The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cherryvalley Care Home

Provider: Beaumont Care Homes Ltd

Date of Inspection: 2 September 2026

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 Ltd
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mrs Erminia Suciu,
Service Profile: Cherryvalley Care Home is a nursing home registered to provide general nursing care for up to 46 patients, including patients with a terminal illness and patients living with a physical disability other than sensory impairment. Patients' bedrooms are located over the ground and first floors. There are communal lounges, a dining room, and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 2 September 2026 from 09.20 am to 5.15 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 3 February 2026; 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 one area for improvement was assessed as having been addressed by the provider; one area for improvement was assessed as having been partially met and is stated for a second time: three 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 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, "I've never looked back since I came here. Staff made me feel welcome from day one. I got new bedroom furniture yesterday and I've no complaints at all" and "The staff are great. They are kind and accommodating and I'm well cared for".

A patient's relative spoken with said, "I'm very happy with the care provided and I find staff helpful and nice. It gives me peace of mind to know that she's settled here".

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients to meet their needs. Staff told us that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

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 robust systems in place to manage staffing levels.

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. Patient call systems were noted to be answered promptly by staff.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; 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. 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 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 outlining what was available at each meal time and the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was established that patients were offered a choice of meal and records of these were maintained. There was an effective system in place to identify that patients received the correct meal and the right consistency of food and fluids. Adequate numbers of staff were observed assisting patients with their meal appropriately. However, not all staff were able to describe the various International Dysphagia Standardisation Initiative (IDDSI) levels of modified foods and drinks for patients with swallowing difficulties. An area for improvement was identified.

Patients spoken with said they enjoyed lunch and that the food was good.

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 bingo, puzzles, quizzes and also arts and crafts. After lunch, patients were observed to enjoying playing dominoes with staff.

Patients spoken with said they enjoyed the activities that were provided.

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. Patients care records were held confidentially.

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 welcoming, clean, tidy, well maintained and nicely decorated. 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, sluice rooms and cleaning stores were observed to be appropriately locked and equipment used by patients such as wheelchairs and hoists were noted to be effectively cleaned.

Review of the environment and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction.

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

There has been no change in the management of the home since the last inspection. Mrs Erminia Suciu, has been the manager in this home since 4 August 2025.

Review of competency and capability assessments evidenced they were completed with the registered nurses left in charge of the home when the manager was not on duty.

Discussion with the manager and review of records confirmed that staff supervision had commenced and that arrangements were in place to ensure that all staff members have regular supervision.

However, review of staff annual appraisal records evidenced that they had not all been completed in order to review performance and agree personal development plans. An area for improvement was identified.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

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.

Patients and patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Records evidenced that staff meetings were held on a regular basis. It was noted that the meeting date, the attendees and minutes of discussions were recorded. However, evidence of any agreed actions were unavailable to view. This area for improvement is partially met and is stated for a second time.

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	1*	5*

* the total number of areas for improvement includes three 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, Registered 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	The registered person shall implement a robust system to identify when prescriptions are issued and manage their collection, to ensure that antibiotics are obtained and administered promptly. Ref: 2.0
To be completed by: 18 February 2026	**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 18 **Stated:** First time	The registered person shall review the management of medicines prescribed for distressed reactions, to ensure that the reason and outcome are recorded following each administration. Ref: 2.0
To be completed by: 3 February 2026	**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.**
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time	The registered person shall ensure that safe systems are in place for the management of insulin Ref: 2.0
To be completed by: 3 February 2026	**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.**
Area for improvement 3 **Ref:** Standard 41 **Stated:** Second time **To be completed by:** 2 October 2026	The registered person shall ensure that records are kept of all staff meetings that take place to include: The date of all meetings. The names of those attending. Minutes of discussions; and Any actions agreed. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person will ensure that records of all staff meetings are completed accurately, comprehensively, and in line with the Home's governance and record-keeping procedures. Meeting records will clearly document the date of the meeting, names of staff members in attendance, details of discussions

	held, key issues raised, decisions made and any agreed actions. Identified actions will be reviewed and updated as they are progressed to completion. Spot checks will be carried out on progress of any actions during Reg 29 visits by Operations Manager and Regional Support Manager.

Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 2 September 2026	The Registered Person shall ensure that staff demonstrate knowledge and understanding of the various international dysphagia diet standardisation initiative (IDDSI) levels of modified foods and are able to demonstrate how to modify the consistency of drinks. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person will ensure that all staff receive training on IDDSI levels. Training in IDDSI and Dysphagia is currently 100% compliance, training compliance is reviewed monthly, and staff are notified of any outstanding training to ensure they are completed. As part of the Walkabout Audit, spot checks will be undertaken with staff on duty to assess their knowledge and understanding of residents' nutritional recommendations and dietary requirements. Where any gaps in knowledge or practice are identified, additional training, supervision, and support will be provided to ensure safe and effective care delivery. Further checks regarding staff knowledge will be carried out by Operations Manager and Regional Support Manager during Reg 29 visits.
Area for improvement 5 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 30 October 2026	The registered person shall ensure that staff appraisal is completed no less than annually and that a record is maintained. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person will ensure that all staff appraisals are completed at least annually and that accurate records are maintained. An appraisal matrix is in place which will be reviewed monthly to ensure timely completion of appraisals. All appraisals have been completed for 2026. The Operations Manager and Regional Support Manager will spot check appraisal matrix during Reg 29 visits to ensure appraisals are arranged and completed in a timely manner..

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