



Unannounced Care Inspection Report 26 November 2018



Cherryvalley Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 26 November 2018 from 09:50 to 13:00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing arrangements, infection prevention and control measures and practice, the home's environment, record keeping, communication between patients, staff and other key stakeholders. We also evidence good practice regarding the culture and ethos of the home, knowledge of staff, listening to and valuing patients and their relatives, governance arrangements and maintaining good working relationships.

There were no areas for improvement identified as a result of this inspection.

Patients spoken with described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Catalina Puiu, manager and Janice Brown, regional manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 15 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 15 June 2018. 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.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven patients individually and with others in small groups and eight staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at reception.

The following records were examined during the inspection:

- duty rota for all staff from 19 November to 2 December 2018
- staff training records
- incident and accident records
- three patient care records
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 June 2018

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

6.2 Review of areas for improvement from the last care inspection dated 15 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: Second time	The registered person shall ensure that RQIA are notified of any events/incidents occurring in the nursing home in accordance with Regulation 30.	Met
	Action taken as confirmed during the inspection: Review of accident/incidents records in comparison to notifications received by RQIA, since the last care inspection, evidenced that this area for improvement had been met.	

Area for improvement 2 Ref: Regulation 12(1)(a) Stated: First time	The registered person shall ensure that registered nursing staff manage falls and/or any potential or actual head injury in accordance with relevant regional and national practice guidelines and the home's own policies and procedures.	Met
	Action taken as confirmed during the inspection: Review of accident/incident records and two patients' care records evidenced that this area for improvement had been met.	

6.3 Inspection findings

6.4 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 daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 November to 2 December 2018 evidenced that the planned staffing levels were adhered to. Discussion with staff confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with said that they were well looked after by the staff and felt safe and happy living in Cherryvalley. Comments made to the inspector included, "feels so very safe here with lovely staff" and "staff are lovely and attentive."

We also sought the opinion of patients on staffing via questionnaires: none were returned within the timescale specified.

While we did not have the opportunity to speak with relatives during this inspection we sought relatives' opinion on staffing via questionnaires; none were returned within the timescale specified.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Review of three patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. We also discussed that notifications should be submitted “without delay” and how enabling selected staff access to the web portal might improve the timely notification of events.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Since the last care inspection refurbishment work had been carried out, this included new flooring in corridors and the repainting of corridors and communal areas. Patients and staff spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of the environment, delivery of care and discussion with staff evidenced that infection prevention and control measures and best practice guidance were consistently adhered to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing provision and compliance with staff mandatory training, infection prevention and control measures and practice and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records in relation to the management of falls and wounds/pressure ulcers. Care plans were in place to direct the care required and reflected the assessed needs of the patient. Care plans also contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, tissue viability nurses (TVN) and dieticians.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient spoken with expressed their confidence in raising concerns with the home’s staff or with the manager. One patient said, “I have no complaints but if I had I would speak to Catalina [the manager] and she sorts it out...”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 09:50 hours and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff spoken with demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely.

Staff and patients were planning how to decorate the home for the Christmas period and before the end of the inspection some of the decorations had been put up. Patients and staff were looking forward to a full activity programme over the next four weeks.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Grandson was delighted with the nurse on duty and the way his granny was looked after.”
 “...Thank you all very much for looking after my mum so well.”
 “Many thanks for your care and attention to ...during her stay.”

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Cherryvalley Care Home was a good experience.

Patient comments included:

”Staff are lovely and attentive.”
 “Staff are all really good – they help me but let me help myself as much as possible.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient questionnaires and ten relative questionnaires were provided; none were returned within the timescale specified.

Staff were invited to complete an on line survey; we had no responses within the timescale specified.

Any comments from patients, relatives and staff in returned questionnaires or online responses received after the issue of this report will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, knowledge of staff, listening to and valuing patients and their relatives; and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. An application for registration with RQIA has been received. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients confirmed that the manager's working patterns supported effective engagement with patients, their relatives and the multi-professional team.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and complaints. In addition robust measures were also in place to provide the manager with an overview of the management of wounds occurring in the home. Audit outcomes were also reviewed as part of the monthly quality monitoring visits undertaken on behalf of the responsible individual and in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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