage the home with sufficient care, competence and skill. This includes but is not limited to the management of staffing levels; quality assurance audits; IPC practices and management of residents requiring enhanced levels of supervision</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p> | <b>Met</b>                      |
| <p><b>Area for improvement 6</b><br/><b>Ref:</b> Regulation 29<br/><b>Stated:</b> First time</p>                          | <p>The registered person shall ensure that monthly monitoring reports are completed in a robust manner at all times; this includes but is not limited to the timely completion of identified actions within such reports.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>   | <b>Met</b>                      |
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b> |   | <b>Validation of compliance</b> |
| <p><b>Area for improvement 1</b><br/><b>Ref:</b> Standard 25</p>  | <p>The registered person shall ensure the details of all staff working over a 24 hour period are on the duty rota.</p>  | <b>Met</b>                      |

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| <p><b>Stated:</b> First time</p>   | <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>   |                       |
| <p><b>Area for improvement 2</b><br/><b>Ref:</b> Standard 23<br/><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that persons employed to work at the home receive training relevant to their role.<br/>With specific reference to:</p> <ul style="list-style-type: none"> <li>• infection prevention and control ,</li> <li>• first aid,</li> <li>• fire training,</li> <li>• control of substances hazardous to health (COSHH),</li> <li>• health and safety and moving and handling.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p> | <p><b>Met</b></p>     |
| <p><b>Area for improvement 3</b><br/><b>Ref:</b> Standard 27.6<br/><b>Stated:</b> First time</p> | <p>The registered person shall ensure the keypad lock on the entrance door is maintained and suitable for its stated purpose</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>  | <p><b>Met</b></p>     |
| <p><b>Area for improvement 4</b><br/><b>Ref:</b> Standard 5.5<br/><b>Stated:</b> First time</p>  | <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><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was not met. Care records for one to one supervision and application of topical creams were not reviewed and up to date.<br/><b>This area for improvement has been restated under the regulations.</b></p>   | <p><b>Not met</b></p> |

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| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p>  | <p>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.</p>   | <p><b>Not met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was not met. No care plan was in place for a one to one supervision and no updates were made since the last inspection. <b>This area for improvement has not been met and has been stated for a second time.</b></p> |  |                       |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure accurate records are kept of residents' possessions handed over for safekeeping and returned to the resident. This is in relation to smoking materials</p>   | <p><b>Met</b></p>     |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>   |  |                       |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First 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><b>Not met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was not met. The areas identified as requiring maintenance or redecoration had not been addressed. <b>This area for improvement has not been met and has been stated for a second time.</b></p>                      |  |                       |
| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that a structured daily programme of varied activities and events is developed and maintained for residents; this programme should evidence consultation with residents and their family members, where appropriate.</p> | <p><b>Met</b></p>     |

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|--|---|--|
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p> |  |
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. It was evident that a robust system was not in place to ensure staff were recruited correctly to protect residents. While a check list was available this had not been completed for all staff when recruited. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance was very good and additional training was provided on person centred care, diet and nutrition and complaints handling.

Staff said there was good team work and that they felt well supported in their role by the new manager, 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. At times staff numbers were reduced if short notice staff sickness, however agency staff were used to assist with managing staff cover. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, going out for a walk, spending time with other residents in communal areas or if desired in their own bedrooms.

Staff told us that the residents' needs and wishes were important. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said there was enough staff available and there was always enough staff to provide activities. Residents raised no concerns about staffing levels in the home.

### 5.2.2 Care Delivery and Record Keeping

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 skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff provided alternative activities such as going for a walk outside or chatting to reduce stressful behaviours.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. A flash meeting was held mid-morning to update all staff on any change to care requirements.

Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

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 closing doors to offer personal care to residents discreetly.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referrals were made to the physiotherapist for walking aids and assistance was provided for those who required this.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

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. Residents were complimentary about the food and fresh vegetables which were provided with the meal. The lunch menu was displayed on a board to inform residents of the meal choices.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents had a meal that they enjoyed. Staff told us how they were made aware of residents' nutritional needs to ensure residents received the right diet. A written record of individual meal requirements was available to staff in the dining room.

There was a choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available.

Care records for one to one supervision and application of topical creams were not maintained or regularly reviewed and updated to ensure they continued to meet the residents' needs. This area for improvement has been stated for a second time.

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.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. Areas identified for maintenance or improvement during the last inspection including décor of bathrooms and identified bedrooms had not been addressed. This area for improvement has been stated for a second time.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

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.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff 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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance. A temperature check and health questionnaire was noted to be completed and recorded for all visitors to the home. Staff temperature checks were completed twice daily and required to be recorded on both occasions. This was discussed with the manager and will be reviewed at the next inspection.

### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Residents could have a lie in or stay up late to watch TV. Could go out to local shops or take part in the homes daily activity schedule.

Residents 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, planning of activities and the choice of meals available on the menu.

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, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff and the activities leader. As said previously residents had been consulted about the activity programme. The range of activities included social events movies, crafts, games and quizzes.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Caron McKay has been the acting manager in this home since 14 October 2021 and the home is currently recruiting for a permanent manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address this. Review of the home's record of complaints confirmed that these were well managed.

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 incident 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 manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider 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.

## **6.0 Conclusion**

Residents and staff were relaxed and chatting while enjoying a Christmas movie in the lounge. Attention had been paid to residents clothing and personal care.

The home was clean and tidy and resident's rooms were personalised with items which were important to them. The lunch time meal was nutritious, warm and residents said they enjoyed it.

Based on the inspection findings four areas for improvement were identified. All four were in relation to safe and effective care– details can be found in the Quality Improvement Plan in section 7.0.

Based on the inspection findings RQIA is satisfied that this service is providing care and services in a compassionate manner.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1           | 3*        |

\*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 Caron McKay, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 15 (2) (a) (b)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>With immediate effect | The registered person shall ensure each resident has an up to date assessment of their needs which is kept under continual review.<br><br>Ref: 5.1 and 5.2.2<br><br><b>Response by registered person detailing the actions taken:</b><br>This was completed by staff in the unit. A review of records evidenced that this area for improvement was met as stated. Home manager will review on a regular basis |
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 6.6<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b>                                      | 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.<br><br>Ref: 5.1   |

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| With immediate effect  | <p><b>Response by registered person detailing the actions taken:</b><br/>The care plan with regards to topical creams and one to one supervision has been rewritten and clearly reflects all care delivery including topical creams and one to one supervision. All staff have been made aware of this care plan</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>31 December 2021</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>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/>An environmental action plan had been devised and any issues identified have been addressed. Ongoing décor to the home in regard to some residents rooms may take longer due to the complex nature of the residents and their refusal to allow re-decoration. This will be evidenced in their care files. Where issues arise in the future these will be addressed in a timely manner.</p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>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: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/>A review of all staff recruitment records has been undertaken by the Home Manager. The records of the checks are signed and dated and kept in the home. This is reviewed on a weekly basis to ensure that this is maintained</p>   |

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



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