

Inspection Report

5 & 8 October 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 Including 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: 31
Brief description of the accommodation/how the service operates: This is a nursing home registered to provide nursing care for up to 36 patients.	

2.0 Inspection summary

An unannounced inspection took place on 5 and 8 October 2021 between 9.50am and 4.15pm (5 October) and 10.45am to 4.30pm (8 October). The inspection was undertaken by pharmacist and care inspectors.

This inspection focused on medicines management within the home and also assessed progress with any areas for improvement identified since the last care inspection.

Review of medicines management found that due to a number of medicines being unavailable for varying periods of time in recent weeks, patients had not always been administered their medicines as prescribed. The arrangements for auditing medicines and medicine records were not robust or effective in recognising the issues identified.

Significant concerns were identified in relation to the managerial oversight and governance arrangements and medicines management. Following the inspection, the findings were discussed with senior management in RQIA.

As a consequence of the inspection findings, RQIA invited the registered persons to attend a meeting with RQIA on 15 October 2021, with the intention of issuing two Failure to Comply Notices (FTCs) under The Nursing Home Regulations (Northern Ireland) 2005.

The meeting was attended virtually by Mr Paul McGranaghan, Responsible Individual, and Mr Seon MacStiofain, Registered Manager. An action plan which detailed the actions that had been taken to date was provided. The arrangements that were being made, to ensure the improvements necessary to achieve full compliance with the required regulations, were discussed. However, the registered persons were unable to offer RQIA full assurance, as a number of areas required time to ensure that new processes were fully embedded into practice.

It was therefore decided that both FTC notices would be issued with the date of compliance to be achieved by 7 December 2021.

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 the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. We also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home and observed practice and daily life.

4.0 What people told us about the service

We met with the two nurses on duty, the deputy manager, the manager and the responsible individual.

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

The staff members spoken with largely expressed satisfaction with how the home was managed. They said that the team communicated well and management was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid,

self-addressed envelopes. At the time of issuing this report, no feedback had been received by RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 19 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 17(1) Stated: Second time	The registered person shall ensure that a regular programme of audit, to proactively drive service improvement and to identify potential risk is implemented without further delay.	Not met and subsumed into a failure to comply notice
	Action taken as confirmed during the inspection: Audits of care records had been completed between June and September 2021, however there was no evidence of re-auditing to ensure that the necessary improvements had been made. There was no system in place to audit other areas of care, for example, infection prevention and control (IPC) practice, patients' weights or wound care. This area for improvement has not been met and has been subsumed into a failure to comply notice.	
Area for improvement 2 Ref: Regulation 20(3) Stated: First time	The registered person shall ensure that a competency ad capability assessments is completed with any nurse who is given responsibility of being in charge of the home in the absence of the manager	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that fire doors are not propped open and are monitored to ensure they remain closed.</p> <hr/> <p>Action taken as confirmed during the inspection: Five fire doors were observed wedged open on 5 October 2021. There was no evidence since the previous inspection that the operation of fire doors had been managed to ensure this practice had ceased. This area for improvement has not been met and has been subsumed into a failure to comply notice.</p>	<p>Not met and subsumed into a failure to comply notice</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29(5)</p> <p>Stated: First time</p>	<p>The Registered Person must ensure that the reports of monthly monitoring visits are completed in a timely manner and available in the home for review by patients, their representatives and HSCT Trusts if requested.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met as stated. However, the monitoring visits were not effective in highlighting the concerns raised by RQIA during this inspection. This was included in a failure to comply notice.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance summary</p>
<p>Area for improvement 1</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p>	<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> <hr/> <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>Carried forward to the next inspection</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that where a bedrail assessment recommends that due to potential risk, alternatives be considered, records reflect what alternatives were tried and, if the decision is taken to proceed with bedrails, the reason for this decision.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that this area for improvement has been met.</p>	<p style="text-align: center;">Met</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>		<p>The registered person shall ensure that patients have a comprehensive, holistic assessment commenced on the day of admission and completed within 5 days.</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that this area for improvement has been met.</p>	<p style="text-align: center;">Met</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>		<p>The registered person shall ensure that the sling type and size are recorded in the care records.</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that this area for improvement has been met.</p>	<p style="text-align: center;">Met</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>		<p>The registered person shall ensure that when dressing regimes are changed the care plan is updated to reflect the current dressing.</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that this area for improvement has been met.</p>		

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example at medication reviews and hospital appointments.

The majority of personal medication records reviewed were accurate and up to date. However, two members of staff had not always checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate. An area for improvement was identified.

Obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the patient. This was included in a Failure to Comply Notice.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice. However, confirmation of changes to warfarin dosage regimes had not been obtained in writing. This is good practice to ensure accuracy. An area for improvement was identified.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for three patients. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were recorded on the personal medication records. Care plans directing the use of these medicines were available. Records of administration were clearly recorded. The reason for and outcome of administration were recorded.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Three patients' records were reviewed; each patient had a pain management care plan, one of these needed updating to reflect all prescribed pain relief. It was agreed this would be completed following the inspection.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for two patients. A speech and language assessment report and care plan was in place. Records of prescribing which included the recommended consistency level were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral tube. We reviewed the management of medicines and nutrition via the enteral route for one patient. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Inspection of the previous six weeks' medicine administration records (MARs) evidenced that 14 patients had missed doses of some of their prescribed medicines as they were out of stock. This has the potential to affect the health and well-being of patients. Nursing staff advised that sometimes there were difficulties in obtaining prescriptions in a timely manner. Out of stock medicines must always be followed up promptly with the general practitioner and community pharmacy to ensure patients have a supply of their prescribed medicines. This was included in a Failure to Comply Notice.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. The medicine refrigerator and controlled drugs cabinet were being used appropriately. Medicines administration cups were marked as single use only, however they were being washed and left to dry on a towel and reused. This was discussed with the manager, with regards to infection prevention and control practices. It was agreed this would be addressed.

Appropriate arrangements were in place for the disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on medicine administration records (MARs). Although mostly well maintained, a review of the MARs and audits completed, showed that medicines were not always administered as prescribed and that robust systems were not in place to ensure patients received their medicines as prescribed (see Section 5.2.2).

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book. Robust arrangements were in place for the management of controlled drugs.

Staff audited medicine administration on a monthly basis. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited. However, the systems in place were not robust and effective in helping staff to recognise the issues identified during the inspection (see also Section 5.2.5). This was included in a Failure to Comply Notice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for two patients who had been recently admitted to the home was reviewed. The medicines prescribed had not been verified with the prescriber for one patient. This could lead to medicines not being administered as prescribed. This was included in a Failure to Comply Notice.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The findings of this inspection indicate that the auditing system is not robust or effective and hence medicine incidents may not be identified. Management and staff were not aware that medicines doses that were omitted due to medicines being unavailable should be escalated to management for action and reported to RQIA.

The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. This was included in a Failure to Comply Notice.

Other medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that these incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The monthly monitoring visits completed by the responsible individual were not effective in highlighting the concerns raised by RQIA during this inspection. All quality monitoring reports that are completed must be forwarded to RQIA within five days of completion until further notice. This was included in a Failure to Comply Notice.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff use.

Records of staff training in relation to medicines management were not available for inspection. Competency assessments in the management of medicines had not been completed in 2020 or 2021. These should be reviewed annually or more often if required. The findings from this inspection show that a comprehensive review of training and competency of all staff that have responsibility for managing medicines must be undertaken. Any concerns in relation to knowledge, skills or practical application must be identified and a plan for quality improvement put in place. This was included in a Failure to Comply Notice.

Policy and procedure documents for the management of medicines had been due for review in October 2017. These were not readily available for staff training/reference. This was included in a Failure to Comply Notice.

5.2.7 Care delivery and record keeping

Staff displayed knowledge of individual patients' needs and preferences and were seen to be skilled in communicating with the patients. Staff engaged with patients on an individual and group basis. Patients were well presented and relaxed in the company of staff.

Patients' needs were assessed 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. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Records were maintained of when patients were assisted to reposition. However, the records did not consistently evidence that patients were repositioned in accordance with their care plan; this was identified as an area for improvement. Patients with wounds had these clearly recorded in their care records; records also reflected the care delivered to encourage the healing of wounds.

A significant number of staff were observed wearing face masks incorrectly on both days of the inspection. There was no evidence of any monitoring of staff compliance to drive improvement with adherence to the correct wearing of face masks. This was included in a Failure to Comply Notice.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management or audit and governance arrangements. This is not safe or effective and could adversely affect patients' health and well-being. Improvement in governance and audit is required to ensure that the home is well led.

Enforcement action resulted from the findings of this inspection.

Two Failure to Comply Notices were issued on 19 October 2021 under The Nursing Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000164 with respect to Regulation 10.-(1)

FTC Ref: FTC000165 with respect to Regulation 13.-(4)

Compliance with these notices is to be achieved by 7 December 2021. A follow up inspection will be undertaken to determine if compliance has been achieved.

We 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	4*

* the total number of areas for improvement includes one that has been carried forward for review at the next inspection

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Seon MacStiofain, 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 Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 16.11 Stated: First time To be completed by: Ongoing from the date of inspection (19 July 2021)	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.
	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. Ref: 5.1
Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: All medicine kardex's are now verified by two staff and an oversight audit is completed by the seniorclinical nurse on admission and during monthly Audits.
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that written confirmation of current medication regimes, including warfarin, is obtained. Ref: 5.2.1
	Response by registered person detailing the actions taken: All GP practises have been requested to provide Warfarin schedules in advance by email. If this is not available two nurses will take verbal instructions via telephone and document into Medication verification sheet.
Area for improvement 4 Ref: Standard 23 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that repositioning charts evidence that patients are repositioned in accordance with their care plan. Ref: 5.2.7
	Response by registered person detailing the actions taken: Clinical Nuses lead and senior Care assistant are carrying out weekly checks that all Repositioning checks are reflective of prescribed care planning, This is recorded weekly and audited monthly by the home manager.

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