

Inspection Report

30 November 2023



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 Limited Responsible Individual: Mr Paul McGranaghan	Registered Manager: Mrs Catherine Lenaghan, registration pending
Person in charge at the time of inspection: Mrs Catherine Lenaghan	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 (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: 35
Brief description of the accommodation/how the service operates: Fruithill is a registered nursing home which provides nursing care for up to 36 patients. Accommodation is provided over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 30 November 2023, between 9.50 am and 3.45 pm, this was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the inspection on 1 and 8 June 2023 indicated that robust systems were not in place for some aspects of the management of medicines. The purpose of the inspection was to follow up the progress made since the last medicines management inspection and to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection will be followed up at the next care inspection and are carried forward.

The outcome of this inspection concluded that progress had been made. All medicines were available and the majority of medicines were found to have been administered as prescribed. Three areas for improvement were assessed as having been met, however, two of the five areas for improvement identified at the last medicines management inspection have been stated for a third and final time. No new areas for improvement were identified. The discussions held and the findings of this report will further aid staff to make the necessary improvements to ensure robust systems are in place for medicines management.

Following the inspection, the findings were discussed with the Senior Pharmacist Inspector and with Mr Paul McGranaghan, Responsible Individual. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

RQIA would like to thank the staff for their assistance throughout the 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. The inspection was completed by examining a sample of medicine related records, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with the manager, deputy manager, the two nurses on duty and briefly with the responsible individual. Staff interactions with patients were warm, friendly and supportive and it was evident that they knew the patients and relatives well.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

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 1 and 8 June 2023		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that medicines are administered as prescribed and an accurate and contemporaneous record of administration maintained.	Partially met
	Action taken as confirmed during the inspection: Contemporaneous records of administration were observed and significant improvement had been made regarding unexplained omissions. However, a number of audits completed during the inspection indicated that on a number of occasions medicines had not been administered as prescribed. See section 5.2.1. This area for improvement was assessed as partially met and was stated for a third and final time.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that all medicines received are recorded appropriately.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. See section 5.2.1.	
Area for Improvement 3 Ref: Regulation 13(1) (b) Stated: First time	The registered person shall ensure that regional post falls protocols are adhered to in respect of the monitoring and recording of neurological observations.	Carried forward to the next inspection

	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 4 Ref: Regulation 27 (2) Stated: First time	The registered person shall ensure that the premises are kept in a good state of repair. This relates specifically to the following: <ul style="list-style-type: none"> Cracked bedrail bumpers that could not be effectively cleaned 	Carried forward to the next inspection
	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		Validation of compliance
Area for Improvement 1 Ref: Standard 29 Stated: Second time	The registered person shall ensure that two members of staff verify and sign the electronic personal medication records each time they are written and updated to check their accuracy.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. See section 5.2.1.	
Area for Improvement 2 Ref: Standard 28 Stated: Second time	The registered person shall ensure that the audit and governance of the management of medicines is reviewed, to ensure that it is robust and includes the issues discussed in this report.	Partially met
	Action taken as confirmed during the inspection: A significant number of audits were completed and improvement was recognised. However, the management of audit outcomes was not robust. See section 5.2.3. This area for improvement was assessed as partially met and was stated for a third and final time.	

Area for improvement 3 Ref: Standard 28 Stated: Second time	The registered person shall ensure that training is updated as necessary and annual competency assessments are completed for staff responsible for the management of medicines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. See section 5.2.4.	
Area for improvement 4 Ref: Standard 39.1 Stated: First time	The registered person shall ensure that induction records are maintained for agency staff who work in the home.	Carried forward to the next inspection
	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 5 Ref: Standard 39.4 Stated: First time	The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards.	Carried forward to the next inspection
	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 6 Ref: Standard 41 Stated: First time	The registered person shall ensure that the duty rota identifies the person in charge when the manager is not on duty.	Carried forward to the next inspection
	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 7 Ref: Standard 41.7 Stated: First time	The registered person shall ensure competency and capability assessments are completed for all staff who take charge of the nursing home in the absence of the manager and kept under review.	Carried forward to the next inspection
	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>Area for improvement 8</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> • care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning • the condition of the patients' skin is recorded on each change of position <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 9</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures. This is in relation to the use of nail polish and its impact on effective hand hygiene.</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>Carried forward to the next inspection</p>
<p>Area for improvement 10</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that deficits identified by audit processes are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement and are completed on a regular basis. This is in relation to:</p> <ul style="list-style-type: none"> • Environmental audits • Care File audits <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>

Area for improvement 11 Ref: Standard 37 Stated: First time	The registered person shall ensure that the monthly monitoring report has a meaningful action plan in place where required that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Medicine records

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may 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 or hospital appointments.

Personal medication records were up to date and any additions/amendments had been verified by a second nurse which is considered good practice.

Medicines 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.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

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.

A sample of the medicines administration records was reviewed; it was positive to note that contemporaneous records of administration continue to be maintained. Most of the records were found to have been accurately completed.

Significant improvement had also been made in recording any omissions. However, audits completed during the inspection, indicated that on a number of occasions medicines had been recorded as administered but had not been administered, since more stock remained than expected. Missed doses of prescribed medicines have the potential to affect the health and well-being of patients and all medicines must be administered as prescribed. An area for improvement was stated for a third and final time.

Records of medicines received were accurate and up to date. 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.

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy.

5.2.2 Medicine storage

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed. Nurses were reminded that the refrigerator thermometer must be reset daily after temperatures are recorded and that action should be taken if temperatures fall outside of the accepted range of 2 to 8°C.

It was discussed and agreed that inhaler spacer devices would be labelled and covered with immediate effect for infection prevention and control purposes.

5.2.3 Governance and audit

The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

Audit arrangements had been revised and improvements were acknowledged. A 'patient of the day' system ensured that each patients medicines were audited during the month. Monthly management audits were also completed and records maintained. However, the management of audit outcomes was not robust. When discrepancies were identified by nurses, stock balance adjustments were made to electronic records, but the reason for the discrepancy was not always investigated and the learning shared. An area for improvement was stated for a third and final time.

5.2.4 Staff training and competency assessment

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and the systems in use.

Training for nurses and management, provided by the supplying pharmacy, had taken place on two dates in July 2023. Further training was planned for the day following the inspection. Competency assessments in medicines management had been completed and records were available.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	9*

*The total number of areas for improvement includes two that have been stated for a third and final time and ten which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Catherine Lenaghan, Manager, and Ms Ema Braga, Deputy 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: Third time To be completed by: Immediately and ongoing (30 November 2023)	<p>The registered person shall ensure that medicines are administered as prescribed and an accurate and contemporaneous record of administration maintained.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: Medication competencies completed on all nurses. Electronic pillpac training completed 01/12/2023</p>
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: With immediate effect (8 June 2023)	<p>The registered person shall ensure that regional post falls protocols are adhered to in respect of the monitoring and recording of neurological observations.</p> <p>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.</p> <p>Ref: 5.1</p>
Area for improvement 3 Ref: Regulation 27 (2) Stated: First time To be completed by: 31 July 2023	<p>The registered person shall ensure that the premises are kept in a good state of repair.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> Cracked bedrail bumpers that could not be effectively cleaned <p>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.</p> <p>Ref: 5.1</p>

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 28 Stated: Third time To be completed by: Immediately and ongoing (30 November 2023)	The registered person shall ensure that the audit and governance of the management of medicines is reviewed, to ensure that it is robust and includes the issues discussed in this report. Ref: 5.1 & 5.2.3
	Response by registered person detailing the actions taken: Audit outcomes are communicated to all Nurses, discrepancies are fully investigated with feedback given to staff and learning shared post audit.
Area for improvement 2 Ref: Standard 39.1 Stated: First time To be completed by: With immediate effect (8 June 2023)	The registered person shall ensure that induction records are maintained for agency staff who work in the home.
	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 3 Ref: Standard 39.4 Stated: First time To be completed by: 31 July 2023	The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards.
	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 4 Ref: Standard 41 Stated: First time To be completed by: With immediate effect (8 June 2023)	The registered person shall ensure that the duty rota identifies the person in charge when the manager is not on duty.
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Area for improvement 5 Ref: Standard 41.7 Stated: First time	The registered person shall ensure competency and capability assessments are completed for all staff who take charge of the nursing home in the absence of the manager and kept under review.

<p>To be completed by: With immediate effect (8 June 2023)</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>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 June 2023)</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> • care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning • the condition of the patients' skin is recorded on each change of position.
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<p>Area for improvement 7</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 June 2023)</p>	<p>The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures. This is in relation to the use of nail polish and its impact on effective hand hygiene.</p>
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<p>Area for improvement 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2023</p>	<p>The registered person shall ensure that deficits identified by audit processes are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement and are completed on a regular basis. This is in relation to:</p> <ul style="list-style-type: none"> • Environmental audits • Care File audits
	<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>Ref: 5.1</p>

Area for improvement 9 Ref: Standard 37 Stated: First time	The registered person shall ensure that the monthly monitoring report has a meaningful action plan in place where required that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.
To be completed by: With immediate effect (8 June 2023)	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

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