



Unannounced Care Inspection Report 11 February 2020



Cherryvalley

Type of Service: Nursing Home

Address: 14-24 Kensington Drive, Belfast BT5 6NU

Tel no: 0289040 1560

Inspector: Joanne Faulkner

Observer: Julie-Ann Walkden, Assistant Director of Assurance

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 46 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Viktoria Hiriza Acting manager
Person in charge at the time of inspection: Viktoria Hiriza	Number of registered places: 46
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 patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 11 February 2020 from 09.30 hours to 15.30 hours.

This inspection was undertaken by the care inspector; they were supported by the Assistant Director of Assurance.

The term 'patient' is used to describe those living in Cherryvalley which provides nursing care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences of patients. Staff demonstrated that they had a clear understanding of the individual needs of the patients. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Six areas for improvement were identified in relation to fire safety, the safe storage of records, the environment, infection prevention and control (IPC) matters and medicines management.

Patients described living in the home as being a good experience/in positive terms. Patients who were unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Viktoria Hiriza, 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 11 and 18 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 and 18 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. No patient/relative's questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could provide feedback via an electronic process. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 10 to 23 February 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- adult safeguarding records
- the monthly monitoring reports for November and December 2019
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection dated 11 and 18 November 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 47 Stated: First time	The registered person shall ensure that the pantry is cleaned, and/or refurbished and maintained clean.	Met
	Equipment such as microwaves and toasters used outside of the main kitchen must be maintained clean and used in accordance with food hygiene and safety guidance.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that staff do not wear jewellery while on duty in keeping with Infection Prevention and Control guidance.	Met
	Action taken as confirmed during the inspection: We observed the pantry and noted that it was clean and tidy. It had been redecorated and all electrical equipment had been removed.	
Area for improvement 3 Ref: Standard 44.8 Stated: First time	The registered person shall ensure that the following issues are addressed in relation to the premises:	Met
	<ul style="list-style-type: none"> • Additional electrical sockets should be provided in the corridor adjacent to bedroom 9. • Ensure that the source of the water leak in the subfloor of bedroom 19 is identified and repaired without further delay and replace the floor finish in this bedroom. • Repair or replace the shower tracks/rails as necessary in each of the communal shower rooms. 	

	<p>Action taken as confirmed during the inspection:</p> <p>It was observed that additional electrical sockets had been provided in the corridor adjacent to bedroom 9.</p> <p>During the inspections it was noted that repairs were underway in relation to an identified leak.</p> <p>Shower tracks/rails had been removed from all shower rooms.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' written agreements are updated to show the current fee paid by, or on behalf of, patients.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The organisation has developed a patient agreement which will be provided to all new patients.</p> <p>The manager stated that ongoing, patients will be provided with details of any updated fees or charges required to be paid by, or on behalf of, them.</p>	<p>Met</p>

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements within the home. The home is currently managed by an acting manager. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes an activities coordinator; and housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and patients and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. Discussions with a number of patients and a relative during the inspection identified that they had no concerns about the level of care and support received.

The manager stated that staffing levels were subject to ongoing review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. We discussed with the manager the benefits of retaining a list of abbreviations used within the rota information.

Staff who spoke to us had a clear understanding of their roles and responsibilities. Discussions with patients demonstrated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Patients indicated that the manager and staff are approachable.

Discussions with staff and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients and could describe the importance of respecting patients' personal preferences and choices. Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner.

Interactions between staff and patients were observed to be compassionate and appropriate; they evidenced that patients were offered choice, staff were observed taking time to sit and chat to patients and provided care in a manner that promoted privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. During the inspection call bells were noted to be answered promptly.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, the lounge areas, the dining rooms and storage areas. We observed that the majority of fire exits and corridors were observed to be clear of clutter and obstruction. We observed that a small lounge was being used to store a range of equipment and that the pathway to a fire exit located in the room was partially obstructed by an ornamental object and some of the equipment. The manager stated that the room is not currently used by patients and moved the equipment obstructing a clear pathway to the fire exit immediately. They stated that the remaining equipment would be removed from the room. An area for improvement was identified.

The entrance area to the home was welcoming; there was information available relating to IPC, making a complaint and hand hygiene. There were no malodours detected in the home.

We viewed a number of shared areas; although a good number were observed to be clean and uncluttered we did observe some areas that required attention. In a lounge area on the ground floor we observed that a sofa was damaged and observed spare/broken equipment being stored there. Paintwork on a number of walls and windowsills was noted to be chipped and required attention. We observed that the flooring in the lift was damaged and required to be repaired. We noted that a number of tiles were damaged in the first floor clinical room. A plug of an electrical appliance noted to be hot during the inspection was highlighted to the manager and removed immediately. An area for improvement was identified.

The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients.

We observed a large number of used emollient creams and medicines disposal boxes were being stored in one of the clinical rooms; we discussed with the manager the need to ensure that these were appropriately disposed of in a timely manner. An area for improvement was identified.

A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used this appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for patients and their visitors. We observed that the linen store was generally untidy and that linen was not stored in accordance with best practice on IPC. In addition, we identified a small number of commode/shower chairs that were rusted/damaged and needed replaced in accordance with best practice relating to IPC. An area for improvement was identified with regards to these matters.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person. Records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

Care plans viewed were noted to provide details of the care required by individual patients; they included details of any practice deemed to be restrictive. Staff record at least twice daily the care provided to patients.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to promote independence.

Staff described the benefits of regular reviews involving HSCT representatives for ensuring that the needs of patients were being appropriately met and that risks are identified.

The home has a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients' weights are reviewed monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. There was evidence of speech and language therapy and dietetic input into the assessment and care planning of patients if required.

We identified that a range of care records were being stored in the staff areas located in the entrance foyers of the first and ground floors. This was discussed with the manager and an area for improvement identified.

6.2.4 Dining experience

We observed the serving of mid-morning tea and a meal; staff serving the mid-morning refreshments did so in a calm, relaxed and unhurried manner taking time to chat to the patients and ensuring they were satisfied with their choice.

We noted that items being stored in a freezer located in the dining area on the ground floor was faulty, items in the freezer were observed to have defrosted. This was highlighted to the manager and the items destroyed immediately. It was identified that the freezer had accidentally been switched off; we discussed the need for regular checks to be made with regards to this matter. An area for improvement was identified.

The atmosphere in the dining room was calm and relaxed; table settings were noted to be well presented with appropriate napkins and cutlery. Food served was observed to be well presented and an appropriate quantity was provided. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Food was covered when being transferred from the dining room to patients who had chosen to have their meal in their bedrooms.

A number of patients spoken with stated that the food was good and confirmed that they had a choice of menu; one patient described how they get food specific to their particular liking. A relative could describe the efforts staff went to so as to encourage their mother to eat.

During the inspection we identified a cup that was to be used to provide tea to patients to be badly stained; we requested that the cup be replaced/disposed and discussed with the manager the need to ensure that cups are cleaned effectively after every use. An area for improvement was identified and is incorporated into the area of improvement relating to IPC above.

6.2.5 Activities

A number of patients were observed participating in a craft activity during the inspection. There was evidence that a varied programme of activities is available to patients in the home including art/craft, religious services and music.

6.2.6 Complaints

A review of records indicated that no complaints had been received since the previous inspection. Complaints are reviewed monthly as part of the home's quality monitoring process. It was identified from records viewed that information relating to the investigation of the complaint, the actions taken and outcomes of the complaint is retained.

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the person in charge provided evidence that no referrals had been made in relation to adult safeguarding since the last care inspection. It was noted that adult safeguarding matters are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients who spoke to us could describe the process for reporting concerns.

Staff could clearly describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that details of incidents/accidents are audited regularly; the manager stated that this assists in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke to a number of patients in their rooms, small groups of patients in the dining room or lounge areas a relative and three staff. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patients' comments

- "Happy, no issues. The staff are good."
- "Nothing is a bother to them (staff)."
- "Staff help you; they help me with my money."
- "They (staff) are very good to you."
- "I am generally happy; cup of tea in the morning can be cold."
- "I feel safe and I have choice; I have no complaints."
- "The food is good, they are always feeding you."
- "The food is good you get what you want."
- "I have no issues."

Staff comments

- "I am happy here."
- "I am only here three weeks; I got induction."
- "I feel we have enough staff."
- "Fell the patients are well looked after."
- "It is a good team."

- “The manager is approachable.”
- “I have no concerns.”
- “I can raise issues; I am here a number of years and I am very happy.”
- “Good team, manager is great. It is like a family.”

Patients indicated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas; observation of the interactions indicated that staff were respectful of patients by asking them their choices in relation to a range of matters such as food.

Discussion with patients, a relative, the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report.

We requested that the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance arrangements

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. We viewed a sample of audits completed monthly that are in accordance with best practice guidance. The monitoring visits are completed by the regional manager.

There is a system in place for completing quality monitoring audits on a monthly basis and for developing a report. We reviewed records that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan is generated to address any areas for improvement. The records indicated engagement with patients, and where appropriate their representatives; we discussed the benefits of recording comments made by those people engaged with. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding referrals, environmental matters, wound management and complaints.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

Six areas for improvement were identified in relation to fire safety, the safe storage of records, the environment, IPC matters and medicines management.

	Regulations	Standards
Total number of areas for improvement	0	6

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Viktoria Hiriza, 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 nursing 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 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that precautions are in place that minimise the risk of fire and protect residents, staff and visitor in the event of fire.</p> <p>This refers specifically to ensuring that fire exits remain clear at all times.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Posters posted at all Fire Exits mandating to keep clear. Supervisions given to staff. Monitored via the QoL daily walkabouts findings and actions to address will be evidenced.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2020</p>	<p>The registered person shall ensure that the following identified matters are addressed in relation to the premises:</p> <ul style="list-style-type: none"> • Damaged paintwork throughout the home is repaired • Damaged flooring in the lift is repaired/replaced • Damaged tiles in the first floor clinical room are replaced/repared • Replacement of an identified damaged sofa • General tidy/declutter of all areas in the home. <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: 1. FSHC MST / Painters will address the damaged paintwork throughout the Home. 2. Corridor and 1 bedroom flooring has been replaced. 3. FSHC MST will address the damaged tiles in first floor clinical room. 4. The damaged sofa has been disposed off. 5. A skip was ordered and the lounges have been decluttered and the Home has been tidied. Supervision has been conducted with Domestic staff. The Home environment will be monitored through the Daily walkabout and outcomes and actions to address will be evidenced.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of the inspection.</p>	<p>The registered person shall ensure that appropriate arrangements are in place for the disposal of medicines. They should ensure that when medicines are no longer required that they are disposed of in a timely manner.</p> <p>Ref: 6.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: Supervisions given to staff nurses. Acting Home Manager will review this on weekly basis and outcomes will be recorded on the daily walkabout.</p> <p>The registered person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors.</p> <p>This relates specifically to:</p> <ul style="list-style-type: none"> • the storage of linen in the home • the replacement of damaged commode/shower chairs • cups used to provide drinks to patients <p>Ref: 6.2.2 and 6.2.4</p> <p>Response by registered person detailing the actions taken: Poster posted in the linen room to keep tidy and to keep the floor clear. Supervisions given to staff to keep the linen store tidy and clean and not to allow anything to be stored on the floor in order to minimize the risk of infection. This will be monitored by the daily walkabout and outcomes will be evidenced. Commode/shower chairs will be assessed and a replacement programme will be agreed with the Regional Manager. The cups identified have been replaced.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of the inspection.</p>	<p>The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements and best practice guidance.</p> <p>This refers specifically to the storage of care records in the home.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All care records that need stored have now been moved to a metal cupboard in the Admin`s office for the ground floor and to a metal locker in the nurse`s station for the first floor.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that appropriate checks are in place for monitoring equipment used to store food in the kitchen and dining areas.</p> <p>Ref: 6.2.4</p>
<p>To be completed by: Immediate and ongoing from the date of the inspection.</p>	<p>Response by registered person detailing the actions taken: Twice daily checks are carried out by Kitchen Staff for monitoring equipment used to store food in the kitchen and dining areas, register checked monthly by Acting Home Manager/Support Manager.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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