



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of Establishment:** Cherry Tree House  
**Establishment ID No:** 1433  
**Date of Inspection:** 17 September 2014  
**Inspector's Name:** Sharon McKnight and Karen Scarlett  
**Inspection ID:** IN020637

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General Information

<b>Name of Home:</b>	Cherry Tree House
<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>	Ms Cassie Philips, acting manager
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Cassie Philips, 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>	44 nursing 22 residential
<b>Number of Patients Accommodated on Day of Inspection:</b>	31 patients 19 residents
<b>Date and Type of Previous Inspection:</b>	Enforcement monitoring inspection 17 July 2014
<b>Date and Time of Inspection:</b>	17 September 2014 10:05 – 14:45 hours
<b>Name of Inspector:</b>	Sharon McKnight and Karen Scarlett

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

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

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

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

## 1.2 METHODS/PROCESS

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

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

### 1.3 Inspection Focus

RQIA undertook this inspection following contact by a whistle blower expressing concerns in the following areas:

- staffing levels
- management of incidents
- staff recruitment

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. On this occasion an inspection was undertaken and the following areas were examined:

- staffing rosters
- recording and management of accidents and incidents
- records pertaining to staff recruitment.

The inspectors also examined the additional areas of:

- management arrangements
- care practices.

## 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 services examined during an unannounced secondary care inspection to Cherry Tree Nursing and Residential Home. The inspection was undertaken by Sharon McKnight and Karen Scarlett on 17 September 2014 from 10:05 to 14:45 hours.

The inspectors were welcomed into the home by the recently appointed acting manager Ms Cassie Philips who was available throughout the inspection. Registered provider Dr Harron was also in the home during the inspection. Management consultant, Hilary Fleming, was in the home to provide support and an induction for the acting manager. Verbal feedback of the issues identified during the inspection was given to Dr Harron and Ms Philips at the conclusion of the inspection.

During the course of the inspection, the inspectors met with patients, a relative 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.

Following discussion with the registered provider, acting manager and review of duty rosters, accident and incident reports and recruitment records and discussion with staff the inspectors were unable to substantiate the concerns raised with RQIA prior to the inspection.

### Inspection findings

The inspectors reviewed the following areas:

- staffing rosters
- recording and management of accidents and incidents
- records pertaining to staff recruitment
- management arrangements
- care practices.

Details of the inspection findings can be found in the main body of the report.

### Conclusion

The inspectors can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

An area for improvement was identified with the induction plan for the acting manager and a requirement has been made. An urgent action record was given to the registered provider at the conclusion of the inspection. A recommendation has been made that the registered provider continues to monitor the staffing arrangements within the home. The requirement and recommendation are detailed in the quality improvement plan (QIP).

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

#### **4.0 Follow-Up on Previous Issues**

There were no requirements or recommendations made as a result of the previous inspection completed on 9 and 17 July 2014.

**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 RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.



## 5.0 Inspection focus

### 5.1 Staffing

The acting manager informed that inspector that, at the time of inspection, there were registered nurse vacancies within the home and that the current vacant shifts, mainly on nightduty, were being filled by nurses supplied from a recruitment agency. The manager informed the inspector that staff were booked on a long term basis to provide continuity of care. Review of duty rosters evidenced that the registered nurses on nightduty were generally supplied by a recruitment agency but had been working in the home for a considerable period of time.

The registered provider, Dr Harron, informed the inspectors that a recruitment campaign was ongoing for a permanent manger and registered nurses.

The inspectors discussed the staffing levels in the home with the acting manager and registered provider who confirmed that the following were the planned staffing levels for the home:

#### **Nursing beds – current occupancy 31 patients**

08:00 – 14:00 hours	2 nurses	6 care assistants
14:00 – 20:00 hours	2 nurses	5 care assistants
20:00 - 08:00 hours	2 nurses	2 care assistants

#### **Residential beds – current occupancy 19 residents**

08:00 – 20:00 hours	1 senior care assistant	1 care assistant
20:00 – 08:00 hours	1 senior care assistant	

A whistle blower had raised concerns with RQIA that staffing levels had been reduced in response to vacant beds. The inspectors discussed the management of staff allocation given that the home was not operating at full occupancy at the time of the inspection. The registered provider informed the inspector that the staffing levels had not been adjusted in regard to the ratio of staff to patients/residents however if unplanned leave occurred the occupancy would be considered before replacing the member of staff. A review of the duty rosters by the inspectors confirmed what the registered provider had informed them.

A review of duty rosters evidenced that generally planned staffing levels and skill mix of staff were in keeping with RQIA Staffing Guidance for Nursing Homes, June 2009 and with RQIA Staffing Guidance for Residential Homes, June 2009. There were two occasions week commencing 15 September 2014 were, due to sickness at short notice there was one nurse on day duty. There was also one day, were two care assistants reported sick. The duty roster reflected that one care assistant shift had been partially covered. The inspectors can confirm that following review of the duty roster, and consideration of the number of patients accommodated, the ratio of staff to patients, in keeping with RQIA Staffing Guidance for Nursing Homes, June 2009, was maintained. However the skill mix of registered nurses to care assistants on the two identified occasions was not achieved.

The inspectors noted that on two occasions of the three week period reviewed that planned staffing on nightduty was not achieved in the residential unit. This was discussed with the registered provider who explained that staff cover had been provided from the nursing staff.

The inspectors explained that on the identified occasions, given the number of staff on duty to the number of patients accommodated, there was spare capacity in staffing hours. However if the nursing beds were fully occupied this arrangement would not be acceptable as there would be no spare capacity in the staffing ratio to occupied nursing beds. If staff were required to provide care to the residential residents staffing levels would be below the recognised minimum numbers of staff to patients. Given the number of staff vacancies and the ongoing increase in bed occupancy it is recommended that, the registered provider continues to closely monitor the staffing levels within the home to ensure that at all times there are sufficient number of staff to meet the needs of the patients and residents.

Following discussion with the acting manager and registered provider the inspectors were assured that they were both familiar with the Rhys Hearn dependency tool and the recognised calculation for determining care hours in regard to patient dependency. Records provided to the inspectors evidenced that the dependency levels and care hours required been reviewed and calculated on 8 September 2014 by the registered provider, Dr Harron.

The inspectors spoke with members of the nursing, care and house keeping staff on duty. No issues were raised regarding staffing. Staff spoken with reported good working relationships between staff. Observations made during the inspection evidenced that care was delivered in a timely way.

Following review of duty rosters and discussion with the registered provider, acting manager and staff the inspectors concluded that the concerns raised by the whistle blower were unsubstantiated.

## **5.2 Management of accidents and incidents**

The inspector reviewed the accident and incident records for July and August 2014. This review evidenced that accidents and incidents were reported appropriately with notifications required under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 forwarded to RQIA in a timely manner.

The whistle blower had raised concerns with RQIA that there was a dual process for recording incidents and that a significant number of incidents recorded on the computerised system had not been managed appropriately. The inspector discussed the process for recording incidents in the home. The registered provider confirmed that incidents were all recorded as paper records. The registered provider confirmed that he had become aware of the existence of duplicated incident reports on the computerised system for the period September 2013 to July 2014 and that initially it was unclear if the incidents had been managed appropriately. The registered provider informed the inspectors that all of the computerised incident records had now been reviewed. Any safeguarding issues had been discussed with the adult safeguarding team in the Northern Health and social care trust (NHSCT) who had confirmed that the issues had been referred at the time of occurrence. The inspectors reviewed two e mails, dated September 2014, sent by the home to the NHSCT asking for confirmation that two incidents recorded in September 2013 had been reported at the time of occurrence. E mail responses from the NHSCT evidenced confirmation that they had received the notification at the time.

The registered provider informed the inspectors that all of these incident reports were now completed and that a member of the staff from the NHSCT had recently visited the home and confirmed that the issues were now concluded. The registered provider confirmed that the

facility to record incidents on the computerised system was disabled to prevent this problem reoccurring.

Following review of records of incidents and discussion with the registered provider the inspectors concluded that the concerns raised by the whistle blower were unsubstantiated.

### **5.3 Recruitment practices**

The inspectors reviewed the recruitment files of three staff recently employed. The three files reviewed were fully compliant with regulation 21(1)(b) of The Nursing Homes Regulations (Northern Ireland) 2005. Discussion with the Human Resources manager evidenced that she was knowledgeable of the recruitment process and checks that required to be in place prior to staff commencing employment.

Following review of recruitment records and discussion with the human resources manager the inspectors concluded that the concerns raised by the whistle blower were unsubstantiated.

### **Additional areas examined**

#### **5.4 Management arrangements**

Following notification from the registered provider that the post of manager had been vacated. RQIA wrote to Dr Harron on 5 September 2014 expressing concerns around the significant turnover of managers in recent years and requested that he confirm the planned management arrangements for the day to day operation and control of home. The response from the registered provider, dated 9 September 2014, confirmed that the recently appointed deputy manager would act as manager from 10 September 2014. Discussion with the acting manager confirmed that she had commenced employment on 10 September 2014, seven days prior to this inspection.

The inspectors discussed the acting manager's induction programme with the registered provider who explained that management consultant, Hilary Fleming, had been in the home Monday, Tuesday and Wednesday to facilitate the induction programme for the acting manager. However on the day of this inspection the acting manager was working as the second registered nurse in the home. Review of the duty rosters evidenced that she had also worked on Monday as the second registered nurse. The inspectors discussed the importance of effective support systems for the acting manager and the necessity of a robust induction to the role. The inspectors queried the value of having Ms Fleming in the home to provide induction when the acting manager was fulfilling nursing duties. A requirement is made that the registered provider must ensure that the newly appointed acting manager is provided with a comprehensive induction programme. The induction must include the following:

- the managerial and nursing responsibilities of the post
- detail of the topics to be covered
- who will be responsibility for providing the induction of each individual area
- who will have overall responsibility for assessing the acting managers competency.

It was agreed with the registered provider that a copy of the induction programme would be submitted to RQIA by Monday 22 September 2014. This was subsequently received and reviewed by the inspectors who concluded that the induction plan was robust. Confirmation

was received that, following completion of the induction programme, the acting managers overall competency to undertake the role of acting manager would be assessed by the registered provider and records maintained to evidenced competency.

Discussion with the acting manager evidenced that she had an awareness of the relevant regulations and DHSSPS minimum standards. The acting manager also demonstrated that she was knowledgeable regarding her responsibility and the procedure for reporting safe guarding issues.

## **5.5 Care Practices**

The inspectors under took a tour of the home mid morning. The inspectors observed that there was a calm atmosphere in the home and that staff were quietly attending to the patients'/residents' needs. Patients/residents were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. Patients/residents spoken with commented positively in regard to the care they received and the caring attitude of the staff. Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

The inspector spoke with one relative who was visiting in the home. The relative commented positively in regard to staff and the care their relative received.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Dr Harron and Ms Philips, 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:

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



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## Quality Improvement Plan

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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 Harron and Ms Philips, either during or after 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	20(1)(c)(i)	<p>The registered provider must ensure that the newly appointed acting manager is provided with a robust induction programme. The induction must include the following:</p> <ul style="list-style-type: none"> <li>• the managerial and nursing responsibilities of the post</li> <li>• detail of the topics to be covered</li> <li>• who will be responsibility for providing the induction of each individual area</li> <li>• who will have overall responsibility for assessing the acting managers competency.</li> </ul> <p>It was agreed with the registered provider that a copy of the induction programme would be submitted to RQIA by Monday 22 September 2014.</p> <p><b>Ref section 5, 5.4</b></p>	One	<p>- Induction programme given to Cassie Phillip on 10<sup>th</sup> September 2014. Completed on 25/11/14 atw signatures from Dr Harron.</p> <p>- Assessment carried out by various staff members, signed and dated.</p> <p>- This was submitted.</p>	From the day of inspection

No. 4111 P. 3/30

25 Nov. 2014 15:39

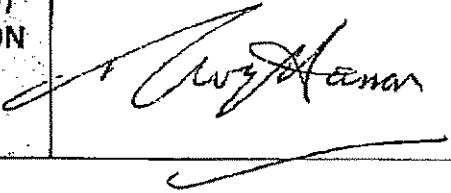
**Recommendations**

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	Criterion 30.2	<p>It is recommended that, the registered provider continues to closely monitor the staffing levels within the home to ensure that at all times there are sufficient number of staff to meet the needs of the patients and residents.</p> <p><b>Ref section 5, 5.1</b></p>	One	<p>Please see attached letter.                      Staffing levels reviewed by Cassie Phillips and discussed with Dr Harron.</p>	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:

NAME OF REGISTERED MANAGER COMPLETING QIP	CASSIE PHILLIPS
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	SOML	25-11-14
Further information requested from provider	✓		