Unannounced Care Inspection

Name of Establishment:	**Cherryvalley Care Home**
RQIA Number:	**1071**
Date of Inspection:	**27 January 2015**
Inspector's Name:	**Lyn Buckley**
Inspection ID:	**IN017000**

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Establishment:	Cherryvalley Care Home
Address:	14-24 Kensington Drive Belfast BT5 6NU
Telephone Number:	0289040 1560
Email address:	cherryvalley@fshc.co.uk
Registered organisation/Responsible individual/Registered provider:	Four Seasons Health Care Ltd
Registered manager:	Rosalind Morrison
Person in charge of the home at the time of inspection:	Registered Nurse T Taytayon
Categories of care:	NH – I, PH, PH(E) and TI
Number of registered places:	46
Number of patients accommodated on day of inspection:	31
Scale of charges (per week):	£581
Date and type of previous inspection:	26 February 2014 Primary unannounced care inspection
Date and time of inspection:	27 January 2015 11:05 – 13:50 hours
Name of inspector:	Lyn Buckley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

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

- discussion with Rosalind Morrison, registered manager
- discussion with staff
- discussion with patients individually and with others in groups
- consultation with relatives
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care records
- review of the complaints record
- observation during a tour of the premises
- evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	**5 patients individually and with others in small groups**
Staff	**6**
Relatives	**2**
Visiting Professionals	**0**

Questionnaires were provided, by the inspector, during the inspection, to patients, their representatives and staff to seek their views regarding the quality of the service.

Issued To	**Number Issued**	**Number Returned**
Patients/Residents	**5**	**1**
Relatives/Representatives	**6**	**1**
Staff	**10**	**7**

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Cherryvalley Care Home is situated in the pleasant residential area of Cherryvalley in East Belfast. It is sited on a quiet avenue and is afforded privacy with hedges and trees to the sides and back of the home. Local amenities including shopping areas, access to bus routes to and from Belfast and community services are located nearby. The nursing home is owned and operated by Four Seasons Health Care Ltd. The current registered manager is Rosalind Morrison.

The home is a purpose built facility, which provides accommodation on two floors.

The home is registered to provide nursing care to a maximum of 46 patients, although the actual number of patients when the home has full occupancy is 35. This is due to some bedrooms which had previously accommodated two people, having been changed to large single bedrooms. There are a number of lounge areas throughout the home, a main dining room and communal bath/shower rooms and toilets. Catering and laundry facilities are provided on the ground floor along with a staff room.

Car parking is available in the designated car park with an identified area for wheelchair users and emergency vehicles.

The home is registered to provide care for a maximum of 46 persons under the following categories of care:

Nursing care - NH

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

8.0 Executive Summary

This summary provides an overview of the services examined during an unannounced inspection of Cherryvalley Care Home. The inspection was undertaken by Lyn Buckley on 27 January 2015 between 11:05 and 13:50 hours. The inspection was facilitated initially by the registered nurse in charge of the home. The registered manager, Rosalind Morrison, arrived at the home shortly after the inspection commenced. Ms Morrison was provided with verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 26 February 2014.

During the course of the inspection the inspector met and spoke with patients, staff and two relatives visiting at the time of the inspection. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home's environment as part of the inspection process.

As a result of the previous inspection one requirement was made. This was reviewed and evidenced to be compliant. Details can be viewed in the section immediately following this summary.

Additional areas also examined included:

- care practices
- complaints
- patient finance questionnaire
- NMC declaration
- patients' and relatives comments
- staff comments
- staffing
- environment

Details regarding these areas can been found in section 11.

Conclusion

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard. Patients were observed to be either in their bedroom of in one of the lounge areas as was their wish. Observations confirmed that patients were treated by staff with dignity and respect. Good relationships between patients, relatives and staff were evident.

The home was comfortable and all areas were maintained to a good standard of hygiene and decor.

The management of continence within the home was assessed as compliant.

As a result of this inspection no requirements or recommendations were made.

The inspector would like to thank the patients, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process. The inspector would also like to thank those who completed questionnaires.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	27 (2) (c)	The use of profiling mattresses as 'crash mats' should be reviewed. Equipment provided for use by patients or persons, who work at the nursing home, should be in good working order, properly maintained in accordance with the manufacturer's guidance, and suitable for the purpose for which it is used.	**Observations made throughout the course of the inspection evidenced that this requirement had been complied with.**	**Compliant**

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a 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. Refer to section 11.2.

Since the previous inspection in February 2014 RQIA have been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. Following a SOVA allegation in November 2014 the registered manager, in keeping with regional adult protection policy/procedures, reported the allegations to the Trust's safeguarding team. The allegation was then investigated under the direction of the Trust's safeguarding team.

Following discussion and review of records pertaining to this case, the inspector was satisfied that the registered manager had dealt with SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	**COMPLIANCE LEVEL**
Inspection Findings:	
Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken for all patients at the time of admission to the home. As required, a more detailed assessment was undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patient care plans on continence/incontinence care. Care plans were reviewed on at least a monthly basis Discussion with staff and observation evidenced that there were adequate stocks of continence products available. Products were stored centrally and dispersed to patients' bedrooms as required. Discreet information, to direct staff as to which product was required and when, was placed on the inside of patients' wardrobe doors. Discussion with the registered manager confirmed that registered nurses could refer patients to specialist healthcare workers, such as the stoma nurse or continence product advisors.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
The inspector reviewed records in respect of staff awareness and knowledge of continence/incontinence, management of bowel and bladder complications. The registered manager and staff spoken with confirmed that staff were 'working through' Four Seasons Health Care's bowel management work book. This booklet was comprehensive and provided staff with background anatomy and physiology, how and why incontinence or other bowel conditions arise and their management. The inspector also viewed records pertaining to staff supervision sessions on the use of the Bristol Stool Chart. There was information available on the management of urinary catheters, specific products and appliances.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	**COMPLIANCE LEVEL**
Inspection Findings:	
Not assessed on this occasion.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discussion with the registered manager and staff; and review of records confirmed that staff received training during induction in relation to continence/incontinence and the management and use of products and aids. Discussion with the registered manager and nursing staff revealed that the majority of registered nurses in the home were deemed competent in female and male urinary catheterisation. Staff spoken with confirmed that they could access training in catheterisation from the Trust.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Compliant**

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were observed to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

Staff were observed to move and handled patients appropriately.

11.2 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

The inspector reviewed NMC registration checks for three randomly selected registered nurses which evidenced that checks were carried out at the time of renewal of registration.

11.5 Patients' and relatives' comments

During the inspection the inspector spoke with five patients individually and with the majority of others in smaller groups.

Some patients said that they would prefer to be at home but that they were treated with respect and care and that staff were kind and attentive.

Patients spoken with and the questionnaire response confirmed that patients were treated with dignity and respect, that staff were polite and respectful, that needs were met in a timely manner and that they were happy living in the home.

The inspector spoke with two relatives who also completed a questionnaire. Comments recorded and made indicated that the family of the patient were *'…very pleased with all aspects…'* of their loved one's care and that *'…staff are most welcoming and courteous…'*

There were no expressions of dissatisfaction made to the inspector during this inspection.

11.6 Staff comments

During the inspection the inspector spoke with six staff and seven staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Examples of staff comments were as follows;

'Cherryvalley is a very nice home with staff working well individually and as a team'
'…residents are happy. I love working here'
'Care is delivered to all residents according to their individual needs'
'I am fortunate to be part of this home'.

11.7 Staffing

The inspector discussed the planned staffing levels for the home and reviewed the nursing and care staff duty rotas for week commencing 19 January 2015. The registered manager confirmed that staffing levels were kept under review to ensure the assessed needs of patients were met.

Staffing levels on the day were observed to meet the needs of the patients**.**

11.8 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom/shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene and decor.

12.0 Quality Improvement Plan

Where the inspection resulted in no recommendations or requirements being made the provider/manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

Lyn Buckley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 • **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.** **Criterion 5.2** • **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.** **Criterion 8.1** • **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.** **Criterion 11.1** • **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Prior to admission the home manager or representative carries out a pre admission assessment, additional information from the resident/representative, care records and care management team informs the assessment. Risk assessments including the Braden tool are used to determine whether the home can meet the needs of this potential resident. Following a review of all the information a decision can be made and the resident accepted. At the time of admission an identified nurse completes the initial assessment with a patient centred approach. The admission assessment is completed as well as a needs assessment covering 16 areas of need. Additionally risk assessments are also carried out and documented these include Braden tool, MUST Tool, moving and handling, falls, fshc nutritional, continence,bowell, pain and oral, bed rails and equipment. This documentation is subjected to regular auditing and Tracas by both the registered manager and regional manager.	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.3 • **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.** **Criterion 11.2** • **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.** **Criterion 11.3** • **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.** **Criterion 11.8** • **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.** **Criterion 8.3** • **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
A named nurse completes a holistic and comprehensive assessment of the residents needs using the assessment tools already mentioned so far in this self assessment within the 11 days specified. Care palns are constructed by the named nurse in conjunction with the resident/representative these are agreed and signed. The care plans which are person centred demonstrate the level of independence and any assistance that is required. Any other advice and recommendations from other professionals allied to their care is also incorporated in the plans. The care plans have goals which are realistic and achievable. Referral arrangements are in place to TVN for advice and support for all nurses, referrals can be made to tissue viability services and additionally podiatry services for lower limb and foot ulceration via call management. When a resident is assessed at risk of developing pressure ulcers a pressure ulcer management plan is commenced and a care plan devised. The detail in the care plan should include any equipment type and settings, frequency of repositioning, skin care and will also include advice from other referrals, this plan will be agreed with the resident/representative and other professionals who may be involved. Internal reporting to the regional manager at the regulation 29 visit is also carried out. The named nurse or nurse in charge makes a referral to the dietician via the general practitioner based on nutritional risk following the must tool score, weight loss and poor appetite/ oral intake. All advice, treatments and follow up visits are documented in the care plans and reviews. Residents/ representatives are kept updated with any changes.	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 • **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Needs assessments, risk assessments and care plans are reviewed and evaluated at least monthly and more often if there is change in condition.The plan of care dictates the frequency and agreed time intervals. The residents condition is also recorded on a daily progress sheet and reported if necessary on a 24 hour shift report or datix for the immediate attention of the manager.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 • **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.** **Criterion 11.4** • **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.** **Criterion 8.4** • **There are up to date nutritional guidelines that are in use by staff on a daily basis.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Up to date guidelines as defined by professional bodies and national standard setting organisations are referred to when planning care. Such organisations include RCN, GAIN, NICE, NIPEC, PHA, HSSPS and RQIA. The validated pressure ulcer grading tool used to screen residents who have skin damage is the EPUAP. If pressure damage is present on admission or afterwards a initial wound assessment is carried out with a plan of care which details the grade of the ulcer and the treatment of the wound, including equipment and settings, frequency of repositioning, dressing type and frequency of changes, photographing and measuring for mapping progress/deterioration and advice from other professionals who may be involved. The nutritional guidelines and menu checklist 2014 for residential and nursing homes,, 'promoting good nutrion', RCN-'Nutrition Now' , NICE-Nutrion support for adults are available for staff for support, additionally fshc policies and procedures in relation to nutritional care, diabetes, subcutaneous fluids and percutaneous endoscopic gastrostomy.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.6 • **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.** **Criterion 12.11** • **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.** **Criterion 12.12** • **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.** **Where a patient is eating excessively, a similar record is kept.** **All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Nursing records of all interventions are kept and are contemporaneous and in accordance wuth the NMC guidelines. All care delivered includes evaluation and outcome. All nurses have access to policies and procedures for record keeping and have their own copies of NMC guidance. Menus both written and visual are available for anyone to view, the meals are chosen and and recorded on a daily menu choice form, this includes specialist dietary needs. Daily intake charts are also documented for each resident. Residents who are at risk of eating excessively have food intake recorded on a daily basis using the fshc intake booklet recorded over a 24 hour period. If residents are deemed at risk and deficits or excessive eating is a concern then they are referred for dietectic advice, changes to care will be reviewed and documented.	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 • **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The outcome of care delivered on a daily basis is monitored and recorded in the daily progress notes with at least a minimum of one entry during the day and one entry at night. The outcome of care is reviewed as indicated on the care plan or more frequently if there are changes in condition, or recommendations are made by other professionals that may be involved. Residents/representatives are also involved in this process.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 • **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.** **Criterion 5.9** • **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Care management reviews are held within 8 weeks of admission and annually thereafter. Reviews can also be arranged in response to changing needs or expressions of dissatisfaction. The Trusts are responsible for arranging these reviews and inviting the resident and their representative. Usually the named nurse attends, and copies of the minutes are sent to the resident and the home. Any recommendations are actioned by the home and care plans reviewed to reflect changes. The resident/representatives are kept informed of progress towards goals.	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 • **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.** **Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.** **Criterion 12.3** • **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.** **A choice is also offered to those on therapeutic or specific diets.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The home follows fshc policies and procedures in relation to nutrition and follows best practice guidelines as cited in section D. Registered nurses assess each residents dietary needs on admission and review on an ongoing basis. The care plan reflects type of diet, special needs, personal preferences, likes dislikes, and any recommendations made by dieticians and SALT, the care plan is evaluated at least monthly. The home has a 4 week menu plan which is reviewed at least 6 monthly, the residents are consulted at resident meetings and food questionanaires, The PHA document 2014 nutritiona lguidelines and menu checklist for residential and nursing homes is referred to to ensure food is varied and nutritious. The menu is of 2 choices at each meal but alternatively residents are free to ask for anything else they desire.	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 • **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.** **Criterion 12.5** • **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.** **Criterion 12.10** • **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:** o **risks when patients are eating and drinking are managed** o **required assistance is provided** o **necessary aids and equipment are available for use.** **Criterion 11.7** • **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Registered nurses have received training on enteral tube feeding (10/9/13). The SALT and dietician also give informal advice with guidance notices on completion of their assessments when visiting the home.Nurses refer to up to date guidance such as NICE guidelines - Nutrition support for adults and NPSA document Dypsphasia diet food texture descriptors. All recommendations by SALT are incorporated into the care plans and includethe consistency of food and fluids, possitioning and alertness. Care staff have had formal supervision on thickening agents and feeding residents with dysphagia. The next training arranged for staff on Dysphagia is on the 20/5/14.	Compliant

Meals are served as follows: Breakfast 9am-10.30am Morning tea 11am Lunch 12.40-13.40 Afternoon tea 15.00 Evening tea 16.50 Supper 19.30-20.00 There are variations to the above if a resident chooses to eat and snack earlier or later or at different times. Hot and cold drinks are available throughout the 24 hour period. Fresh water is available at all times in bedrooms and lounges, there is an ice machine to cool drinks for those that have a preference for colder drinks. Any matters concerning a residents intake are detailed on their care plan, this will include type of diet, likes/dislikes, specialist equipment, consistency, portion size if required and assistance. All residents have choking assessments which are reviewed at least monthly, those at risk have referrals to SALT and up to date dietary information in their care plans to manage risks, staff are always avalable in the dining room while meals are served. All staff have completed an e learning module on pressure area care. All nurses have up to date wound competencies and the home has 2 wound link nurses whoattend additional training to support others.	

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	**COMPLIANCE LEVEL**
	Compliant

The **Regulation** and **Quality Improvement Authority**

No requirements or recommendations resulted from the **secondary unannounced** inspection of **Cherryvalley** which was undertaken on **27 January 2015**and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	JIM McCALL Carol Cousins 2/2/15

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable			
Further information requested from provider			

Approved by:	Date
Lyn Buckley	05/02/15