

Inspection Report

7 December 2021



Fruithill Nursing Home

Type of service: Nursing Home

Address: 20 Fruithill Park, Andersonstown, Belfast, BT11 8GD

Telephone number: 028 9061 7717

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Brooklawn Ltd Responsible Individual: Mr Paul McGranaghan	Registered Manager: Mr Seon MacStiofain Date registered: 29 January 2020
Person in charge at the time of inspection: Mr Seon MacStiofain	Number of registered places: 36 This number includes a maximum of two patients accommodated in category NH-LD. The home is approved to provide care on a day basis only to two persons.
Categories of care: Nursing Home (NH) I - old age not falling within any other category PH - physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment - over 65 years TI - terminally ill LD - learning disability	Number of patients accommodated in the nursing home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: Fruthill Nursing Home is registered to provide nursing care for up to 36 patients, within the categories of care detailed above.	

2.0 Inspection summary

An announced inspection took place on 7 December 2021 between 9.30am and 1.45pm. The inspection was conducted by care and pharmacist inspectors.

During an unannounced inspection on 5 and 8 October 2021, serious concerns were identified with regards to the management of medicines and the management and governance systems within the home. Following a meeting with the registered person and manager, two Failure to Comply (FTC) notices; FTC000164 and FTC000165 were issued on 19 October 2021. The date for compliance with the actions detailed in the FTC notices was 7 December 2021.

This inspection was conducted to assess compliance with the actions detailed in the FTC notices. The outcome of this inspection evidenced that management within the home had taken appropriate action to comply with the FTC notices. Significant improvements were observed.

The inspection also assessed progress with any areas for improvement identified during the last inspection.

3.0 How we inspect

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

To prepare for this inspection information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines was reviewed.

Throughout the inspection RQIA will seek to speak with patients and staff to obtain their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

The inspectors met with two nurses, the deputy manager and manager and the registered person. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They said the systems implemented following the last inspection had contributed to significant improvements in the management of medicines and the governance arrangements. Staff in the home were motivated to sustain the improvements made.

Staff said that should they have any concerns, management would respond appropriately. They said they had the appropriate training to look after patients and to meet their needs.

Staff were warm and friendly and it was evident from their interactions that they knew the patients well.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 5 and 8 October 2021		
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 16.11 Stated: First time To be completed by: Ongoing from the date of inspection (19 July 2021)	<p>The registered person shall ensure that the recording of complaints is further developed to include whether or not the complainant is satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Action taken as confirmed during the inspection: A review of the record of complaints provided evidence that this area for improvement has been met.</p>	Met
Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: With immediate effect (5 & 8 October 2021)	<p>The registered person shall ensure that personal medication records are verified by two members of staff when they are written and updated to ensure accuracy.</p> <p>Action taken as confirmed during the inspection: There was evidence that personal medication records had been verified by two members of staff when they were written and updated.</p>	
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: With immediate effect (5 & 8 October 2021)	<p>The registered person shall ensure that written confirmation of current medication regimes, including warfarin, is obtained.</p> <p>Action taken as confirmed during the inspection: Systems had been reviewed to ensure that written confirmation of current medication regimes were obtained. This was evident for patients who had been readmitted following a hospital stay.</p>	Met

Area for improvement 4 Ref: Standard 23 Stated: First time To be completed by: With immediate effect (5 & 8 October 2021)	The registered person shall ensure that repositioning charts evidence that patients are repositioned in accordance with their care plan. Action taken as confirmed during the inspection: A review of records provided evidence that patients were being repositioned regularly, however the frequency was not in accordance with their care plans. This area for improvement is not met and was stated for a second time.	Not met
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5.2 Inspection findings

FTC Ref: FTC000164

Notice of failure to comply with regulation:

The Nursing Homes Regulations (Northern Ireland) 2005

Health and welfare of patients

Regulation 13.—

(4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –

- (a) any medicine which is kept in a nursing home is stored in a secure place; and***
- (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and***
- (c) a written record is kept of the administration of any medicine to a patient.***

In relation to this notice the following eight actions were required to comply with this regulation:

The registered person must ensure that:

1. Patients have a continuous supply of their prescribed medicines.
2. Patients are administered their medicines in strict accordance with the prescribers' instructions.
3. The system of audit and review is developed, encompassing all aspects of the management of medicines, to ensure that there are safe systems in place.
4. Medicine incidents are reported to RQIA in line with legislation.

5. Medicine records are promptly/effectively archived to facilitate audit and retrieval.

| 6. Medicines regimes are verified in line with best practice guidance.

| ~~6.7.~~ A comprehensive review of training and competency assessment of staff that have responsibility for managing medicines is undertaken. Any concerns in relation to knowledge, skills or practical application must be identified and a plan for quality improvement implemented.

| ~~7.8.~~ Policies and procedure documents for the management of medicines are reviewed and readily available for staff training/reference.

Action taken by the registered persons:

Evidence in relation to the eight action points outlined in this Failure to Comply notice was gathered to establish if Fruithill Nursing Home had complied with the Regulation. The following was established in relation to each action:

1. Review of the medication administration records during this inspection showed that all prescribed medicines were available for administration. Systems had been reviewed to ensure that stock was replenished in a timely manner. Staff were aware of the urgent action to be taken if a medicine is not available for administration as prescribed, including escalation procedures involving management. This action has been assessed as met.
2. Review of the medication administration records showed that patients had been administered their medicines in accordance with the prescribers' instructions. Issues had been identified during the home's revised audit procedures, regarding a small number of nutritional supplements and topical medicines; ~~there;~~ there was an action plan in place and evidence of progress and staff training and supervision. This action has been assessed as met.
3. The auditing process had been reviewed. Weekly and monthly medication audits were completed by the deputy manager and manager. These audits included medication administration audits and over-arching audits encompassing wider aspects of medicines management including stock control, controlled drugs, medicines storage and record keeping. RQIA were assured that robust systems were in place. This action has been assessed as met.
4. No medicine incidents been identified since the last inspection. Management were aware that should an incident occur, action plans should be put in place to prevent a reoccurrence. They were also aware of the need to report any medicine related incidents to RQIA. This action has been assessed as met.
5. Most medicine records had been archived to facilitate audit and retrieval. A small number of discontinued personal medication records remained in the medicines file behind the current record. It was agreed that these would be marked as discontinued and archived immediately following the inspection to ensure that they are not referred to by mistake. This action has been assessed as met.
6. Systems had been reviewed to ensure that written confirmation of current medication regimes was obtained. This action has been assessed as met.

7. Following the last inspection, staff and management had completed medication awareness training. Competency assessments and staff supervisions had been undertaken for those staff involved in the management of medicines. This action has been assessed as met.
8. Policies and procedure documents for the management of medicines had been reviewed and were available for staff training/reference. Management advised that a further review was in progress to include the pending changes to the recording of medicines administration using an electronic record. This action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

FTC Ref: FTC000165

Notice of failure to comply with regulation:

The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following six actions were required to comply with this regulation:

The registered person must ensure that:

1. The operation of the fire doors is monitored to ensure that they are not propped open. Records must be maintained to evidence monitoring.
2. Staff compliance with mask wearing is monitored to ensure that they are worn correctly. Records must be maintained to evidence monitoring.
3. A robust and comprehensive programme of audits is completed to review the services provided by the home. These should include but are not limited to care records, hand hygiene, infection control and wounds, patient weights and restraint.
4. Where deficits are identified through the auditing process an action plan is developed and the deficits reaudited to ensure the necessary improvements have been made.
5. Systems are put in place to alert the registered manager to any medications which are unavailable to be administered due to being out of stock.
6. All Regulation 29 monitoring reports that are completed are submitted to RQIA within five days of completion until further notice.

Action taken by the registered persons:

Evidence in relation to the six action points outlined in this Failure to Comply notice was gathered to establish if Fruithill Nursing Home had complied with the Regulation. The following was established in relation to each action:

1. The records showed that monitoring of the fire doors, to ensure they were not propped open, was completed three times a day, with good compliance noted. Completed records were reviewed and signed by the manager. Fire doors were observed to remain closed during the inspection. This action has been assessed as met.
2. Observations of staff compliance with mask wearing were completed daily and records maintained. After seven days of observations the records evidenced good improvements with staff compliance. Good compliance with mask wearing was observed throughout the inspection. This action has been assessed as met.
3. The records reviewed showed that a regular programme of audit, to proactively drive service improvement, had been implemented. Areas audited included care records, restraint, wound care, hand hygiene and restraint. This action has been assessed as met.
4. Where deficits were identified through the audit process records indicated who was responsible for addressing the deficits and by when. Records included evidence of re-audit to ensure that the necessary improvements were made. This action has been assessed as met.
5. Staff were aware of the procedures to be followed if a medicine was not available for administration as prescribed, including escalation to management. This action has been assessed as met.
6. Reports of the Regulation 29 monitoring visits were submitted to RQIA within the required timeframe. This action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

6.0 Conclusion

The inspection sought to assess if the necessary actions had been taken to ensure compliance with the two FTC notices (FTC000164 and FTC000165) issued by RQIA on 19 October 2021.

The outcome of this inspection concluded that appropriate action had been taken to comply with the FTC notices. Significant improvements in the management of medicines and the governance arrangements were evident. The importance of sustaining the progress made was emphasised.

Three of the four areas for improvement identified at the last inspection had been addressed. One area for improvement was stated for a second time. Details can be found in the Quality Improvement Plan included. No new areas for improvement were identified.

RQIA would like to thank the patients and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* The total number of areas for improvement includes one that has been stated for a second time.

The area for improvement and details of the Quality Improvement Plan were discussed with, Mr Seon MacStiofain, Registered Manager, and Mr Paul McGranaghan, Registered Person, 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 Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: With immediate effect (5 & 8 October 2021)	<p>The registered person shall ensure that repositioning charts evidence that patients are repositioned in accordance with their care plan.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: All care plans now reflect the prescribed repositioning requirement as assessed in the SSkin bundle/pressure management assessment tool. This assessment tool is to be added to the homes ECR - GoldCrest System. All repositioning requirements are audited in the wound/pressure care audit and care plan audit.</p>

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