

## **Unannounced Secondary Care Inspection**

**Name of Establishment:** Cherry Tree Private Nursing Home

**Establishment ID No:** 1433

**Date of Inspection:** 8 May 2014

**Inspector's Name:** Donna Rogan  
Sharon McKnight

**Inspection ID:** 18651

**1.0 General information**

<b>Name of Home:</b>	Cherry Tree House Nursing and Residential Home
<b>Address:</b>	79 North Road Carrickfergus BT37 8QZ
<b>Telephone Number:</b>	(028) 9336 5652
<b>E mail Address:</b>	cherrytreehouse1@btinternet.com
<b>Registered Organisation/ Registered Provider:</b>	Dr Dean W G Harron
<b>Registered Manager:</b>	Jennifer Tracey (acting manager)
<b>Person in Charge of the Home at the Time of Inspection:</b>	Jennifer Tracey (acting manager)
<b>Categories of Care:</b>	Nursing – I, PH Residential – I, MP(E), PH (E), PH, LD Only one person to be accommodated in category LD
<b>Number of Registered Places:</b>	56
<b>Number of Patients Accommodated on Day of Inspection:</b>	52 (1 in hospital)
<b>Scale of Charges (per week):</b>	Nursing £537 - £557 Residential £426 - £446
<b>Date and Type of Previous Inspection:</b>	5 February 2014 Unannounced Secondary Inspection
<b>Date and Time of Inspection:</b>	8 May 2014 10.15 - 15.20
<b>Name of Inspector:</b>	Donna Rogan Sharon McKnight

## **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.

### **2.1 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 Residential Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### **2.2 Methods/process**

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

- discussion with registered provider
- discussion with the acting nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- observation during a tour of the premises
- evaluation and feedback.

### 2.3 Inspection focus

The inspection sought to establish the level of compliance being achieved with respect to the DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection on 5 February 2014.

A primary inspection had been scheduled on 8 May 2014. However, RQIA were aware that the Provider had appointed a new acting manager on the week of the inspection. In view of this and the fact that the home had experienced a number of new managers in recent years, RQIA decided that a secondary inspection would be more appropriate. This inspection would provide RQIA with an opportunity to seek assurances that (a) the new manager was aware of her role and responsibilities as manager of the home, and (b) that the new management structure in the home was sufficiently robust to ensure the issues raised in the previous Quality Improvement Plan (QIP) are addressed and to ensure that all improvements are sustained.

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:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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.

### 3.0 Profile of service

Cherry Tree House is a large purpose built nursing and residential home situated on the outskirts of Carrickfergus town centre. It is a two storey home; the first floor is accessed by stairs and by a passenger lift. Bedroom accommodation is provided in single and double bedrooms, seventeen beds are situated on the ground floor and thirty nine beds are on the first floor.

There is a range of communal lounge and dining facilities, the majority of which are located on the ground floor of the home with one small lounge/kitchen area and a small dining room on the first floor. There is also a range of bathroom, shower and toilet facilities.

The home is registered to provide care for 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 years

#### Residential Care (RC)

I	Old age not falling into any other category
MP (E)	Mental disorder excluding learning disability or dementia – over 65 years
PH (E)	Physical disability other than sensory impairment – over 65 years
PH	Physical disability other than sensory impairment – under 65 years
LD	Learning disability (Only one person to be accommodated in category LD)

## 4.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Cherry Tree House Nursing and Residential Home. The inspection was undertaken by Donna Rogan and Sharon McKnight on 8 May 2014 from 10.15 to 15.20 hours.

The focus of this inspection was to assess progress with the issues raised during and since the previous inspection on 5 February 2014. The inspectors also sought assurances that the new acting manager understood her role and responsibilities as manager of the home and that the new management arrangements were sufficiently robust regarding compliance with previous inspection outcomes and sustained improvement.

The inspectors were welcomed into the home by Jennifer Tracey, acting manager, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Jennifer Tracey, acting manager and Dr Dean Harron, registered provider, at the conclusion of the inspection.

During the course of the inspection, the inspectors met with the majority of patients/residents and spoke with them on both an individual and group basis. From observations and consultation, patients/residents presented as happy and content and were engaged in a number of activities. Patients/residents provided very positive comments about life in the home and staff. The inspectors also consulted with staff on duty and no issues or concerns were raised. The inspectors observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

From discussion with the new acting manager, the inspectors were satisfied that she was aware and understood her role and responsibilities as manager of the home. The acting manager also demonstrated understanding of the regulations and minimum standards relating to nursing homes. However, the inspectors acknowledged that the acting manager had taken up her post only a few days prior to inspection and would require further time to develop her role with the support of the provider.

As a result of the previous inspection conducted on 5 February 2014, five requirements were issued. Four requirements were reviewed during this inspection and due to the recent appointment of a new manager, one was carried forward for review at future inspections. Of the four requirements reviewed, the inspectors evidenced that two requirements were compliant; one was substantially compliant and one requirement was not compliant. Details can be viewed in the section immediately following this summary.

The record of complaints reviewed by the inspectors contained two witness statements alleging abuse by a member of staff, supplied by an employment agency. The issues had been initially managed by the previous manager under the complaints procedure and a notification of the incident was forwarded to RQIA. However, there was no evidence that the previous acting manager had reported the allegations identified during the complaints investigation to the relevant authorities or sought guidance.

Despite RQIA having raised issues regarding the home's reporting of safeguarding incidents during the inspections on 19 September 2013 and 5 February 2014, the inspectors were concerned that a further two allegations had not been referred appropriately.

The findings of the inspection were discussed at length during the inspection feedback with the registered provider and the acting manager. During feedback, the inspectors expressed serious concern regarding the lack of appropriate reporting of allegations of abuse to the relevant Healthcare Trust and RQIA. Following discussion, the acting manager agreed to ensure both issues were formally notified to the Trust and RQIA without delay. Since the inspection, RQIA has received the relevant notification in line with Regulation 30 of the Nursing Home Regulations (Northern Ireland) 2005.

In view of the concerns regarding the reporting of allegations and the safeguarding of patients/residents, a formal meeting was subsequently held in RQIA with the Provider and acting manager. Refer to the summary under section Post Inspection below.

The following additional areas were also examined during inspection:

- Staffing
- Selection and recruitment
- Care records
- Care practices
- Environment

Details of the inspection findings can be found in the main body of the report. Areas for improvement were identified regarding the staff roster and the care records. Three recommendations have been made.

### **Post inspection**

A formal meeting was held in RQIA on 20 May 2014. Kathy Fodey, Director of Nursing and Regulation, Muriel Dickson, Head of Nursing and Pharmacy and Independent Healthcare Regulation, Donna Rogan, Inspector and Sharon McKnight, Inspector, met with Dr Dean Harron, registered provider, and Jennifer Tracey, acting manager, to discuss the concerns identified and the action required to be taken by the home.

At the meeting, Dr Harron provided evidence that he had developed an action plan to address the areas of concern identified at inspection. However, RQIA remained concerned about the home's continued failure to report allegations of abuse despite being raised at previous inspections. In view of RQIA's concerns, RQIA confirmed to the Provider and acting manager of its intention to serve Cherry Tree Nursing and Residential Home with two Notices of Failure to Comply with Regulation 14 (4) and Regulation 30 (1) of the Nursing Home Regulations (Northern Ireland). The notices would be served in regard to the home's failings in:

- Safeguarding vulnerable adults
- Reporting allegations of abuse to the relevant authorities in accordance with DHSSPS guidance.

Two Failure to Comply with Regulation Notices were issued by RQIA to the Provider of Cherry Tree Nursing and Residential Home on 28 May 2014.



## **Conclusion**

Three requirements are made as a result of this inspection: two are restated from previous inspections and one is carried forward for review at a future inspection. One of the restated requirements related to safeguarding, previously stated at two previous inspections, is subsumed into one of the Failure to Comply Notices issued by RQIA on 28 May 2014.

The inspection also resulted in three recommendations. The requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

RQIA will undertake a further inspection to assess the home's compliance with the two Notices of Failure to Comply with Regulations.

The inspector would like to thank the patients/residents, registered provider, acting manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

## 5.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	14 (4)	Ensure all safeguarding issues are reported and managed in keeping with best practice and regional guidance. The identified safeguarding issues should be addressed with the healthcare trust without delay. Written confirmation that the correct procedures have been adhered to should be forwarded to the RQIA.	<p>Following the previous inspection in February 2014, RQIA received confirmation from the local Healthcare Trust that the previous acting manager had referred the identified safeguarding issue to them.</p> <p>RQIA also received written confirmation from the previous acting manager that the correct procedures were now being adhered to in the home.</p> <p>During this inspection, the record of complaints reviewed by the inspectors contained two witness statements alleging abuse by a member of staff, supplied by an employment agency. The issues had been initially managed by the previous manager under the home's complaints procedure. A notification of incident was forwarded to RQIA. However, there was no evidence that the previous acting manager had reported the allegations identified during the complaints investigation to the relevant authorities or sought guidance.</p> <p>Despite having raised issues regarding the reporting of safeguarding incidents during the inspections on 19 September 2013 and 5 February 2014, the inspectors were concerned that a further two allegations had not been</p>	<b>Not compliant</b>

			<p>referred appropriately.</p> <p>This requirement is assessed as not compliant. In view of RQIA's concerns, two Failure to Comply Notices were issued. (Refer to the section Post Inspection for details)</p>	
2	24	<p>All complaints are to be managed in keeping with the DHSSPS guidelines. Records should be maintained in keeping with the guidance and the home's policies and procedures and legislative requirements.</p>	<p>The inspectors reviewed the complaints record which contained the detail of the nature of the complaint, the action taken in response to the complaint and if the complaint was resolved.</p> <p>This requirement as stated is assessed as compliant. Refer also to inspectors comments in requirement five below in the QIP.</p>	<b>Compliant</b>

3	27	<p>Ensure the privacy curtains are put in place in the identified double bedrooms.</p> <p>Ensure bathroom areas are not used for storage.</p> <p>Ensure the designation of the small kitchen on the first floor is clarified and confirmed to RQIA. If appropriate, an application for change of use of the room should be forwarded to RQIA for approval.</p>	<p>The inspectors undertook a tour of the home and observed the following:</p> <p>Ceiling mounted privacy curtains were in place in all of the shared bedrooms. This element of the requirement is assessed as compliant.</p> <p>Items of equipment, including curtains, mattresses and wheelchairs were being stored in one identified bathroom. This element of the requirement is assessed as not compliant and is stated for a second time.</p> <p>Staff spoken with informed the inspectors that the small kitchen was for use by the patients and their visitors. This was confirmed by the registered provider. There was no evidence to suggest that staff continued to use this room as a staff room.</p>	<b>Substantially compliant</b>
4	14 (4)	<p>Where there is ambiguity regarding an incident, the acting manager should seek clarity if an incident should be managed in keeping with safeguarding policies and procedures.</p>	<p>The new acting manager had only taken up post on the week of inspection. To ensure appropriate validation with the new acting manager, it was agreed to carry this requirement forward for review at a future inspection.</p> <p>The inspectors can confirm that from the date of inspection, the newly appointed acting manager has been in regular contact with RQIA regarding advice and clarity on the reporting of incidents.</p>	<b>Carried forward for review at a future inspection.</b>

5	24	Ensure that details of any action taken regarding complaints are recorded. The level of satisfaction of the complainant should also be recorded at the conclusion of the investigation.	The inspectors reviewed the record of complaints and observed that the level of satisfaction of the complainant was recorded and if the complaint had been concluded. However, there was no evidence recorded as to how the complainant's level of satisfaction was ascertained. Whilst this requirement is deemed to be complied with, a recommendation is made regarding the recording of evidence. Refer to recommendation 1.	<b>Compliant</b>
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## **6.0 Additional areas examined**

### **6.1 Staffing**

The inspectors reviewed the duty rotas for the weeks commencing 7 April 2014, 21 April 2014 and 5 May 2014. Staffing levels were generally in keeping with RQIA Minimum Staffing Guidance (2009). The rosters evidenced that there are identified staff allocated to manage residential care within the home. It is recommended that the duty roster clearly identifies those staff designated to the residential residents.

### **6.2 Selection and recruitment**

The inspectors reviewed the selection and recruitment processes in the home. The required documents were observed to be in place and the process had been validated by the acting nurse manager. A review of all registered nurses employed evidenced that they all were currently registered with Nursing and Midwifery Council (NMC).

### **6.3 Care records**

The inspectors reviewed five patients/residential care records. The quality of care planning on this occasion was generally observed to be in keeping with best practice. However, the following areas for improvement were identified and a recommendation has been made:

- All entries should include the name of the person making the entry. The name of the employment agency used is not sufficient in keeping with NMC's guidance in records and record keeping
- Ensure the most recent up to date falls risk assessment is clearly identified as the most recent assessment
- Record of care delivery should contain individualised and meaningful entries.

### **6.4 Care practices**

On the day of inspection, patients/residents were engaged in formal activities organised by the activity therapists. Patients/residents spoken with stated that they enjoyed the activities organised in the home; patients/residents also commented positively on the variety of activities available to them. On the day of inspection, some patients/residents were observed to enjoy attending the hairdresser and others were involved in baking cupcakes, which they stated they later had with their afternoon tea. The inspectors observed the patients/residents to be happy and comfortable and the atmosphere in the home was relaxed and jovial.

Staff were observed to treat patients/residents with respect and dignity and the inspectors observed staff seeking permission prior to interventions. Patients/residents stated that they were content in the home and that they felt they were well cared for. All stated that they enjoyed the food and three patients informed the inspector that the nurse call bell was usually answered promptly.

## 6.5 Environment

The environment was observed by the inspectors to be clean and tidy there were no malodours detected. There have been several bedrooms and the dining area on the first floor had been redecorated since the previous inspection. Domestic staff spoken with stated that they were well supported by management in carrying out their role.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Jennifer Tracey, acting manager and Dr Dean Harron, registered person, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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:

**Donna Rogan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





The Regulation and  
Quality Improvement  
Authority

## **Quality Improvement Plan**

### **Unannounced Secondary Inspection**

#### **Cherry Tree Nursing and Residential Home**

**8 May 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Dr Dean Harron, registered person and Jennifer Tracey, acting manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14(4)	<p>Ensure all safeguarding issues are reported and managed in keeping with best practice and regional guidance. The identified safeguarding issues should be addressed with the healthcare trust without delay. Written confirmation that the correct procedures have been adhered to should be forwarded to the RQIA.</p> <p>In view of RQIA's concerns about the continued lack of compliance regarding safeguarding, Failure to Comply Notices were issued to the Provider.</p> <p><b>Ref Section 4 and Post Inspection</b></p>	Three	<p>All safeguarding issues from september 2013 reported as needed. All relevant parties are aware of Accidents, Incidents and Complaints.</p> <p>New Complaints and Safeguarding of Vulnerable Adults Policy in place.</p>	This requirement is subsumed into a Failure to Comply Notice issued on 28 May 2014
2	27	<p>Ensure bathroom areas are not used for storage.</p> <p><b>Ref Section 4</b></p>	Two	Bathroom 3 has been considered for storage room. Application in process.	From the date of inspection
3	14(4)	<p><b>Carried forward for review at a future inspection.</b></p> <p>Where there is ambiguity regarding an incident, the acting manager should seek clarity if an incident should be managed in keeping with safeguarding policies and procedures.</p> <p><b>Ref Section 4</b></p>	One	Acting Manager is in consultation with Care Manager and Designated Officer regularly. Documented evidence available.	From the date of inspection

**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	17.10	The registered provider should ensure that the complaint record includes the evidence of how the manager concluded that the complaint has been resolved.  Ref Section 4	One	New Complaints Policy and form. Complaints are being dealt with progressively. Also in conjunction with Care Managers.	From the date of inspection
2	30.7	The registered provider should ensure that the duty roster clearly identifies those staff designated to the residential residents.  Ref Section 5: 5.1	One	Residential rota is now separate from Nursing rota, clearly showing who is Nursing and Residential.	From the date of inspection
3	5.6	The registered provider should ensure that: <ul style="list-style-type: none"> <li>All entries include the name of the person making the entry. The name of the employment agency used is not sufficient in keeping with NMC's guidance in records and record keeping.</li> <li>The most recent up to date falls risk assessment is clearly identified as the most recent assessment.</li> <li>The record of care delivery contains individualised and meaningful entries.</li> </ul> Ref Section 5: 5.3	One	Agency staff are continually requested to enter name at the bottom of every entry. This is carried out on most occasions.  Assessments and Care Plans are an on-going process. Assessments are carried out monthly and after any event e.g. fall, pressure sore, bruise, individualised daily notes have been discussed and promoted with all Nurses and Senior Care Assistants.	From the date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

<b>Name of Registered Manager Completing Qip</b>	Mrs Jennifer Tracey Acting Home Manager
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Dr DWG Harron Proprietor

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Carolee Lopez	1/10/14
Further information requested from provider			