

# Inspection Report

**Name of Service:** Cedarhurst Lodge

**Provider:** Electus Healthcare 1 Limited

**Date of Inspection:** 16 October 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Electus Healthcare 1 Limited
<b>Responsible Individual:</b>	Mr Ed Coyle
<b>Registered Manager:</b>	Mrs Julie-Ann Jamieson
<b>Service Profile:</b> This is a registered nursing home which provides nursing care for up to 43 patients. The home is divided into three units; Sycamore and Oak units provide care for patients with mental disorders under and over the age of 65 years, and Beech unit provides care for patients living with dementia. The home is spread over ground floor level and there are a range of communal areas throughout the home and patients have access to enclosed outdoor spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 October 2025 from 9.15 am to 3 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Two areas for improvement relating to medicines management will be reviewed at the next pharmacy inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 3.0 The inspection

### 3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### 3.2 What people told us about the service

Patients spoken with said that they were happy with the care provided to them in Cedarhurst Lodge. Comments included; "All is good", "I'm very happy", and "Its good craic here." Patients described staff as good, said they were happy with the environment, and told us that they felt safe.

Patients said that they found the provision of activities in the home to be good, and talked about enjoying their own interests such as reading, playing music, or watching television.

Some patients said that the food was good, while other patients were ambivalent about the food and described it as "okay." Patients said that they would like more variety on the menu and one patient suggested more salad options. These comments were shared with the manager who was already aware of patients' views and told us that they were in the process of making changes to the foods on offer.

Following the inspection, we received six completed questionnaires from patients. All respondents said that they were either satisfied or very satisfied with the care and services provided to them. Respondents wrote that the care they received was, "Fair", "I am well looked after", "The care is one hundred percent", and "very good." They described staff as, "perfect and very helpful", "They are very kind, and if anything is wrong the staff are here for you", and "They are good to me."

When asked if they felt safe living in the home, patients said, “I feel safe. The doors are locked at night and staff are always here”, and “There is always someone here, I’m never alone.”

Staff spoken with said that they were happy working in the home and that they felt supported in their roles.

We received three staff survey responses following the inspection. All three respondents indicated that they were either satisfied or very satisfied that the care and services provided to patients was safe, effective, and delivered with compassion. They were very satisfied that the service was well led.

Comments from the staff survey included; “I enjoy working in Cedarhurst...the management are very supportive”, “Nice place to work, residents are happy and the teams work well together”, “Staff are compassionate and very sensitive and responsive to residents’ physical and emotional needs. Staff are very patient and respectful and always consider residents’ and relatives’ perspective in their day to day care and engagement with residents. Teamwork is evident in every unit. Management is very approachable and listen to feedback. I love working in Cedarhurst.”

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Observation and discussion with staff confirmed that they attended safety briefings and conducted safety pauses prior to mealtimes to ensure good communication across the team about changes in patients’ needs.

Staff were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs. For example, staff were seen to provide comfort and reassurance when a patient was becoming upset, and to engage a patient in their topic of interest when becoming restless.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Discussion with patients and review of records evidenced that patients were encouraged to share their views and experiences of living in the home. For example, patient meeting records showed that patients were offered the opportunity to discuss life in the home and to offer suggestions to improve their experience.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with nursing staff and the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

Staff assisted patients who required full support to eat their meals. However, some staff were observed to assist patients with their meal while standing above the patient. This is contradictory to best practice in the management of the mealtime experience, dysphagia and choking risks. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Organised activities were seen to take place during the inspection, with armchair basketball followed by a coffee morning, then a jukebox session in the afternoon. Patients from all units confirmed that they enjoyed the activities that day.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The weekly programme of social events was shared with patients and included events such as; archery, movies, shopping trips, games, walking group, quizzes, songs of praise, a visit from an ice cream cart, and 'chippy Friday'. Visiting entertainers such as singers were arranged to perform on occasions and a pet therapy dog visited the home regularly.

Activities for patients were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, nurse call system checks, electrical installation checks and water temperature checks.

Fire safety measures were in place. Fire exits and doors were free from obstruction. The most recent fire risk assessment had been carried out on 14 March 2025 and any recommendations made by the assessor had been actioned. Staff were trained in fire safety and records evidenced that all staff participated in fire drills. The manager had good oversight of this.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Julie-Ann Jamieson has been the manager since January 2022 and was registered with RQIA on 23 June 2023.

Staff told us that they felt supported by the manager and that she was approachable and available for support. Staff said that they would not hesitate in reporting concerns to the manager.

There was evidence of good communication between management and staff through regular staff meetings and daily walk rounds by the manager.

Patients knew the manager by name and said that they knew how to raise any concerns or complaints.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	0

\* The total number of areas for improvement includes two, which are carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julie-Ann Jamieson, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (3 June 2025)</p>	<p>The registered person shall ensure that the maximum, minimum and current temperature of the medicine refrigerator are monitored and recorded daily and that the thermometer is reset. Appropriate action must be taken if the temperature recorded is outside the recommended range 2-8°C.</p> <p>Ref: 2.0</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>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (3 June 2025)</p>	<p>The registered person shall ensure that medicines are prepared immediately prior to administration for each patient and the record of administration signed immediately afterwards.</p> <p>Ref: 2.0</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 October 2025</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> <p>The registered person shall ensure that staff adhere to best practice when supporting patients to eat and drink safely.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision completed with both care staff and nursing staff on guidelines for safe eating and drinking to include when assisting a resident. Mealtimes are supervised by the nurse in charge of the unit.</p>

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



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