

Inspection Report

14 December 2021



Cherryvalley

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation / Registered Provider: Four Seasons Health Care Responsible Individual: Mrs Natasha Southall	Registered Manager: Ms Viktoria Hiriza – Not Registered
Person in charge at the time of inspection: Caroline Handley- Deputy Manager	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: 25
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 46 patients. Patient bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 14 December 2021, from 9.30 am to 5.00 pm by a care inspector.

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

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified in relation to patient repositioning, care records and monthly monitoring visits.

RQIA was assured that the delivery of care and service provided in Cherryvalley was effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the safety of patients.

Staff promoted the dignity and well-being of the patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Cherryvalley.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Viktoria Hiriza, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Seven patients and 13 staff were spoken with. Three questionnaires were returned and no feedback was received from the staff online survey within the allocated timeframe. Comments included within returned questionnaires from patients included; "I have absolutely no complaints about staff, my care or the food" and "The staff are more than good to me, wonderful I couldn't get better".

Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Cherryvalley. One patient told us “I love it here.” Patients described the staff as “lovely” and “very good.”

Staff told us that they enjoyed working in the home and described good teamwork amongst their colleagues.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 07 December 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure the fitness of workers employed in the home by having a robust system in place to evidence that all pre-employment checks have been completed. No employee will commence work prior to all required checks being in place.	Met
	Action taken as confirmed during the inspection: A review of a selection of staff recruitment files evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all measures are taken to reduce the risk of harm to patients. This is with specific reference to: <ul style="list-style-type: none"> • Solutions which fall under the COSHH regulations are stored securely • Prescribed thickening agents are secured when not in use. 	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced this area for improvement has been met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: Second time	The registered person shall ensure that the following identified matters are addressed in relation to the premises: <ul style="list-style-type: none"> • Damaged paintwork throughout the home is repaired • Damaged tiles in the first floor clinical room are replaced/repared. 	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Standard 37 Stated: Second time	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. This refers specifically to the storage of care records in the home.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the Manager evidenced this area for improvement has been met.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that there are systems in place for safe storage of food items in unit dining/meal service areas.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced this area for improvement has been met.	

<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that infection prevention and control standards are maintained in the home.</p> <p>This is with specific reference to the areas identified during the inspection:</p> <ul style="list-style-type: none"> • thorough cleaning of undersides of toilet paper dispensers • cleaning of window sills • removal of unlamented notices • the removal of old magazines from wall mounted information holders. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment evidenced this area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care records accurately reflect current needs and prescribed care. This is with specific reference to:</p> <ul style="list-style-type: none"> • SALT recommendations are updated in all relevant documentation at all times, as necessary • Care plan instructions are reflected accurately in the supplementary charts • The details of pressure relieving devices and correct settings are updated in the care plans as and when changes occur 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced this area has been met.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to help protect patients.

Staff were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one identified patient's care records evidenced that a number of their care plans had not been developed in a timely manner. This was discussed with the Manager and an area for improvement was identified.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Management of wound care was examined. Review of care records confirmed that wound care was managed in keeping with best practice guidance.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. It was also observed that the mattresses in use on a number of patients' beds were incorrectly set. An area for improvement was identified.

Discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. Patients spoke positively in relation to the food provision in the home. If required, records were kept of what patients had to eat and drink daily.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable and had been tastefully decorated for Christmas. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The valid fire risk assessment available for review and was dated 4 May 2021.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with the Department of Health and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished.

An activities coordinator is employed to plan and implement social activities for patients in the home. Activities included singing, reminiscence, arts and crafts, games and exercises. The activity coordinator maintained accurate records which reflected patient involvement in activities. Photographs of activities which patients were involved in were also available for review.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. However, during the inspection the Manager confirmed they were leaving and a new Manager had been appointed. This was discussed with Manager who agreed to submit the relevant notification to RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed. Discussions with the Manager and staff, and observations on inspection indicated good working relationships.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA. The reports of these visits were completed in detail with action plans developed for areas for improvement. It was observed that some actions had been consistently repeated on a number of reports with no evidence of completion. This was discussed with the Manager and an area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Viktoria Hiriza, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times • pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Registered Manager has completed supervisions with all staff regarding importance of adhering to planned care. Going forward the Registered Manager will do spot checks and monthly audit to ensure compliance.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision completed and clinical governance meeting has been held with qualified staff to reinforce importance of timely implementation of care plans. Going forward the Registered Manager will do spot checks to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2021</p>	<p>The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager will ensure that all actions resulting from monthly monitoring visiting will be reviewed and actioned in a timely manner.</p>

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