



# Unannounced Care Inspection Report 11 & 18 November 2019



## Cherryvalley

**Type of Service: Nursing Home**

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

**Tel no: 02890 401560**

**Inspectors: Lyn Buckley, Gavin Doherty and Joseph McRandle**

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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

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> John Cherian – registration pending
<b>Person in charge at the time of inspection:</b> John Cherian	<b>Number of registered places:</b> 46
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 29

### 4.0 Inspection summary

An unannounced inspection took place on 11 and 18 November 2019 from 10:00 to 15:30 hours on 11 November and on 18 November 2019 from 11:30 to 15:30. This inspection was undertaken by the care, estates and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last premises and medicines management inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. There were no areas for improvement made as a result of the previous care inspection.

Evidence of good practice was found in relation to staffing arrangements, staff knowledge of their patients' needs, interaction between patient, family members, staff and governance arrangements and the general financial arrangements for patients.

Areas requiring improvement were identified regarding management of 'the pantry' on the first floor, the wearing of jewellery by staff and the updating of patients' written agreements. Also several premises related issues were identified.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with 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
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with John Cherian, 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 date 26 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 26 November 2018. No further actions were required to be taken following the most recent inspection on 26 November 2018.

#### 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, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals 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 and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 4 to 16 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2019
- incident and accident records from 1 September 2019

- five patients' care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 July 2019
- RQIA registration certificate
- fire risk assessment and associated fire safety checks
- legionella risk assessment and associated controls documentation
- LOLER Thorough Examination reports for hoists, slings and passenger lift
- gas safe certification
- fixed electrical installation certification
- general servicing documentation for the home's mechanical and electrical services
- three patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies and valuables, patients' fees, payments to the hairdresser and podiatrist and purchases undertaken on behalf of patients
- a sample of records of monies deposited on behalf of patients
- a sample of records from patients' comfort fund and patients' personal property
- a sample of statements from the patients' bank account and records of reconciliations (checks) of patients' monies
- financial policies and procedures.

Areas for improvement identified at the last 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 previous inspection(s)**

There were no areas for improvement identified as a result of the last care inspection.

We reviewed the areas for improvement made as a result of the last medicines management inspection on 10 January 2018. All were assessed as met.

We reviewed the areas for improvement made as a result of the last premises inspection on 5 November 2015. All were assessed as met.

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned staffing levels and that these levels could be altered to ensure the needs of patients were met. Discussion with staff also confirmed this. We reviewed the staff duty rota from 4 to 16 November 2019 which confirmed that the planned staffing levels were achieved. We also saw that catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinion said that they were well cared for and that staff were kind and respectful. Patients unable to express their view were found to be well groomed, relaxed and comfortable.

Two family members spoke with us and confirmed that the needs of their loved one were met and that staff were knowledgeable of their loved one's needs and wishes; caring, kind and respectful.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. Two were returned and both respondents recorded that they were very satisfied that there were enough staff to help and that they or their loved ones felt protected and free from harm.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was generally clean, tidy, and comfortably warm throughout. One room on the first floor known as 'the pantry' was used as a servery for meals. This room had been also used for hairdressing. This was discussed with the manager who agreed that the hairdressing should be allocated to a different area. In addition this room requires to be thoroughly cleaned and/or refurbished; and any rusted or dirty equipment requires to be cleaned or replaced. An area for improvement was made.

We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients and visitors to the home were safe. The manager agreed to ensure staff were advised that the wearing of jewellery was not in keeping with IPC guidance. An area for improvement was made.

Staff confirmed that they had received mandatory training and were aware of their role in protecting patients and how to report concerns about patient or staff practice, fire safety and IPC.

We reviewed five patients' care records which evidenced that relevant risk assessments were completed when each patient was admitted to the home and that care plans had been developed to manage the identified care needs. Risk assessments and care plans had been reviewed at least every month and reflected the nursing care needs of the patients we reviewed. Records also evidenced that nursing staff correctly managed the risk of a patient falling and the care of a patient when they had a fall.

We also reviewed the management of medication for two patients prescribed diazepam. Records evidenced that the administration of medicines was in accordance with the prescriber's instructions. Stock control monitoring for this medication was accurately maintained.

Discussion with the deputy manager and review of records evidenced that nursing staff monitored the temperatures of the drug refrigerator.

### Areas for improvement

Areas for improvement were identified in relation to the first floor food servery and staff wearing jewellery.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	2

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We spoke with two family members regarding the delivery of care. They were complimentary regarding the care of their loved one and the staff attitude towards them their loved one and other patients. They said that their loved one was content and happy living in the home; that they were kept informed of any changes in their loved one's care and if they had a concern they would talk to the nurse in charge or the manager.

Patients unable to express their opinion and views were relaxed and comfortable. Interactions between them and staff were observed to be respectful, caring and kind. Patients able to voice their views confirmed that they received good care and that staff were respectful, caring, kind and attentive. One patient spoke fondly of staff and said they were very kind and attentive and knew them well and came when they called.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient refused a meal or had a fall; and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer. Staff were also aware of the national changes to modified food and fluid descriptors and had attended update training.

We observed the serving of the mid-morning snack and the lunchtime meal. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. Staff said patients could choose to eat in the main dining room on the ground floor or in one of the lounges or in their bedroom; whichever they preferred. Patients said that they enjoyed their meal and that they had the choice of where and what to eat.

A review of patient care records confirmed that care plans were reflective of the recommendations made by speech and language therapists (SALT) and dieticians.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff and that other training was provided to ensure the needs of patients were met. Staff attendance at training sessions was monitored by the manager on a monthly basis.

Staff also confirmed that there was good teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients’ care or a colleague’s practice, they could raise these with the manager or with the nurse in charge. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

**Areas for improvement**

No areas for improvement were identified during the inspection within this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

When we arrived in the home patients were enjoying their morning tea/coffee in one of the lounges, dining areas or in their own room.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails and/or jewellery.

During the lunch time meal we saw staff providing support to patients as they needed it. It was clear that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients told us that they were receiving good care from friendly, caring, respectful staff.

An activity calendar for November 2019 was clearly displayed in the foyer of the home. Activities planned included, church services, baking, crafts, a ‘Tea Party’ and a quiz. Adjacent notices also informed patients and relatives when other services were available in the home; for example, when the new hairdresser was in the home and their name.

We also reviewed compliments/cards received by the home. Comments recorded included the following:

“...the care she received was wonderful. All the staff were exceptional. This made it easier for the family knowing she was somewhere where people really did care for her and were not simply ‘doing their job’.”



“We are very happy with your care for... and I know she appreciates the way all the staff look after her.”

“...like to thank all the staff...for the wonderful care he received while residing with you. We will always remember with gratitude your expertise, your thoughtfulness, your kindness and compassionate care it was greatly appreciated also for the chats and the numerous cups of tea.”

We spoke with two family members visiting their loved one during the inspection. As stated previously these relatives were complimentary regarding the care received by their loved one, staff attitude and that they were kept informed of any changes in their loved one’s care.

We also provided questionnaires for patients and family members; two were returned. Both respondents indicated that they were very satisfied that care was safe, effective, compassionate and that the service was well led. One recorded the following: “My mum is very happy with the care she is getting, which is the important thing.”

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

**Areas for improvement**

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Since the last care inspection John Cherian has been appointed as the manager of the nursing home. RQIA were notified of the changes as required.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

We saw that audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager’s evaluation of the information produced by the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

The responsible individuals’ monthly quality monitoring reports from 1 July 2019 were available in the home. We reviewed a sample of these reports and found that any areas for action identified were followed up during the next visit to ensure the action had been addressed.

We also invited staff to provide comments via an online questionnaire. None were received.

## Assessment of premises

We saw that a current fire risk assessment for the premises was in place and that the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by an assessor holding professional body registration for fire risk assessors. We saw that the servicing of the fire detection and alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place. Again, the servicing of these systems and the user checks were being maintained in accordance with current best practice guidance.

Current certificates with relation to the premises' electrical and gas installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance and were safe to use.

At the time of the inspection the premises were noted to be clean and maintained to a high standard. There was clear evidence of on-going maintenance within the home, however, a number of issues were identified and an area for improvement was made. Refer to QIP for details.

We also noted that the premises bathroom/shower room provision consisted of four shower rooms only, with the choice of a bath no longer available to residents. We are currently following this matter up directly with the estates manager for the home.

## Management of service users' monies

Financial systems in place at the home were reviewed and found to be satisfactory. These included the systems for: recording transactions undertaken on behalf of patients, retaining receipts from transactions, recording the reconciliations of patients' monies, recording patients' personal property and retaining patients' personal monies.

A review of three patients' files evidenced that copies of signed written agreements were retained. The three agreements reviewed did not show the current weekly fee paid by, or on behalf of, the patients. This was discussed with the manager and an area for improvement was made.

A review of a sample of purchases undertaken on behalf of patients showed that in line with the DHSSPS Care Standards for Nursing Homes 2015 details of the purchases were recorded, two signatures were recorded against each entry in the patients' transaction sheets and receipts were available from each of the purchases reviewed.

## Areas for improvement

Areas for improvement were identified in relation to the premises and the updating of patients' written agreements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with John Cherian, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall ensure that the pantry is cleaned, and/or refurbished and maintained clean.</p> <p>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.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The pantry room/area has been cleaned and repainted. All electrical equipment has been removed and is no longer in use outside of the main kitchen.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall ensure that staff do not wear jewellery while on duty in keeping with Infection Prevention and Control guidance.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff have been given supervision and also highlighted the policy against the use of jewellery at work following on from the inspection and FSHC own guidelines. Staff have been adhering to the policy as required as evidence through daily spot checks..</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 February 2020</p>	<p>The registered person shall ensure that the following issues are addressed in relation to the premises:</p> <ul style="list-style-type: none"> <li>• Additional electrical sockets should be provided in the corridor adjacent to bedroom 9.</li> <li>• 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.</li> <li>• Repair or replace the shower tracks/rails as necessary in each of the communal shower rooms.</li> </ul> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> 1. Electrical sockets will be replaced by RES by 3<sup>rd</sup> February 2020. 2. Bedroom 19 - Investigation of a leak is major work and will not be achieved by 3<sup>rd</sup> February 2020. A proposal meeting with Huttons will be held by 24<sup>th</sup> January 2020 and quote will be obtained. 3. New maintenance post commenced 16<sup>th</sup> January 2020 and this</p>

	will be completed by Friday 24 <sup>th</sup> January 2020
<b>Area for improvement 4</b> <b>Ref:</b> Standard 2.8 <b>Stated:</b> First time <b>To be completed by:</b> 17 January 2020	The registered person shall ensure that patients' written agreements are updated to show the current fee paid by, or on behalf of, patients.  Ref: 6.6  <b>Response by registered person detailing the actions taken:</b> Four Seasons Health Care issued new Terms and Conditions in December 2019. All new Residents are being issued new terms and conditions on admission to the Home. All current residents' terms and conditions have been updated and originals sent to appropriate nominated persons.

*\*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](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

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