

Inspection Report

Name of Service: Cherryvalley Care Home

Provider: Beaumont Care Homes Limited

Date of Inspection: 20 November 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Erminia Suciu – not registered
<p>This home is a registered nursing home which provides general nursing care for up to 46 patients under and over 65 years of age, including patients with a terminal illness. Cherryvalley Care Home also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years.</p> <p>Patients' bedrooms are located over the ground and first floors. There are communal lounges, a dining room, and garden space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 20 November 2025 from 09.30 am to 5.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 14 October 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, the patient dining experience and the provision of activities. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider; six areas for improvement in relation to medicines management has been carried forward for review at the next inspection and two new areas for improvement have been identified. Details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "It's not a bad place to be. Staff are attentive and the care is good. I'm invited to the dining room for meals and activities but it's my own choice to stay in my room" and "Nothings a trouble to staff. They're all great. I could discuss any concerns with them and they would help me but I don't have any issues at all".

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

Relatives spoke with said, “Mum’s settled. The manager and staff are welcoming and approachable. Communication is good. I could discuss anything with them and it gives me peace of mind to know she’s being well cared for” and “I’m very happy with staff and the care they provide. For example, Mum was unwell yesterday and they were quick to respond”.

Staff confirmed that there were good working relationships; morale was good; there was enough staff on duty to meet patients’ needs and complete tasks; they enjoy working in the home and take pride in their work; that the manager was approachable and they felt well supported in their role.

Following the inspection, we received no patient/patient representative questionnaires or any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Review of mandatory training records evidenced that the training provided staff with the necessary skills and knowledge to care for the patients.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient’s wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients’ care, to ensure good communication across the team about any changes in patients’ needs. Staff were knowledgeable about individual patient’s needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients’ privacy and dignity by knocking on patients’ doors before entering, offering personal care to patients discreetly and discussing patients’ care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room. The menu was displayed on the notice board in both written and pictorial form, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. Patients enjoyed their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Diet Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately. Patients spoken with indicated that they enjoyed lunch.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as arts and crafts. After lunch, we observed and spoke with patients who told us they enjoyed karaoke and playing bingo with staff.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms and cleaning stores were observed to be appropriately locked. However, a medical store containing two tins of an agent used to thicken fluids for patients who have been assessed to have a modified diet and prescribed dietary supplements was unattended and unlocked. In another part of the home a kitchenette containing two freezers was unlocked. This was discussed with staff who locked the doors immediately. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

Since the last inspection there has been a change in the management arrangements. Mrs Erminia Suciu commenced the role of manager on 4 August 2025. RQIA were notified appropriately.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

It was established that staff meetings were held on a regular basis. However, requested meeting minutes were unavailable to view. An area for improvement was identified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	5*

* the total number of areas for improvement includes six which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Erminia Suciu, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 16 October 2025	The registered person shall ensure that personal medication records are accurate and up to date with the most recent prescription. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 16 October 2025	The registered person shall ensure that safe systems are in place for the management of medication changes. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: 16 October 2025	The registered person shall ensure that safe systems are in place for managing medicines on admission. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that records of prescribing and administration of thickening agents are accurately maintained and include the recommended consistency level. Ref: 2.0

<p>To be completed by: 16 October 2025</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2 Ref: Standard 28 Stated: First time</p>	<p>The registered person shall ensure that care plans for the management of diabetes contain sufficient detail to direct the required care.</p> <p>Ref: 2.0</p>
<p>To be completed by: 16 October 2025</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: 16 October 2025</p>	<p>The registered person shall implement a robust audit tool which covers all aspects of medicines management.</p> <p>Ref 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4 Ref: Standard 30 Stated: First time To be completed by: 20 November 2025</p>	<p>The registered person shall ensure that prescribed medicines are stored securely.</p> <p>This relates specifically to the safe storage of thickening agents and dietary supplements.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Treatment room doors, medical stores and medicine fridges are to be locked when not in use. Monitoring will be carried out during Walkabout Governance Audits which will also include ensuring freezer and fridge in kitchenette on first floor are locked. Supervisions have been completed with trained staff to ensure they are aware of the need for locking all doors and to check the security of fridges/freezers in kitchenette as part of their Walkabout Governance Audits. Spot checks will be carried out during Reg 29 visits to ensure compliance.</p>
<p>Area for improvement 5 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall ensure that records are kept of all staff meetings that take place to include:</p> <p>The date of all meetings. The names of those attending. Minutes of discussions; and</p>

To be completed by: 28 November 2025	Any actions agreed. Ref: 3.3.5
	Response by registered person detailing the actions taken: Minutes of all staff meetings which includes dates, staff present and any actions agreed are in place for all recent meetings and will be completed for all future meetings. Spot checks will be completed during Reg 29 visits to ensure compliance.

Please ensure this document is completed in full and returned via the Web Portal



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