



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Cherryvalley**

14 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 14 October 2015 from 10.15 to 14.40.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 27 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston - responsible person	Registered Manager: Maura McIntyre (Acting)
Person in Charge of the Home at the Time of Inspection: Maura McIntyre	Date Manager Registered: Management arrangements are further discussed in section 5.5 of this report.
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 46
Number of Patients Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: £593

3. Inspection Focus

Information/correspondence was received by RQIA on 21 July 2015 regarding concerns that there was insufficient availability of urinals in the home. It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

The inspection also sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with four patients, five care staff, two nursing staff and four patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- regulation 29 monthly monitoring reports
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 18 March 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last care inspection on 27 January 2015.

No Requirements or Recommendations were made.

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure on communicating effectively was currently under review, by the organisation, at the time of the inspection. However, this was available in draft format. A review of the draft policy confirmed that it reflected current best practice, including regional guidelines on Breaking Bad News and discussion with the manager and staff confirmed that they were knowledgeable regarding the policy and procedures. A recommendation has been made in this regard.

A sampling of staff training records evidenced that three nurses and ten carers had completed training in relation to palliative and end of life care, which included communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities. Detail regarding further training is discussed in section 5.4.

Is Care Effective? (Quality of Management)

Discussion with one registered nurse demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example, an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be primarily, the responsibility of the registered nursing staff, but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion with four patients individually and with the majority of patients generally, evidenced that patients were content living in the home. Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly.

Staff recognised the need to develop a strong, supportive relationship with patients and relatives. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

Two patient's representative also confirmed that they were kept informed of any changes to their relative's condition and of the outcome of visits and reviews by healthcare professionals. There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care. One compliments record described the care afforded to the whole family, when their loved one was nearing end of life. The record described how the staff members kept the family informed and made special effort so that a relative who lived abroad had the opportunity to speak with their loved one, by telephone. The staff in the home had been nominated for a special award within Four Seasons Health Care for the care and treatment afforded to this patient and their family members. This is to be highly commended.

Areas for Improvement

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.

Number of Requirements:	0	Number of Recommendations:	*1
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*1 recommendation has been stated under Standard 32 below

5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying are currently under review by the organisation. A review of the draft policy confirmed that it reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. As previously discussed, a recommendation has been made in this regard.

There was no formal protocol for timely access to any specialist equipment or drugs in place. However, discussion with one registered nurse confirmed their knowledge of local arrangements for accessing palliative care teams, district nursing teams, GP out-of-hours or pharmacists, if required. Registered nursing staff and care staff were also aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines, November 2013.

The policy reviewed stated that the e-learning module on palliative and end of life care was mandatory for registered nursing staff and indicated that it is good practice for this training to be extended to all grades of staff. Discussion with the manager confirmed that the e-learning component of training had recently commenced and that 12 out of 25 staff had completed this training module. Training that was based upon the e-learning module had also been provided to five care staff. A review of staff training records evidenced that three registered nurses and five care staff had received face to face training in palliative and end of life care provided by Four Seasons Health Care. Two registered nurses had also attended external training provided by the Belfast Health and Social Care Trust. The manager also confirmed that representatives from the home would be participating in the Patient Safety Forum's palliative care initiative.

There was no specialist equipment in use in the home on the day of inspection. The training needs of staff were discussed with the manager. Two registered nurses had attended the train the trainer programme for the use of syringe drivers and update training would be accessed through the local healthcare trust nurse, if required. There was no palliative care link nurse identified. Considering that the home is registered to provide care for patients who are terminally ill, a recommendation has been made in this regard.

Is Care Effective? (Quality of Management)

A review of four care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management.

The records reviewed confirmed that:

- there were arrangements in place for staff to make referrals to specialist palliative care services and where instructions had been provided, these were evidently adhered to
- staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken

There was evidence in two of the four care records that the patient's wishes and their social, cultural and religious preferences were also considered and that discussion between the patient, their representatives and staff in respect of death and dying arrangements had taken place. However, in two care records there was no evidence that end of life care plans had been developed. Through discussion, it was evident that the manager had developed the care plans for those who had care plans in place. The manager provided assurances that support would be provided to the registered nursing staff to develop their skills in care planning for palliative and end of life care. A recommendation has been made in this regard.

A key worker/named nurse was identified for each patient approaching end of life care. Discussion with the manager, staff and a review of four care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Through discussion there was evidence that staff had managed shared rooms appropriately.

A review of notifications of death to RQIA during the previous inspection year confirmed that all deaths had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff described how they would provide catering/snack arrangements for family members, when their loved one was receiving end of life care.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home. A review of the compliments records confirmed that arrangements in the home were sufficient to support relatives during this time. There was also evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient. As previously discussed in section 5.3, the staff in the home had been nominated by a relative for a special award within Four Seasons Health Care for the compassion they had shown to a patient and their family members, when the patient was nearing end of life.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included more experienced staff supporting those who were new to the caring role and time spent reflecting on the patients' time spent living in the home.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included leaflets from the Health and Social Care Bereavement Network which provided information and guidance after the death of a relative or friend in a nursing home. There was also an information pack that provided contact details on local funeral directors, practical and bereavement support.

Areas for Improvement

As previously discussed in section 5.3, 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. This recommendation also extends to palliative and end of life care.

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.

Written care plans should be developed by registered nurses, in consultation with the patient and/or their representative, to inform care delivery during the last days of life. This should include any specific religious or cultural beliefs and arrangements.

Number of Requirements:	0	Number of Recommendations:	3
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5.5 Additional Areas Examined

Complaints

As previously discussed in section 3, information shared with RQIA prior to the inspection, identified that a complaint had been made to a staff member with regards to the home not having an adequate supply of urinals and that a male patient had been offered a kidney dish on a number of occasions. The management of complaints was discussed with the manager and confirmation was provided that there were no ongoing complaints at the time of inspection. The complaints records were reviewed and there was no record of this matter in the home's complaints record.

Although adequate stock levels of urinals were observed, discussion with two staff members confirmed that the home 'sometimes' ran out of stock and in those instances, male patients would be provided with kidney dishes to use. This element of the complaint has been substantiated. This is poor practice and does not promote or support the patients' rights, dignity and choice as specified in the DHSSPS Care Standards for Nursing Homes, April 2015. The manager stated that they were unaware of this practice and agreed to address this with all staff. Assurances were also provided that an adequate stock of urinals would be maintained.

Complaints are one way of improving the service to patients and in accordance with the nursing home standards and therefore all complaints must be recorded. A recommendation has been made to improve the quality of complaints management and recording as highlighted above.

Quality of life

In total 24 patients were observed eating their meals in their bedrooms. There were three patients observed in the dining room on the ground floor and three patients similarly observed on the first floor. Given the comments expressed by patients in relation to feelings of loneliness and isolation, this was discussed with the manager. Refer to patients comments below. The manager stated that all patients are encouraged to eat in the dining room and that the staff were respectful of the patients' wishes to eat their meals in their rooms. However, the manager agreed that the dining room environment could be improved, in recognition that mealtimes should be promoted as opportunities for social interaction. A recommendation has been made in this regard.

Lay assessor comments

Throughout the duration of the inspection there was a lay assessor present. The lay assessor spoke with patients and conducted a tour of the home's environment. Feedback was provided by the lay assessor on their findings. Comments made during feedback were related to approximately five patients expressing that they did not get the opportunity to leave their rooms and how they felt isolated living in the home.

One identified patient stated that they had difficulty sleeping and that they had requested medication of the nursing staff to assist with this. Following the inspection, this was communicated to the manager, who agreed to address the matter. Another identified patient described that they had difficulty hearing. Following the inspection the registered manager provided assurances that the patient's hearing aid would be checked, to ensure that it was working properly.

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	7	6
Patients	6	6
Patients representatives	5	2

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'Overall the care is satisfactory.'

'Nurses and staff are always giving their best to meet the patients' needs and (to give) proper caring, and also the (patients) privacy, respect and dignity at all times.'

'Nurses and carers always coming in, giving 100 percent for patients and trying to make everyday a good day for them.'

'We get good feedback from the families, GPs and multidisciplinary team on our way of delivering care to the patients.'

One staff member commented that the home was always short staffed. This was discussed with the manager during feedback. Assurances were provided that staffing levels were generally in keeping with the planned staffing levels discussed with the inspector and that short notice absences had been managed as per the home's protocol. Appropriate staffing levels were in place on the day of inspection and the inspectors did not observe any impact on patient care.

Patients

'I sometimes feel lonely and this causes me to become anxious. I never get out of my room'

'The care is good, I feel well looked after.'

'They are absolutely fabulous here. There is nothing bad I could say.'

'It is really excellent. The care and treatment is very good.'

'I would like to have visits from ministers.'

'I find it very boring. I haven't been able to partake in any activities. I have only occasionally been out of my room, to one of the lounges.'

'I never get to leave my room. It is quite lonely for me.'

'I feel lonely sometimes. I only speak to the nurse when it is necessary.'

'It is welcoming here with good staff. They are very kind.'

'I am happy to be here. I feel safe and secure.'

Patients' representatives

'Nursing staff are very approachable and I am well informed if there are any changes to my (relative's) health.'

'Staff are very pleasant and they are very good to my (relative).'

'We are very happy.'

'I have no concerns.'

'The staff are as concerned for my safety as they are for my (relative's).'

Registered Manager Status

Ms McIntyre has been managing the home in an 'acting' capacity since 30 March 2015. The permanent arrangements to replace the registered manager of the home had not been finalised. Advice was given in relation to the application process to register with RQIA and the responsible person is reminded to submit an application, when a decision is made in this regard.

Environment

A general tour of the home was undertaken which included a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

There was one identified room where the flooring was observed to be coming away from the wall. Discussion with the manager and a review of the regulation 29 report confirmed that plans were in place to address this.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager and Romalyn Montinola, registered nurse as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
<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> <p>Ref: Section 5.3 and 5.4</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Policies and procedures in respect of communicating effectively and palliative and end of life care have now been finalised and issued to staff. Staff are required to sign to confirm that they have read and understood the information contained therein.</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> <p>Ref: Section 5.4</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The Belfast Trust does not currently support palliative care link nurse programme, however they hope to develop one in 2016 - a link nurse will be appointed when available. At present the home is taking part in a palliative care collaborative with the patient safety council and NI Hospice which allows staff to avail of up to date information, question and answer sessions and discussion of case presentations with NI Hospice staff and Prof. Max Watson.</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> <p>Ref: Section 5.4</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Care plans are now being developed by registered nurses in consultation with the patient and/or their representative to inform care delivery in the last days of life.</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> <p>Ref: Section 5.5</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>Response by Registered Person(s) Detailing the Actions Taken: Nursing staff have now had the opportunity to discuss complaints management at a group supervision session and are now aware that all expressions of dissatisfaction must be recorded and home manager made aware. This item is also on the agenda for the next staff meeting to ensure that all members of the team are aware.</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>Ref: Section 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The dining experience has been reviewed and discussed with Regional Manager. A number of residents have expressed a wish to remain in their rooms at mealtimes and this has been documented in their care plan, however it was agreed that the dining environment could be improved to enhance the experience of those residents who choose to come to the dining room. This to be discussed further with the Estates Manager.</p>		
<p>Registered Manager Completing QIP</p>	<p>Maura McIntyre</p>	<p>Date Completed</p>	<p>10/12/15</p>
<p>Registered Person Approving QIP</p>	<p>Dr Claire Royston</p>	<p>Date Approved</p>	<p>10.12.15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Aveen Donnelly</p>	<p>Date Approved</p>	<p>14.12.2015</p>

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address