The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cedarhurst Lodge

Provider: Electus Healthcare 1 Limited

Date of Inspection: 21 April 2026

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

1.0 Service information

Organisation:	Electus Healthcare 1 Limited
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Mrs Julie-Ann Jamieson
Service Profile: Cedarhurst Lodge is a registered Residential Care Home which provides health and social care for up to 24 residents. Residents have a range of needs including mental health and dementia. The home is situated over one floor with access to: individual bedrooms, communal bathrooms, lounge areas, an activity room and dining area. There is an enclosed courtyard garden for residents to enjoy.	

2.0 Inspection summary

An unannounced care inspection took place on 21 April 2026, from 9.00 am to 2.30 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents 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 residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents 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.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

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 residents, 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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Resident's comments included "staff are helpful", "I feel safe staying here" and "the staff are caring".

Some residents shared their dissatisfaction with the dining experience in the home. This was shared with the management team for their review and action and is discussed further in section 3.3.2.

Staff spoke mostly positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

However, staff also shared their concerns about the provision of food in the home. These comments were shared with the management team for their review and action and are discussed further in the report in section 3.3.2.

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.

Two survey responses were received from staff following the inspection, they also confirmed that they were satisfied with the care and services provided in the home.

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 residents. There was evidence of robust systems in place to manage staffing.

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

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; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

A review of the staff training matrix highlighted that a number of staff were over-due mandatory training, for example; adult safeguarding, manual handling and fire safety practical training. A review of monthly monitoring reports also evidenced that training compliance had been raised internally as an identified action. An area for improvement has been identified.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the relevant information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed throughout the home. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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.

At times some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with 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, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the dining room identified some concerns. It was noted that crockery used for serving meals and drinks was plastic, this was discussed with the staff and they confirmed that this was to risk manage concerns regarding behavioural issues identified for a small number of residents, some of whom were no longer living in the home. This risk management approach was discussed with the management team for further consideration and review. There was a lack of social atmosphere in the room for residents to enjoy and it appeared task orientated, rather than an opportunity for residents to enjoy.

Residents and staff raised concerns about food provision in the home. Comments shared included; “the food is greasy” and “there is a lot of fried food”, some residents also told us that choices were limited if there was something they did not like on the menu. There also appeared to be a lot of food waste from the lunch time meal on the day of inspection. A review of residents meeting minutes also highlighted that this was an area of concern identified by residents. These findings were discussed with the management team who agreed to carry out a review of the dining experience. An area for improvement has been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home. Activity staff were enthusiastic about their role within the home and the importance of activity provision to support the well-being of residents living with mental health conditions. This should be commended.

3.3.3 Management of Care Records

Residents’ needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs. However, advice was provided to management to ensure that care plans and risk assessments are only developed when there is an assessed area of need identified. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents’ relatives, if this was appropriate.

3.3.4 Quality and Management of Residents’ Environment

The home was clean, warm and comfortable for residents. Bedrooms were mostly tidy and personalised with photographs and other personal belongings for residents.

Communal areas were well maintained, however advice was provided to the management team to consider introducing soft furnishings throughout the home to make communal spaces more homely and inviting for residents to enjoy.

Review of records and observations confirmed 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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

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 registered manager in this home since 23 June 2023.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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 in the home.

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. However, the views of relatives and/or residents representatives had not been consistently sought. An area for improvement has been identified.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 29 (4) (a) **Stated:** First time **To be completed by:** 1 June 2026	The registered person shall ensure that the views of relatives and/or resident's representatives are sought and recorded during the monthly monitoring visit. Ref: 3.3.5
	Response by registered person detailing the actions taken: Due to the low frequency of visitors attending the home, the monthly monitoring visit process has been updated to ensure relatives' and or representatives views are actively sought. Where no relatives are present during the visit, telephone contacts will be attempted to obtain feedback. All feedback received will be documented within the monthly visit and any themes, concerns or actions identified will be reviewed and addressed accordingly.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 1 June 2026	The registered person shall ensure that staff mandatory training requirements are met. Ref: 3.3.1
	Response by registered person detailing the actions taken: Planned sessions have now taken place and matrix updated. All mandatory training topics are 90+% and further sessions planned in advance to ensure compliance is maintaned.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 1 July 2026	The registered person shall conduct a review of the dining experience in the home through consultation with residents and staff, in order to identify any areas of concern and plan to address the same. Ref: 3.3.2
	Response by registered person detailing the actions taken: A comprehensive review of the dining experience has been completed. Individual risk assessments relating to plastic crockery were reviewed and standard crokery reintroduced where appropriate. Staff have received guidance to promote a more social and person-centred dining experience. Resident feedback regarding food quality and choice was reviewed and new menus implemented with support of SLT and

	Dietitian trust teams, in line with residents preferences and new nutrition guidelines. Food waste monitoring has been introduced and ongoing resident feedback, dining audits and resident meetings are now used to monitor and continuosly improve the dining experience.

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

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