

# Inspection Report

30 April 2024



## Cedarhurst Lodge

Type of service: Residential Care Home  
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

<b>Organisation:</b> Electus Healthcare 1 Limited	<b>Registered Manager:</b> Mrs Julie-Ann Jamieson
<b>Responsible Individual:</b> Mr Edmund Coyle	<b>Date registered:</b> 23 June 2023
<b>Person in charge at the time of inspection:</b> Julie-Ann Jamieson	<b>Number of registered places:</b> 24  This number includes: RC-DE for a maximum of four persons and RC-MP / RC-MP (E) for a maximum of 20 persons.
<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 care home on the day of this inspection:</b> 24
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for up to 24 residents. The home is situated over one floor with individual bedrooms and communal bathrooms, lounges and a dining room. There is an enclosed courtyard with a seating area for residents' use.  There is a nursing home which occupies part of the building and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 30 April 2024, from 9.10 am to 4 pm by a care inspector.

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.

It was evident that staff had a good understanding of residents needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were respectful and promoted the dignity of the residents in all their interactions with them.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 7.0.

Based on the inspection findings 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 in the home.

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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are kind”, “the activities are good” and “staff are friendly”.

Some residents told us that the food could be better and one resident told us about a complaint they had in relation to the environment, these were discussed with the manager for review.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive, knowledgeable and available for guidance.

Eight questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

#### 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 24 <sup>th</sup> August 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that accurate and up to date personal medication records are written and maintained for all residents including new admissions to the home.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>	The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their health.	<b>Met</b>

<b>Ref:</b> Regulation 14 (2)(a) <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> Second time	The registered person shall ensure that all resident care plans are kept up to date and reflective of residents' current needs.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall review the management of medicines prescribed for pain to ensure there is a care plan in place to direct staff.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall review and update the Standard Operating Procedure for the return/disposal of medicines.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 19 <b>Stated:</b> First time	The registered person shall ensure that all recruitment checks are completed prior to staff commencing employment.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 12	The registered person shall ensure that the menu reflects the meals which are provided on a daily basis and variations to the menu are recorded.	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. A review of staff records confirmed that all staff had completed an induction within the home.

A review of the staff training matrix evidenced that some mandatory training for staff was overdue. This was discussed with the management team who confirmed that the organisation was in the process of changing their online training platform and provided assurances that all outstanding training would be completed.

The staff duty rota accurately reflected the staff working in the home and advice was provided to the manager to ensure the person in charge of the home in absence of the manager is highlighted on the rota.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

Staff received supervision sessions and an annual appraisal and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

Staff told us there was good teamwork, communication is good and they felt well supported in their roles. Staff also told us that they felt there is enough staff on duty to meet the needs of residents in the home.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, 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.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Community Mental Health Team.

Care records were well maintained and reviewed regularly to ensure they continued to meet the needs of residents. Residents individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to residents.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this. However, a review of the DoLS register for the home highlighted that it had not been reviewed regularly. This was discussed with the manager and an area for improvement has been identified.

Daily records were kept in relation to how each resident spent their day and the care and support provided by staff. These records lacked detail in relation to the level of staff support provided to residents with regards to activities and overall need to be more person centred in detail. An area for improvement has been identified.

Residents' care records were held confidentially.

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 ensured that residents were comfortable, had a pleasant experience and a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

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

The home was clean, warm and comfortable for residents. Bedrooms were personalised with items important to the residents. Some bedrooms appeared to be cluttered but residents told us this was their own choice.

There was a malodour noted in the communal corridors and in one resident's bedroom, this was discussed with the manager and an area for improvement has been identified.

There was a specific environmental issue identified during the inspection and comments made by one resident in relation to this were shared with the management team for action. RQIA were provided with written assurances that the issue is being actioned accordingly.

The Fire Risk Assessment for the home was completed on 18 March 2024. Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, some residents preferred to have a lie in or stay up late to watch TV.

Residents spent time in the communal lounge chatting to each other and watching TV. Other residents engaged positively in a hair dressing activity with staff which they all really enjoyed. Some residents went out to the local shops or preferred to spend time alone relaxing.

Activities offered in the home included, bingo, coffee mornings, beauty, music and arts and crafts. Residents told us that they enjoy taking part in activities in the home and spoke positively about the activities co-ordinator.

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

There has been no change in the management of the home since the last inspection Mrs Julie Ann Jamieson has been the Manager in this home since 23 June 2023.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would deal with any concern promptly.

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.

Staff and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following resident's meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. This was discussed with the manager and an area for improvement has been identified.

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.

There was a system in place to manage complaints. However, there was evidence that one complaint had not been recorded appropriately as a complaint to evidence action taken. A discussion took place with the manager and an area for improvement has been identified.

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. These are available for review by residents, their representatives, the Trust and RQIA.

## 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 (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	7*

\* the total number of areas for improvement includes one regulation and two standards which are carried forward for review at the next inspection.

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

## Quality Improvement Plan

<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 13 (4) <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that accurate and up to date personal medication records are written and maintained for all residents including new admissions to the home.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall review the management of medicines prescribed for pain to ensure there is a care plan in place to direct staff.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time <b>To be completed by:</b> 15 November 2022	<p>The registered person shall review and update the Standard Operating Procedure for the return/disposal of medicines.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 22.4 <b>Stated:</b> First time <b>To be completed by:</b> 1 June 2024	<p>The registered person shall ensure that the Deprivation of Liberty Safeguards (DoLS) Register is regularly reviewed and changes are made where necessary.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A review of DoLs has taken place and register updated to reflect this. All those who were recorded with an expired DoL due to removal of same have been removed from register. Care plans in place to reflect if restrictive practice is used or whether DoL is in place</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2024</p>	<p>The registered person shall ensure that staff are provided with extra training in relation to the completion of resident's daily progress records, in order to ensure a full account of support provided has been recorded as necessary. This should be kept under review.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Following discussions with quality assurance manager, she will provide training to senior care assistants</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2024</p>	<p>The registered person shall ensure that the home remains free of any malodour. Records should be kept of any concern identified and action taken.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Malodour located following day as was not present following inspection. Area identified in one bedroom and appropriate action taken. This room was an area for concern and is not as same.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 1.5 &amp; 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2024</p>	<p>The registered person shall ensure that action plans are created following resident's meetings which include details of the actions agreed and plan to address any areas of concern, who is responsible and date the action is achieved by.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Template devised for residents meetings to include points raised/discussed, action plan evidencing the action required, who is to complete action, date for action to be completed and signed off by home manager following completion</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2024</p>	<p>The registered person shall ensure that all complaints are recorded appropriately to evidence response, action taken and outcomes.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Complaint received by inspector recorded on day of inspection and discussed with resident. Appropriate records maintained of same as stated</p>

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



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