

Unannounced Care Inspection Report 7 June 2016



Cherryvalley Care Home

Type of Service: Nursing Home

Address: 14-24 Kensington Drive, Belfast, BT6 6NU

Tel No: 028 9040 1564

Inspector: Lyn Buckley

1.0 Summary

An unannounced inspection of Cherryvalley Care Home took place on 7 June 2016 from 10:15 to 15:45 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. Discussion with patients, representatives/relatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The registered manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding. Discussion with one relative confirmed that they were confident that their loved one's needs would be met.

There were no areas for improvement identified.

Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff stated that there was "good teamwork"; this was evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were "proud" to "make a difference". All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

There were no areas for improvement identified.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

All patients and the relative spoken with commented positively regarding the care they received and the staffs' caring and kind attitude. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. For example, patients, relatives, visitors to the home and staff were invited to provide feedback on an ongoing basis.

There were no areas for improvement identified.

Is the service well led?

Based on the inspection findings detailed in subsequent sections, review of records, systems and processes; and comments from patients, relatives and staff it was evident that Cherryvalley Care Home was well led. The registered manager demonstrated how she ensured the competent delivery of safe, effective and compassionate care as part of her day to day operational control of the home. This was commended.

There were no areas for improvement identified.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Rosalind Morrison, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

The most recent inspection of the home was an announced estates inspection undertaken on 5 November 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There were no areas that required to be followed up in this inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Maureen Claire Royston	Registered manager: Ms Rosalind Morrison
Person in charge of the home at the time of inspection: Ms Rosalind Morrison	Date manager registered: 3 April 2007
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 46

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with 11 patients individually and greeted others in small groups, five care staff, two registered nurses and one relative.

In addition questionnaires were provided for distribution by the registered manager. Ten for relatives, eight for patients and 10 for staff. One relative and three staff questionnaires were returned. Refer to section 4.5 for details.

The following information was examined during the inspection:

- three patient care records including charts
- staff roster from 30 May to 12 June 2016
- staff training and planner/matrix for 2015 and 2016
- one staff recruitment record
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- staff appraisal and supervision planners 2015/16
- records pertaining to consultation with staff, patients and relatives.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 November 2015

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

Areas followed up during this inspection were:

- a. staff participation in fire drills and the use of patient evacuation plans
- b. completion of remedial works from last fire risk assessment
- c. fire safety checks maintained and recorded
- d. LOLER safety checks on patient lifting equipment.

Following review of records and discussion with the registered manager and the health and safety officer, RQIA were satisfied of improvements made in relation to the areas followed up. The estates inspector was informed of this outcome.

4.2 Review of requirements and recommendations from the last care inspection dated 10 October 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 11 December 2015</p>	<p>It is recommended that a system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager, staff and review of records confirmed that this recommendation had been met.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 11 December 2015</p>	<p>It is recommended that a palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and nursing staff confirmed that this recommendation had been met through contact with the Trust's nurse facilitator and the development of a 'bereavement box' which contained information for patients, relatives and staff.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 11 December 2015</p>	<p>It is recommended that written care plans should be completed by registered nurses, in consultation with the patient and/or their representative, to inform care delivery during the last days of life.</p> <p>This should include any specific religious or cultural beliefs and arrangements.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of care records confirmed that this recommendation had been met.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be Completed by: 11 December 2015</p>	<p>It is recommended that the staff should be provided with the opportunity to discuss complaints management. These discussions should focus on the recognition that all complaints, including expressions of dissatisfaction either written or verbal, are recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records and discussion with the registered manager and staff confirmed that this recommendation had been met.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be Completed by: 11 December 2015</p>	<p>It is recommended that the dining experience on both floors should be reviewed, to recognise that mealtimes are opportunities for social interaction.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the serving of the lunch time meal and discussion with the registered manager regarding future plans for a dining area on the first floor confirmed that this recommendation had been met.</p>		

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota over a two week period evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives/relatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. New staff were supported through their induction by a dedicated mentor. Review of one staff member's induction evidenced the record to be completed in full and signed/dated appropriately.

Review of the training planner/matrix for 2015 and 2016 indicated that training was planned to ensure that mandatory training requirements were met. Staff confirmed that they were required to complete mandatory training through the 'e-learning' portal and by attending 'face to face' training. Records for 2015 indicated that mandatory training requirements had been met by the majority of staff. It was also confirmed that 93% of staff had, so far this year, completed mandatory training; this was commended by the inspector.

Discussion with the registered manager and review of electronic records evidenced that a robust system was in place to ensure staff attended mandatory training. For example, an electronic overview of staff yet to complete training modules was available and checked by the registered manager on a regular basis. Staff would then be reminded verbally and through the electronic 'care blocks' system to ensure they completed the training module.

Observation of the delivery of care evidenced that training had been embedded into practice.

A planner was in place to manage staff supervision sessions and annual appraisals. Discussion with staff and the registered manager confirmed that supervision sessions were meaningful and relevant to role and function in the home.

The registered manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding. Discussion with one relative confirmed that they were confident that their loved one's needs would be met.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). Safety and medical alerts were reviewed on a regular basis and relevant notices were 'actioned' and/or disseminated to staff as required.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since September 2015 confirmed that these were managed appropriately. Audits of falls and incidents were maintained and evidenced analysis of the data to identify any emerging patterns or trends. The registered manager confirmed that, if required, action plans would be developed to address deficits or concerns. This information also informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a random sample of bedrooms, bathrooms, lounge/s, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. The registered manager discussed future plans to create a dining area on the first floor. The registered manager was aware of the requirements in relation to variation of registration applications.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. For example, records in relation to the management of wounds/pressure ulcers indicated that when a patient was identified as being at risk of developing a pressure ulcer a care plan was in place to direct staff on the management of this risk. Where applicable, specialist healthcare professionals were involved in prescribing care in relation to the management of wounds.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Review of three patients' repositioning charts evidenced in two of the records examined 'gaps' in the delivery of care prescribed within each patient's care plans were evident. For example, the previous day and night entries confirmed that one patient had been repositioned every three hours. The entry for the day of the inspection was blank when viewed after lunchtime; and in another record there was a gap of up to seven hours in recording. Discussion with nursing staff and the registered manager confirmed that the patients had been repositioned but staff had failed to record the delivery of care 'at the time'. RQIA were assured by email on 9 June 2016 that the registered manager had addressed this matter with staff following the inspection, that the registered manager was monitoring the recording of charts on a daily basis to ensure accurate and timely record keeping was embedded into practice and that staff had received a 'supervision session' on contemporaneous record keeping.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. Relatives confirmed that they were kept informed of any changes in their loved ones' care.

Observations evidenced that call bells were answered promptly and patients requesting assistance in one of the lounge areas or their bedrooms were responded to in a calm, quiet and caring manner.

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were held, that they contributed to the agenda and that minutes were made available. Staff meetings for registered nurses were held in January 2016 and with domestic staff in February 2016. Minutes were available.

Staff stated that there was 'good teamwork'; this was evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were 'proud' to 'make a difference'. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Effective communication with patients and their representatives was evident on a one to one basis as recorded in the care records. One relative spoken with confirmed that they were kept informed of changes in their loved one's care. Patients, who were able, confirmed that they received "good care".

There was information available to staff, patients, representatives in relation to advocacy services and a range of other support and information services in the foyer of the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

All patients and the relative spoken with commented positively regarding the care they received and the staffs' caring and kind attitude. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. For example, patients, relatives, visitors to the home and staff were invited to provide feedback on an ongoing basis. Questions asked were in relation to satisfaction levels with the care and general services provided. Views and comments recorded were analysed and if required an action plan was developed and shared with staff, patients and relatives. For example, the registered manager viewed feedback recorded on the Quality of Life (QOL) system on a daily or month by month basis and was able to compare and contrast outcomes over various timeframes. If required, responses could be addressed with the individual or through a meeting with patients, relatives or staff. The electronic system also requires the registered manager to confirm the action taken to responses. If a response is not recorded in a timely manner then the system provides an alert to the registered manager and/or their line manager. The registered manager gave the example that when a 'satisfaction' level fell below 75% then she had to demonstrate action taken to address this. Action taken may include talking with individuals, or groups and/or arranging a meeting or training session. This approach to consultation was commended.

It was evident that the home provided a varied programme of activities which was considerate of various levels of participation and interests. Details of the activity programme were provided by the registered manager.

In addition to speaking with patients, relatives and staff RQIA provided questionnaires. At the time of writing this report one relative and three staff had returned questionnaires.

Comments and outcomes were as follows:

Relatives: the respondent's indicated that they found the home provided very satisfactory care in relation to all four domains. There were no additional comments recorded.

Staff: respondents indicated that they found the home provided very satisfactory care in relation to all four domains. There were no additional comments recorded.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff easily described their role and responsibility in the home. In discussion patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure and that they were confident that staff/management would address any concern raised by them appropriately.

Staff were knowledgeable of the complaints and adult safeguarding processes commensurate with their role and function. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events, complaints, and/or potential adult safeguarding concerns were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints, incidents/accidents. Records also evidenced that the results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Review of reports and discussion with the registered manager evidenced that Regulation 29 monitoring visits were completed in accordance with the Nursing Homes Regulation (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

There was an effective system in place to ensure nursing staff were registered with the nursing and Midwifery Council; and that care staff were registered with the Northern Ireland Social Care Council (NISCC). New care staff not registered with NISCC were required and supported to register.

The home's registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was displayed.

Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Based on the inspection findings detailed in the preceding domains, review of records, systems and processes; and comments from patients, relatives and staff it was evident that Cherryvalley Care Home was well led. The registered manager demonstrated how she ensured the competent delivery of safe, effective and compassionate care as part of her day to day operational control of the home. This was commended.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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