



The Regulation and  
Quality Improvement  
Authority

## **Announced Enforcement Compliance Inspection**

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

**Establishment ID No:** 1433

**Date of Inspection:** 9 and 17 July 2014

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

**Inspection ID** IN020635

**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

<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>	51
<b>Scale of Charges (per week):</b>	Nursing £537 - £557 Residential £426 - £446
<b>Date and Type of Previous Inspection:</b>	8 May 2014 Unannounced Secondary Inspection
<b>Date and Time of Inspection:</b>	9 and 17 July 2014 08.45 – 14.10
<b>Name of Inspector:</b>	Donna Rogan Sharon McKnight

## 1.0 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 announced inspection to assess the level of compliance achieved with two, Failure to Comply Notices issued on 28 May 2014.

The report details the extent to which compliance has been achieved and if any further actions are required.

### 1.1 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 aim of the inspection was to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with two, Failure to Comply Notices issued on 28 May 2014.

**FTC Ref:** FTC/NH/1433/2014-15/01  
FTC/NH/1433/2014-15/02

### 1.2 Methods/Process

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

- Discussion with Dr Dean Harron, registered provider.
- Discussion with Jennifer Tracey, acting manager.
- Discussion with staff.
- Discussion with patients individually and to others in groups.
- Review of a sample of policies and procedures.
- Review of a sample of staff training records.
- 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.

### **1.3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to two Failure to Comply Notices issued 28 May 2014:

#### **FTC/NH/1433/2014-15/01**

##### **Regulation not complied with:**

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 14 (4)

- 14 (4) The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.

#### **FTC/NH/1433/2014-15/02**

##### **Regulation not complied with:**

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 30 (1) (d)

- 30 (1) The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –

- (d) any event in the nursing home which adversely affects the wellbeing or safety of any patient.

The Failure to Comply notices were issued on 28 May 2014. Full compliance with the notices was required to be achieved by 9 July 2014, the day of inspection.

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.

## 2.0 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)

### 3.0 Summary

This summary provides an overview of the progress made in moving to compliance with the two notices of failure to comply with regulations of The Nursing Homes Regulations (Northern Ireland) 2005. The inspection was undertaken by inspectors, Donna Rogan and Sharon McKnight on 9 July 2014 from 08.45 to 14.10 and on 17 July 2014 09.15 to 10.30.

Ms Jennifer Tracey, acting manager and Dr Dean Harron, registered provider were both available throughout the inspection. Verbal feedback regarding the issues identified during the inspection was provided to Ms Tracey and Dr Harron at the conclusion of both days of inspection.

During the course of the inspection, the inspectors met with patients and staff. 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.

As a result of the previous care inspection conducted on 28 May 2014, three requirements and three recommendations were issued. The inspectors can confirm that compliance has been achieved in relation to all three requirements, and all three recommendations. Details can be viewed in the section immediately following this summary.

### Conclusion

The inspectors reviewed each action required to be completed to comply with regulation as detailed in the failure to comply with regulation notices issued on 28 May 2014. The following records were examined:

- Record of incidents and notifications to RQIA
- record of complaints
- regulation 29 reports
- staff training records

Details regarding the inspection findings for these areas are available in the main body of the report.

### Post inspection

The outcome of the inspection was discussed with the Acting Head of Programme for nursing home, pharmacy and independent health regulation in RQIA on 10 July 2014. The failure to comply notices expired on 9 July 2014, and this inspection found that evidence was available to validate full compliance with Failure to Comply Notice; FTC/NH/1433/2014-15/02. The inspectors were unable to validate full compliance with FTC/NH/1433/2014-15/01. Therefore, RQIA decided to extend the compliance date for this failure to comply notice, to allow for the breaches of regulation and actions to be fully addressed. This notice was extended to 26 August 2014.

The inspector spoke with Dr Dean Harron, registered person, on 10 July 2014 and informed him of the outcome of the inspection.

At the registered provider's request RQIA reassessed the level of compliance with the extended Failure to Comply Notice FTC/NH/1433/2014-15/01(E) on 17 July 2014. The inspectors were able to validate full compliance.

There were no requirements or recommendations made as a result of this inspection. The inspectors would like to thank the patients, residents, acting manager, registered provider, registered nurses and staff for their assistance and co-operation throughout the inspection process.



#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	14(4)	<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>The inspectors reviewed the complaints and safeguarding policy and procedure dated June 2014. The inspectors can confirm that the content was reflective of regional and departmental guidelines.</p> <p>The inspectors reviewed patients/residents care records which evidenced that all incidents, accidents and complaints recorded were referred to the relevant Healthcare Trust without delay.</p> <p>The inspectors can confirm that since the previous inspection RQIA has received written confirmation from the acting manager that the correct procedures are being adhered to. The inspectors can validate that full compliance was achieved with both Failure to Comply notices by 17 July 2014.</p>	Compliant
2	27	Ensure bathroom areas are not used for storage.	A review of the environment evidenced that items were not stored in any of the bathrooms.	Compliant

3	14(4)	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.	The inspectors can confirm that, since the previous inspection, regular communication was received from the acting manager if there was any ambiguity regarding safeguarding policies and procedures. The acting manager informed the inspectors that she had also sought clarity from the relevant Healthcare Trusts.	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	A review of the complaints record evidenced how the acting manager concluded when and how complaints have been resolved and the level of the complainants' level of satisfaction.	Compliant
2	30.7	The registered provider should ensure that the duty roster clearly identifies those staff designated to the residential residents.	A review of the duty rotas evidenced that the designation of staff was included. The duty rotas also identified staff designated to residential residents.	Compliant
3	5.6	<p>The registered provider should ensure that:</p> <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</li> </ul>	A review of the care records evidenced that when agency staff were completing care records that the name of the person making the entry was included.	Compliant

		<p>in records and record keeping.</p> <ul style="list-style-type: none"> <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>	<p>The review also evidenced that the most recent up to date falls risk assessment clearly identified that it was the most recent assessment.</p> <p>A review of the care records evidenced that the detail of the care delivered was written to include an individualised and meaningful entry.</p>	
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#### **4.1 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 there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection of 8 May 2014 until 17 July 2014, RQIA have received notifications of incidents in respect of Cherry Tree Nursing and Residential Home. The inspector can confirm that all have been managed in keeping with legislation and regional and departmental guidance.

### **5.0 Inspection Findings**

#### **5.1 FTC Ref: FTC/NH/1433/2014-15/01**

##### **Regulation not complied with:**

##### **The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 14 (4)**

14 (4) The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.

The inspectors reviewed the complaints policy and procedure. The policy and procedure was reviewed in June 2014. All staff have signed and dated that they have written and understand the policy and procedure.

The safeguarding vulnerable adult policy and procedure was reviewed in June 2014 and it was observed to be reflective of DHSSPS guidance and the regional protocols. The policy and the procedure was assessed as being clear, concise and staff spoken with stated there was no ambiguity regarding the action to be taken should an allegation be made.

Staff spoken with evidenced sound knowledge of the policy and procedure and stated that they were very aware of their obligation to report any allegations and to adhere to the policy and procedure of the home.

There was evidence in the training records that the registered provider and acting manager has received formal up to date training on safeguarding vulnerable adults since the previous inspection. However the records also highlighted a total of 33 staff who had not received training in safeguarding vulnerable adults. Due to such a high volume of staff not being formally trained since the previous inspection, the Failure to Comply Notice, FTC/NH/1433/2014-15/01 could not be assessed as compliant. A decision was made by RQIA to extend the period of the Failure to Comply Notice FTC/NH/1433/2014-15/01 until 26 August 2014.

Dr Harron, registered provider, contacted RQIA and requested that an inspection be carried out on 17 July 2014 to reassess the level of compliance as all staff in the home

had now been formally retrained. The inspectors visited the home on 17 July 2014 and evidenced that all staff in the home had been formally retrained in safeguarding vulnerable adults. The Failure to Comply Notice, FTC/NH/1433/2014-15/01 was assessed as compliant on 17 July 2014.

A review of the training records also evidenced the content of the training provided to all staff and the qualifications of the person conducting the training. The inspectors assessed the training content as being reflective of best practice and in keeping with DHSSPS guidance and regional protocols.

The inspectors observed that the reporting arrangements for each Healthcare Trust were available at the nurses' station. The inspectors discussed with an agency member of staff the arrangements regarding safeguarding vulnerable adults. The member of staff demonstrated sound knowledge of the safeguarding policies and procedures of the home.

Two registered nurses spoken with were knowledgeable of their professional accountability regarding safeguarding vulnerable adults under the NMC (Nursing and Midwifery Council's) Code of Professional Conduct. Three care assistants spoken with demonstrated their knowledge and responsibility to report allegations of abuse under NISCC (Northern Ireland Social Care Council's) code of conduct.

There was evidence in the Regulation 29 visit reports that all reported incidents were analysed by the registered provider. Any actions taken where shortcomings in practice were identified was also recorded in the report.

A review of the minutes of staff meetings held on 27 May 2014 evidenced that the policy and procedures regarding safeguarding vulnerable adults had been discussed alongside any action to be taken should staff not follow the policies and procedures of the home.

**The home is evidenced to have fully complied with the requirements of the Failure to Comply Notice.**

## **5.2 FTC Ref: FTC/NH/1433/2014-15/02**

**Regulation not complied with:**

### **The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 30 (1) (d)**

30 (1) The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –

- (d) any event in the nursing home which adversely affects the wellbeing or safety of any patient.

A review of the record for the review of accidents, incidents and complaints evidenced that all were reported to RQIA without delay.

Following discussion with the registered provider and acting manager it was evident that they were aware of their roles and responsibilities regarding the regulation. Both stated that compliance with the regulations is monitored by regular auditing, periods of discreet

observations of practice, staff supervision, and discussion with staff, patients, residents and relatives/representatives. There was evidence in Regulation 29 visits that the registered provider assessed the level of compliance by reviewing the above.

A review of the record of incidents evidenced that any action taken was recorded and that, in the incident records reviewed, appropriate action had been taken by the acting manager and registered provider.

There was evidence in the records of incidents reviewed that the acting manager or nurse in charge sought clarity and understanding of what action to take regarding safeguarding. Any advice provided was recorded alongside the action taken.

Evidence of review of all incidents was recorded in the Regulation 29 reports conducted by the registered provider.

The inspectors can confirm that all reportable events under Regulation 30 have been reported to RQIA in a timely manner. Records evidenced the outcome. The records were also available for inspection.

There was written evidence that a robust induction, facilitated by an independent nurse consultant, was in place for the new acting manager. There was evidence that the registered provider was validating the induction

**The home is evidenced to have fully complied with the requirements of the Failure to Comply Notice.**

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jennifer Tracey, acting manager 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.

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:

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



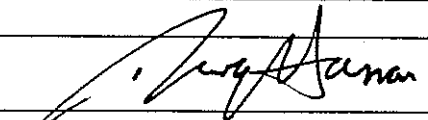


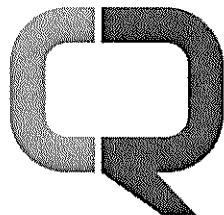
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No requirements or recommendations resulted from the announced inspection of Cherry Tree House Nursing and Residential Home which was undertaken on 9 and 17 July 2014 and I agree with the content of the report. Return this QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

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

NAME OF REGISTERED MANAGER COMPLETING	CASSIE PHILLIPS ACTING HOME MANAGER
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Dr. D. W. G. HARRON

Approved by: 	Date
3/10/2014	



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Approved by: <i>Donna Lopez</i>	Date <i>21/11/14</i>