

## **Unannounced Secondary Care Inspection**

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

**RQIA number :** 1433

**Date of inspection:** 3 February 2015

**Inspector's name:** Donna Rogan  
Aveen Donnelly

**Inspection number:** IN021152

**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 establishment:</b>	Cherry Tree House
<b>Address:</b>	79 North Road Carrickfergus BT37 8QZ
<b>Telephone number:</b>	(028) 9336 5652
<b>Email address:</b>	cherrytreehouse1@btinternet.com
<b>Registered organisation/ registered provider:</b>	Dr Dean W G Harron
<b>Registered manager:</b>	Ethel Colquhoun (acting manager) supported by Mrs Hilary Fleming (independent nurse consultant)
<b>Person in charge of the home at the time of inspection:</b>	Mrs Hilary Fleming (independent nurse consultant)
<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>	35 nursing 18 residential
<b>Date and type of previous inspection:</b>	27 November 2014 Secondary Unannounced
<b>Date and time of inspection:</b>	3 February 2015 10.45 – 16.30
<b>Name of inspector:</b>	Donna Rogan Aveen Donnelly

## **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.

## **3.0 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.

## **4.0 Method/process**

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

- Discussion with registered person.
- Discussion with the independent nurse consultant.
- 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 any notifiable events submitted to RQIA since the previous inspection.
- Review of the complaints.
- Observation during a tour of the premises.
- Evaluation and feedback.

## **5.0 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:

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.

## 6.0 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)

The Home's RQIA 'Certificate of Registration' was appropriately displayed in the main entrance hall of the Home.

## 7.0 Summary

This summary provides an overview of the services examined during an unannounced monitoring care inspection to Cherry Tree Nursing and Residential Home. The inspection was undertaken by Donna Rogan and Aveen Donnelly on 3 February 2015 from 10.45 to 16.30 hours.

The inspectors were welcomed into the home by the independent nurse consultant, Hilary Fleming who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was provided to Hilary Fleming and Dr Harron, registered person at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/ residents, staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing and residential home environment as part of the inspection process.

As a result of the previous inspection conducted on 27 November 2014, seven requirements were issued. These were reviewed during this inspection. The inspector evidenced that all seven requirements have been fully complied with. Details of the previous requirement findings can be viewed in the section immediately following this summary.

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the home. The inspectors reviewed the following areas, complaints, staffing, continence care, care practices and the overall environment.

The home's general environment was generally well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to the cleanliness of the lounges, patients seating, and items being stored in an identified bathroom and the overall management of complaints.

Therefore, two requirements are made during this inspection. The requirements are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank Mrs Fleming, Dr Harron, patients/residents, registered nurses and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on previous issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15 (2)	The registered person shall ensure that the identified patient's care record is updated in relation to wound/pressure ulcer care.	A review of the patient care record evidenced that it had been updated following the inspection in relation to wound/pressure ulcer care.	Compliant
2	17 (1)	The registered person shall ensure that there is an on-going audit of wounds completed at least weekly and that wounds/pressure ulcer care is monitored to ensure their management is in keeping with best practice guidelines.	Mrs Fleming conducts on-going audits of wounds at least weekly and evidenced that wound/pressure ulcers are managed in keeping with best practice. There is evidence in the Regulation 29 reports that Dr Harron also reports on wound and pressure ulcer care.	Compliant
3	12 (2) (b)	The registered person shall ensure fluid balance and repositioning charts are appropriately completed and consolidated in keeping with best practice.	A review of patients requiring fluid balance and repositioning charts evidenced that they were appropriately being completed and consolidated in keeping with best practice.	Compliant



4	16 (2)	<p>The registered person shall ensure that the identified care record is updated to reflect the care required in regards to catheter care.</p> <p>The registered person shall ensure that when short term care plan is no longer relevant that they should be discontinued.</p>	<p>Confirmation was received following the previous inspection that the identified care record was updated to reflect care required in regards to catheter care.</p> <p>A review of the care records evidenced that when short term care records are no longer relevant that they are discontinued.</p>	Compliant
5	15 (2)	<p>Ensure the identified patient's care record is updated in relation to wound/pressure ulcer care.</p> <p>The registered person shall ensure that there is an ongoing audit of wounds completed at least weekly and that they are monitored to ensure their management is in keeping with best practice guidelines.</p>	<p>As previously stated the identified care record was updated in relation to wound/pressure ulcer care. Audits are ongoing and completed weekly and are monitored in keeping with best practice.</p>	Compliant
6	12 (1) (b)	<p>The registered person shall ensure that the policies and procedures are updated in relation to;</p> <ul style="list-style-type: none"> <li>• Continence care.</li> <li>• Stoma care.</li> <li>• Catheter care.</li> </ul> <p>The registered manager shall ensure up to date guidelines are made available to staff regarding</p>	<p>A review of the identified policies and procedures evidenced that they have been updated. The relevant guidelines were observed to be available for staff regarding continence care. Staff spoken with during the inspection confirmed this.</p>	Compliant

		continence care.		
7	27 (2) (d)	The registered person shall make arrangements to have the identified areas of the carpet replaced in the corridors.	The inspectors observed that work had commenced to replace the identified carpets in the corridors	Compliant

**8.1 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.

There have been notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection by the management of the home. The incidents are being managed in accordance with the regional adult protection policy by the safeguarding team within the Northern Healthcare Trust. RQIA are not part of the investigatory process however RQIA have been kept informed at all stages of the investigations. The Northern Healthcare Trust has undertaken monitoring visits and a review of the care of patients within the home. Following discussion with the independent nurse consultant and the designated officer for safeguarding within the Northern Healthcare Trust, the inspectors were satisfied that appropriate action had been taken to ensure the protection of the patients currently accommodated during the investigation process.

There is a policy and procedure regarding the management of complaints. There are on-going complaints which the nurse consultant is currently addressing. The record of complaints is required to be more formalised using a systematic approach in keeping with the homes policy and procedure and DHSSPS guidance. A requirement is made in this regard.

## **9.0 Inspection Findings**

### **9.1 Staffing**

Due to previous issues being raised regarding staffing levels, RQIA have been receiving copies of the worked duty rotas since 27 November 2014 on a weekly basis. A review of the duty rotas received evidenced that in general staffing skill mix and numbers are in keeping with RQIA minimum staffing guidelines. However, there are occasions when staff have communicated sick leave at short notice. There is evidence that management in the home have endeavoured to ensure when this occurs that the duty rota is satisfactorily covered. The home regularly uses agency staff to ensure numbers and skill mix are in keeping with the needs of the patients/residents. The duty rota reflected that on many occasions the same agency staff had been blocked booked to assist in continuity of care delivery. However, at times management have been unable to ensure full complimentary of staff. During this inspection the inspectors reviewed the duty rotas maintained in the home and found them to be reflective of the duty rotas forwarded to RQIA. The inspectors were satisfied that where deficits in staffing occur that every effort is made to ensure a full complementary of staff on duty. Evidence is retained in the home of the action taken to address staff shortages.

The inspectors spoke at length with two agency staff members during the inspection. Both stated that they had received a full induction and were supported by the nurse consultant. Both were aware of the emergency arrangements in the home and were able to describe in detail the care to be delivered with two patients identified as having complex needs.

There are regular staff meetings in the home and they are well attended by all grades of staff. A review of the staff meeting minutes evidenced clear direction from the independent consultant of how care in the home should be delivered. Relevant issues were being discussed and an action plan has been implemented following the meetings.

The inspectors spoke with all staff on duty on the day of the inspection. They were complimentary of the new management arrangements in the home stating that the nurse consultant had made significant improvements and was approachable, available. Staff also informed the inspectors that Dr Harron, responsible person was also available and that he regularly spoke with staff. All stated that morale had improved in the home and that there was more team work. Staff felt that staffing arrangements in the home were improving. There were no issues raised with the inspectors during the inspection by staff.

### **9.2 Continence care**

The inspectors spoke with approximately 22 patients during the inspection. All informed the inspectors that they were regularly assisted with their continence needs. Patients spoken with in their bedrooms stated that when they used the nurse call system to request assistance that it was usually answered quite quickly and that staff were pleasant and helpful. There were no foul odours detected during the inspection. One patient identified with an indwelling catheter had their care needs tended to in keeping with best practice. Care records reviewed were reflective of their care needs and fluid balance charts were being appropriately maintained.

### **9.3 Care practices**

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

The afternoon routine was observed to be well organised. Patients spoken with stated that they could choose where to have their lunch. There was a good atmosphere in the home. There is an organised activity programme ongoing. Patients spoken with stated they enjoyed the activities organised. On the day of the inspection there was a shopping trip organised and a number of patients were delighted that they were going on the trip. Patients were also preparing decorations in the home for Valentine's Day. There was a formal activity programme displayed in the front foyer of the home and in each patients'/residents' bedroom. Patients and staff informed the inspectors that the activity programme was usually always adhered to.

#### **9.4 Environment**

The inspectors undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The carpets to the corridor areas on both floors are currently being replaced. A new dishwasher has been purchased for the kitchen. There were no malodours detected on the day of inspection. However the following issues are required to be addressed;

- Some communal areas in the home required to be dusted. These areas were identified to the house keeper who agreed to ensure the areas would be thoroughly cleaned.
- Patients' seating in the lounge areas are required to be cleaned on a daily basis.
- Ensure bathrooms are not used for storing inappropriate equipment.
- Ensure cushions are replaced on seating.

A requirement is made in the above regard.

## **10. Quality improvement plan**

The details of the quality improvement plan appended to this report were discussed with Hilary Fleming, nurse consultant 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**



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

#### Cherry Tree House

#### 3 February 2015

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 Hilary Fleming, nurse consultant and Dr Harron, registered person 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	24 (3)	<p>The registered person shall ensure the record of complaints is more formalised using a systematic approach in keeping with the homes policy and procedure and DHSSPS guidance.</p> <p><b>Ref 8.1</b></p>	One		From the date of inspection
2	27	<p>The registered person shall ensure the following issues are addressed in relation to the environment;</p> <ul style="list-style-type: none"> <li>• Ensure the identified communal areas in the home are dusted and maintained clean.</li> <li>• Ensure patients' seating in the lounge areas are cleaned on a daily basis.</li> <li>• Ensure bathrooms are not used for Storage.</li> <li>• Ensure cushions are replaced on seating.</li> </ul> <p><b>Ref 9.4</b></p>	One		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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

<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			
Further information requested from provider			