



The Regulation and  
Quality Improvement  
Authority

Inspector: Colin Muldoon  
Inspection ID: IN021463

Cherryvalley Care Home  
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**Announced Estates Inspection  
of  
Cherryvalley Care Home**

**05 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced Estates inspection took place on 05 November 2015 from 10.00 to 12.40. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	7	5

The details of the QIP within this report were discussed with Mr Stevie McCormick (Four Seasons Health Care Property Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care Dr M C Royston	<b>Registered Manager:</b> Ms Maura McIntyre (Acting)
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Teresita Taytayon	<b>Date Manager Registered:</b> Acting Manager
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 46
<b>Number of Patients Accommodated on Day of Inspection:</b> 30	<b>Weekly Tariff at Time of Inspection:</b> £593

### **3. Inspection Focus**

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

**Standard 44: Premises**

**Standard 47: Safe and Healthy working Practices**

**Standard 48: Fire Safety**

### **4. Methods/Process**

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

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months and the last care inspection report.

During the inspection the inspector met with Mr Stevie McCormick (Four Seasons Health Care Property Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment and fire risk assessment.

### **5. The Inspection**

#### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the home was an unannounced care inspection dated 14 October 2015. There were no requirements arising from that inspection and four care recommendations.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  Ref: Regulation 14.-(2)(c)	The responsible person must ensure that issues identified in the latest legionella risk assessment are addressed. It should be ensured that arrangements are in place for all infrequently used water outlets to be flushed twice a week.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mr McCormick confirmed that the issues identified in the 2012 and the subsequent 2014 legionella risk assessments have been addressed. Refer also to section 5.3 item 1 and QIP requirement 1.	
<b>Requirement 2</b>  Ref: Regulation 14.-(2)(c)	The fire and health and safety advisor should assess the current arrangements for storing oxidizing and other laundry chemicals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The QIP returned following the last Estates inspection confirms that the storage of chemicals was reorganised based on the health and safety officers assessment and that a subsequent review was to be carried out by the Health and Safety officer. Refer also to section 5.4 item 1 and recommendation 5 in Quality Improvement Plan	
<b>Requirement 3</b>  Ref: Regulation 27.-(4)(f)	Arrangements must be made which will ensure that all staff on all shifts participate in practice fire drills. The information in the personal emergency evacuation plans should be incorporated into the fire training and drills. Reference should be made to NIHTM84.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The records available indicate that the last drill was in April 2015 and that 16 staff participated.	

<b>Requirement 4</b>  <b>Ref:</b> Regulation 27.-(4)(b)	The responsible person must ensure that the issues identified in the last fire alarm system service report are fully addressed.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> The last service of the fire alarm system was in September 2015 and the report on the service confirms that the installation is in good working order.		
<b>Requirement 5</b>  <b>Ref:</b> Regulation 27.-(4)(b)	Oxygen signage should be applied to the door of the treatment room.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Addressed.		

### 5.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## Areas for Improvement

1. On the day of inspection the records available indicated that actions and monitoring measures relating to a scheme for the control of legionella had lapsed. Mr McCormick undertook to follow this up immediately.  
Refer to requirement 1 in Quality Improvement Plan.
2. A test and inspection of the electrical installation was carried out in July 2015. The installation was considered to be in unsatisfactory condition and some issues were identified for attention.  
Refer to requirement 2 in Quality Improvement Plan.
3. The reports on the last LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the hoists and hoisting equipment show that a number of items were omitted from the examination and could not be confirmed as safe to use.  
Refer to requirement 3 in Quality Improvement Plan.
4. During the walk round the lighting level in some of the bedrooms appeared to be low.  
Refer to recommendation 1 in Quality Improvement Plan.
5. The report on the last LOLER thorough examination of the lift noted a category B defect with the door.  
Refer to recommendation 2 in Quality Improvement Plan.
6. The floor covering in the kitchen requires to be replaced. Mr McCormick confirmed that this has been arranged and is to be completed within the next two weeks. It is recommended that the opportunity is taken to repair and deep clean the wall tiling as necessary and install the additional ventilation recommended in the Gas Safe certificate.  
Refer to recommendation 3 in Quality Improvement Plan.
7. During the walk round it was observed that the paintwork on, for example, some door frames would benefit from attention.  
Refer to recommendation 4 in Quality Improvement Plan.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>4</b>
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## 5.4 Standard 47: Safe and Healthy Working Practices

### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

#### Areas for Improvement

1. On the day of inspection there were chemicals, including those with oxidising properties, in a store containing combustible materials and an electrical panel.  
It should be confirmed that the Health and Safety officer has reviewed this arrangement as planned.  
Refer to recommendation 5 in Quality Improvement Plan.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.5 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

## Areas for Improvement

1. During the last service of the emergency lights a number of faults were identified. Mr McCormick confirmed that all the necessary repairs had been arranged for Monday 09 November 2015.
2. The records available indicate that the last practice fire drill was in April 2015 and that 16 staff participated.  
Refer to requirement 4 in Quality Improvement Plan.
3. The records indicate that some of the fire safety checks have lapsed or become intermittent.  
Refer to requirement 5 in Quality Improvement Plan.
4. The last fire risk assessment was carried out in March 2015. The assessor considered the overall risk to be moderate and identified a number of issues requiring attention. It could not be confirmed if the assessor has the accreditation recommended by RQIA.  
Refer to requirement 6 in Quality Improvement Plan.
5. The fire seal on the laundry door was missing on the day of inspection.  
Refer to requirement 7 in Quality Improvement Plan.

<b>Number of Requirements</b>	<b>4</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.6 Additional Areas Examined

Not applicable.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Stevie McCormick (Four Seasons Health Care Property Manager) 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, Nursing Homes Regulations (Northern Ireland) 2005.



## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 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 Persons

The QIP should be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@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.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>A scheme for the effective control of legionella should be fully implemented and records maintained of all actions and monitoring measures taken.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 05 December 2015</p>	<p>The electrical installation should be restored to a satisfactory condition.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 27.-(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>Arrangements should be made which will ensure that all hoisting equipment is thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 27.-(4)(f)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> <b>Ongoing</b></p>	<p>Arrangements should be made which will ensure that all staff participate in practice fire drills which confirm that, using the emergency procedure and apparatus and the information in PEEPs, an effective evacuation can be carried out at any time including when the minimum number of staff are on duty. Records should be kept of all drills including the outcome of post drill debriefs. The learning points gained during drills and debriefs should be included in subsequent training and team meetings.</p> <p>Reference should be made to NIHTM84</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 27.-(4)(c) 27.-(4)(d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>Ongoing</b></p>	<p>It should be ensured that the fire safety checks are maintained and recorded.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>Ongoing</b></p>	<p>It should be ensured that the issues identified in the fire risk assessment action plan are addressed within timescales acceptable to the fire risk assessor.</p> <p>RQIA recommend that the person carrying out the next review of the fire risk assessment should hold professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 02 April 2015 and the guidance contained in:</p> <p><a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a>  <a href="http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf">http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</a></p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>

<p><b>Requirement 7</b></p> <p>Ref: Regulation 27.-(4)(d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 05 December 2015</p>	<p>The fire seal on the laundry door should be repaired.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 05 February 2015</p>	<p>The lighting level in the bedrooms should be reviewed. Appropriate guidance and standards should be referred to and where necessary the lighting should be upgraded.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 05 December 2015</p>	<p>The defect noted in the report on the last LOLER thorough examination of the lift should be addressed.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 05 December 2015</p>	<p>It is recommended that while the kitchen flooring is being replaced the wall tiles are surveyed, repaired and cleaned as necessary and that the additional ventilation recommended in the Gas Safe certificate is installed.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 05 December and ongoing</p>	<p>A survey should be carried out of painted surfaces and a program of redecoration implemented.</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>

<b>Recommendation 5</b> <b>Ref:</b> Standard 47 <b>Stated:</b> First time <b>To be Completed by:</b> <b>05 December 2015</b>	It should be confirmed that the Health and Safety officer has reviewed the arrangements for storing laundry chemicals.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b>		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**