

# Inspection Report

16 June 2022



## Cherryvalley

Type of service: Nursing Home  
Address: 14-24 Kensington Drive, Belfast, BT5 6NU  
Telephone number: 028 9040 1560

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Mrs Natasha Southall	<b>Registered Manager:</b> Mr Ricardo Pontes  <b>Date registered:</b> 29 April 2022
<b>Person in charge at the time of inspection:</b> Mr Ricardo Pontes	<b>Number of registered places:</b> 46
<b>Categories of care:</b> Nursing (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	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b>  Cherryvalley is a registered nursing home which provides nursing care for up to 46 patients. Patients have access to communal lounges, dining rooms and garden space. Bedrooms are located over the two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 June 2022 from 10.30am to 2.45pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Areas for improvement are detailed in the quality

improvement plan and include care planning and record keeping in relation to thickening agents and distressed reactions.

Although areas for improvement were identified, it was concluded that, with the exception of a small number of medicines, patients were being administered their medicines as prescribed.

RQIA would like to thank the staff and patients for their assistance throughout the inspection.

### **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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence.

To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

### **4.0 What people told us about the service**

The inspector met with one nurse, the nursing sister and the manager.

Staff were warm and friendly and it was evident from discussions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. One relative returned a questionnaire stating that they were satisfied with the care provided.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 14 December 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref: Regulation 12 (1)</b> <b>Stated: First time</b>	The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that repositioning records are accurately and comprehensively maintained at all times</li> <li>• pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for improvement 1</b> <b>Ref: Standard 4.1</b> <b>Stated: First time</b>	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.  The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 2</b>  <b>Ref: Standard 35</b>  <b>Stated: First time</b>	The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records had recently been updated. Those reviewed at the inspection were accurate and up to date. In line with safe practice, a second nurse had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a “when required” basis for distressed reactions was reviewed for four patients. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient’s behaviour and were aware that this change may be associated with pain. Directions for use were recorded on the personal medication records and records of administration were clearly recorded. Care plans directing the use of these medicines were available for two of the patients only. The reason for and outcome of administration were not routinely recorded. The management of distressed reactions should be reviewed to ensure that care plans are in place and the reason for and outcome of administration are recorded on all occasions. An area for improvement was identified.

The management of pain was reviewed for two patients. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Each patient had a pain management care plan and regular pain assessments were carried out by the nursing staff.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for three patients. For one patient, a care plan and records of prescribing and administration were not in place. Nurses advised that the thickener was administered in accordance with the speech and language recommendations as this was recorded on the daily handover record. For the other two patients care plans, speech and language recommendations and records of prescribing and administration were available. However, the recommended consistency level was not recorded on all administration records. The management of thickening agents should be reviewed to ensure that care plans and records of prescribing and administration are accurately maintained. An area for improvement was identified.

The management of diabetes was reviewed. Care plans were in place when patients required insulin to manage their diabetes. However, they did not contain sufficient detail to direct nurses on the action to be taken if the patient’s blood sugar was too low/high. The manager provided an assurance that the care plans would be updated immediately following the inspection.

Mostly satisfactory systems were in place for the management of warfarin. Obsolete dosage directions were cancelled and archived during the inspection. The manager advised that this would be discussed with staff and monitored through the audit process.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient’s medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that the majority of medicines were available for administration when patients required them.

Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. However, doses had been omitted for six medicines on the last day of the four week medication cycle. The medicines were available in the home as part of the next monthly order but nurses had not used these supplies. The manager advised that he would discuss this finding with all nurses in order to prevent a recurrence. Nurses were reminded that omitted doses have the potential to affect the health and well-being of the patients and must be investigated, reported to the prescriber for guidance and RQIA. (See Section 5.2.5)

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located.

Appropriate arrangements were in place for the disposal of medicines. Assurances were provided that controlled drugs in Schedules 2, 3 and 4 (Part 1) were denatured and rendered irretrievable prior to disposal.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. The records had been completed in a satisfactory manner. Nurses were reminded that hand-written updates on the medication administration records should be verified and signed by two nurses to ensure accuracy of transcription.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book. Records had been maintained to the required standards.

Management and staff audited medicine administration on a regular basis within the home. The audits completed at the inspection indicated that the majority of medicines were administered as prescribed. Some minor discrepancies were discussed with the manager for ongoing close monitoring.

### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

### 5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

There had been no medicine related incidents reported to RQIA since July 2021. The type of incidents which should be reported to RQIA were discussed. These include the non-administration of medicines due to stock issues. (See Section 5.2.2)

### 5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff.

Nurses in the home had received a structured induction which included medicines management. Update training was provided every two years. Competency had been assessed following induction and annually thereafter. Records of staff training in relation to medicines management were available for inspection.

## 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 the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	3*

\* The total number of areas for improvement includes three that have been carried forward for review at the next inspection.



Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Ricardo Pontes, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref: Regulation 12 (1)</b>  <b>Stated: First time</b>  <b>To be completed by:</b> With immediate effect (14 December 2021)	The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that repositioning records are accurately and comprehensively maintained at all times</li> <li>• pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients.</li> </ul>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 2</b>  <b>Ref: Regulation 13 (4)</b>  <b>Stated: First time</b>  <b>To be completed by:</b> With immediate effect (16 June 2022)	The registered person shall review the management of thickening agents to ensure that care plans are in place and records of prescribing and administration are accurately maintained. <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Clinical governance meeting has been held with qualified staff to reinforce importance of timely implementation of care plans and accurate record of prescription and administration of thickening agents. Going forward the Registered Manager will do spot checks to ensure compliance.</p>
<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref: Standard 4.1</b>  <b>Stated: First time</b>  <b>To be completed by:</b> With immediate effect (14 December 2021)	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>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><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref: Standard 35</b></p> <p><b>Stated: First time</b></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> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref: Standard 18</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> With immediate effect (16 June 2022)</p>	<p>The registered person shall review the management of distressed reactions to ensure that care plans are in place and the reason for and outcome of administration are recorded on all occasions.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Clinical governance meeting has been held with qualified staff to reinforce importance of timely implementation of care plans and accurate record of administration and outcome of administered medication. Going forward the Registered Manager will do spot checks to ensure compliance.</p>

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Authority

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