



Unannounced Follow Up Care Inspection Report 15 June 2018



Cherryvalley Care Home

Type of Service: Nursing Home
Address: 14-24 Kensington Drive, Belfast, BT5 6NU
Tel no: 028 9040 1560
Inspector: Lyn Buckley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 46 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Maureen Claire Royston	Registered Manager: see box below.
Person in charge at the time of inspection: Catalina Puiu - manager	Date manager registered: Catalina Puiu – application received and registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 46

4.0 Inspection summary

An unannounced inspection took place on 15 June 2018 from 11:35 to 14:55 hours.

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.

The inspection sought to assess progress with the areas for improvement identified during the last care inspection.

An area for improvement was identified in relation to the management of falls and one area for improvement has been stated for a second time in relation to notifications requiring to be submitted to RQIA.

Patients described living in the home in positive terms which included the following comments; “Staff are great, very helpful and considerate towards me.” “I’m looked after all the time.” Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	0

*One area for improvement, under regulation, was stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Catalina Puiu, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 9 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 9 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients and four staff.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hall beside the visitor's sign in book.

The following records were examined during the inspection:

- incident and accident records from 10 April to 14 June 2018
- record of staff meetings including staff supervision meetings
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- five patients' care records including care plans, risk assessments, fluid intake charts and reposition charts
- governance records pertaining to wound management.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and is validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Immediate action required.	The registered person shall ensure that RQIA are notified of any events/incidents occurring in the nursing home in accordance with Regulation 30.	Not met
	Action taken as confirmed during the inspection We compared the record of accident/incidents occurring in the nursing home against the notifications received by RQIA from 10 April to 14 June 2018. It was evidenced that at least one accident, recorded by nursing staff as a head injury requiring consultation with a doctor, had not been notified to RQIA as required. Following discussion with senior managers in RQIA it was decided that this area for improvement would be stated for a second time.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that designated fire doors are not propped or wedged open at any time in accordance with fire safety regulations.</p> <hr/> <p>Action taken as confirmed during the inspection: Observations evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that medications are stored securely at all times in accordance with regulations and professional standards and practices requirements.</p> <hr/> <p>Action taken as confirmed during the inspection: Observations evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that patients' equipment such as commodes and shower chairs are effectively cleaned between each patient use, in accordance with the regional infection prevention and control practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and nursing staff evidenced that a system had been put into place to ensure all commodes and shower chairs were cleaned after each use and 'deep cleaned' twice a day. Cleaning records were maintained.</p> <p>Examination of a six commodes and one shower chair evidenced that they were clean.</p> <p>This area for improvement has been met.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that quality monitoring reports undertaken under Regulation 29 are available in the home; and that the robustness of the monitoring is reviewed to ensure the process captures any deficits in non-notification of events occurring in the home under Regulation 30.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Regulation 29 reports from 1 March to 31 May 2018 were available in the home. We reviewed the report for 14 May 2018. The report evidenced that accident reports were reviewed by the person undertaking the visit. As stated previously records evidenced that a notifiable event had occurred which had not been notified to RQIA as required. RQIA were satisfied that the Regulation 29 report had been completed before this non notification occurred. Therefore this area for improvement has been met.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider should ensure that patient information and records should be maintained in a confidential manner to ensure the privacy and dignity of patients is upheld.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Observations evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that malodours are managed effectively and where possible eliminated.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: There were no malodours detectable during this inspection. The manager confirmed and provided evidence that approval had been given to replace flooring in the corridors. This was also recorded in the Regulation 29 report for May 2018 and that the home was "awaiting contractor" to confirm delivery/fitting.</p> <p>This area for improvement has been met.</p>		

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that patient care records are reflective of the assessed needs of the patient and updated when any changes occur in the patient's condition. Out of date information should be archived to avoid confusion.</p> <p>Action taken as confirmed during the inspection: We reviewed five patients' care records in relation to wound management and pressure area care; and the management of falls and falls risk. It was evident that files had been reorganised to enable pertinent and relevant information to be easily accessed. Charts to record the contemporaneous delivery of care were reflective of the prescribed care for the patient. However, deficits were identified in relation to the management of falls and in particular the management of a head injury. Refer to section 6.3 for details.</p> <p>This area for improvement was evidenced to be partially met and is subsumed into an area for improvement under the regulations.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that reposition charts are recorded contemporaneously and in accordance with the patient's assessed nursing needs and care plan.</p> <p>Action taken as confirmed during the inspection: Review of three patients' repositioning records and the corresponding care plans evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that registered nurses working in the home are aware of the patients who require care and treatment for pressure ulcers.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with the manager and registered nurses evidenced that they were aware of patients requiring care and treatment for pressure ulcers.</p> <p>This area for improvement has been met</p>	<p>Met</p>

6.3 Inspection findings

Management of falls

As stated in section 6.2 we evidenced that at least one accident had not been notified to RQIA as required since the last care inspection in April 2018. In addition we reviewed three patients' care records in relation to the management of falls and in particular head injuries.

Records reviewed evidenced that nursing staff recorded within the daily notes when patients had sustained a head injury as a result of a fall. For example, in one record nursing staff recorded "noted a bump on the right side of forehead...". However, there was no evidence available, for two of the patients reviewed, to confirm that neurological observations had been recorded in accordance with practice guidelines or Four Seasons Health Care's procedures. This was concerning and details were discussed with the manager.

In addition we found that care plans and risk assessments were not consistently reviewed for effectiveness following the patient experiencing a fall; and there was no evidence of a post falls review carried out within 24 hours of a patient sustaining a fall, in accordance with Standard 22 of The Care Standards for Nursing Homes. An area for improvement, under regulation was made.

Areas for improvement

An area for improvement under regulation was made regarding the management of falls.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catalina Puiu, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure that RQIA are notified of any events/incidents occurring in the nursing home in accordance with Regulation 30.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: To support the compliance with this regulatory requirement the Regional Manager or another allocated Senior Manager is reviewing all incidents reported via Datix incident management system daily Monday - Friday. Any notifiable incident will therefore be identified within 24 hours of occurrence and where notification to RQIA has not been made this will be rectified. The Regional Manager will continue to cross reference Reg 30 notifications to Datix incident records and record the outcome and any actions required in the Regulation 29 monitoring visit report</p>
Area for improvement 2 Ref: Regulation 12(1)(a) Stated: First time To be completed by: Immediate action required.	<p>The registered person shall ensure that registered nursing staff manage falls and/or any potential or actual head injury in accordance with relevant regional and national practice guidelines and the home's own policies and procedures.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All registered nursing staff have received individual supervision on Falls Management according with FSHC Policies and Procedures and post fall protocol. Staff have been provided with Northern Ireland FSHC Post-fall Investigation Report Form to be completed after each fall.</p>

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



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