



Unannounced Enforcement Care Inspection Report 18 June 2019



Fruithill Nursing Home

Type of Service: Nursing Home
Address: 20 Fruithill Park, Andersonstown, Belfast BT11 8GD
Tel No: 028 9061 7717
Inspector: James Lavery

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 36 persons.

3.0 Service details

<p>Organisation/Registered Provider: Brooklawn Limited</p> <p>Responsible Individuals: William Trevor Gage</p>	<p>Registered Manager and date registered: Mr Martin Kelly – acting manager. No application required.</p>
<p>Person in charge at the time of inspection: Mr Martin Kelly</p>	<p>Number of registered places: 36</p> <p>There shall be a maximum of two patients accommodated in category NH-LD. The home is approved to provide care on a day basis only to 2 persons.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 34</p>

4.0 Inspection summary

An unannounced inspection took place on 18 June 2019 from 09:20 to 13.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess the level of compliance achieved in relation to one Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulations were in relation to the quality of management and governance arrangements in the home (FTC000030). The date of compliance with the notice was 18 June 2019.

The following FTC Notice was issued by RQIA on 18 April 2019:

FTC ref: FTC000030

There was evidence of some improvement and progress made to address the required actions within the notice. However, we were unable to validate full compliance with the above FTC Notice.

RQIA senior management held a meeting on 18 June 2019 and a decision was made to extend the compliance date up to the maximum legislative time frame of three months. Compliance with the notice must therefore be achieved by 19 July 2019.

A number of areas for improvement which were identified during the previous care inspection were reviewed and these are referenced in the body of this report. Two new areas for improvement were identified in relation to wound care and nutritional care. A further area for improvement was stated for a second time in regard to compliance with Control of Substances Hazardous to Health (COSHH) regulations.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*2

*The total number of areas for improvement includes one which has been stated for a second time and two which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Martin Kelly, Acting Manager, and Mr Paul McGranaghan, Proprietor, as part of the inspection process. The timescales for completion commence from the date of inspection.

An extension of the FTC Notice resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website:

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received since the previous care inspection
- notifiable events received since the previous care inspection
- the previous inspection report
- one FTC notice

During the inspection the inspector spoke with a number of patients and staff on duty during the inspection.

The following records were examined and/or discussed during the inspection:

- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- staff duty roster
- governance records including: care record audits, wound care audits and kitchen records
- care records relating to wound care
- care records relating to nutritional care

Actions required as detailed within one FTC Notice were reviewed and assessed as met or not met and feedback was provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 9 April 2019

This inspection focused on the actions contained within the Failure to Comply Notice issued on 18 April 2019. Some areas for improvement from the last care inspection on 9 April 2019 were also reviewed as part of this inspection. Any areas for improvement arising from the previous care inspection which were not reviewed have been carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC000030

Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10. —

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 five actions were required to comply with this regulation:

- The responsible individual must ensure that the home is managed with sufficient skill and competence to assure the health and well-being of the patients.

- The responsible individual must ensure that sufficiently robust audit and governance systems are in place to quality assure management in the home, accuracy of records and audits, and compliance with previous Quality Improvement Plans.
- The responsible individual must ensure that monthly quality monitoring visits are conducted in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.
- The responsible individual must ensure that a written report is prepared in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 on the conduct of the nursing home.
- The responsible individual must ensure that the completed Regulation 29 report is evidenced to be shared with the management team and actions required to drive improvements are established.

Evidence was not available to validate compliance with this FTC Notice as detailed below.

Through review of records, observations of staffing levels and discussion with staff and the manager/proprietor we evidenced and acknowledged the progress made in relation to this FTC Notice.

Governance records confirmed that monthly monitoring visits had been conducted on 17 April 2019 and 31 May 2019 resulting in a written report. Feedback from the manager provided assurance that the completed monthly monitoring reports had been shared with him in a timely manner. The reports also evidenced that actions taken to address most identified areas of improvement were recorded.

We offered advice as to how to improve these reports. We suggested that action plans needed to be more robust, that a number of patients should be asked to share their views and that the end time of the visit should be recorded. The reports should also contain a record of any audits which may have been conducted.

Discussion with the manager and staff along with review of the staff roster confirmed staffing levels within the home were kept under regular review to ensure that the needs of patients were met. No concerns about staffing were raised by either patients or staff. However, it was highlighted to the manager that the staffing roster was poorly maintained and difficult to read with changes to staffing arrangements not being clearly referenced. An area for improvement was made.

Based on the evidence, the decision was made by RQIA to extend the date for compliance with this FTC Notice to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 19 July 2019.

Additional areas inspected

Wound care

The care records for one patient requiring ongoing wound care were reviewed. While feedback from staff and supplementary wound care records confirmed that the patient's wound was being regularly reviewed, some delays were noted. It was also found that nursing staff did not consistently record the date on which wounds should be reviewed. In addition, while a wound care audit had been completed, the audit did not identify these shortfalls. We advised that the

wound care audit should provide assurance that wounds are being re-dressed in keeping with the prescribed care. An area for improvement was made.

Internal environment

Upon review of the environment, we identified that there was one area in which cleaning chemicals were not securely stored. This was immediately discussed with the manager and the area was secured. It was also confirmed with the proprietor that a new locking mechanism would be fitted to the identified area to help ensure patient safety at all times. An area for improvement was stated for a second time.

It was positive to note that the laundry area was secure. The need to ensure that staff remain vigilant at all times when entering/exiting this area so that it remains secure was stressed. This area for improvement which was identified at the previous care inspection was met.

Communal bathrooms throughout the home were observed to be clean, tidy and well maintained. This area for improvement which was identified at the previous care inspection was met.

Nutritional care

There was disparity between the nutritional care plan and kitchen records for one patient who required a modified diet. We advised the manager that it would be useful to regularly audit the provision of nutritional care to those patients requiring a modified diet. An area for improvement was made.

Staff management

We confirmed that staff were receiving recorded, formal supervision on a regular basis. This area for improvement which was identified at the previous care inspection was met.

Areas for improvement

New areas for improvement were identified in relation to the staff duty roster, wound care and nutritional care.

	Regulations	Standards
Number of areas for improvement	2	1

6.4 Conclusion

Evidence was not available to validate compliance with the Failure to Comply Notice. However, there was evidence of some improvement and progress made to address the required actions within the notice.

Following the inspection, RQIA senior management held a meeting on 18 June 2019. The decision was made to extend the date for compliance with the FTC Notice to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 19 July 2019.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Also included in the QIP are areas for improvement carried forward from the last care inspection on 9 April 2019. Details of the QIP were discussed with Mr Martin Kelly, Acting Manager, and Mr Paul McGranaghan, Proprietor, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All chemicals are stored in a locked cupboard and trollys are secured off the floor when not in usage . A house keeper has been appointed to manage Domestic/laundry staff in respect of Audits ,Training Supervision of staff and Coshh adherence.Also withdaily checks.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care for all patients:</p> <ul style="list-style-type: none"> • That care plan(s) are in place which accurately describe the assessed needs of patients with regard to pressure area care. • That patients are repositioned in keeping with their assessed care needs and/or in keeping with multi-professional recommendations. <p>Ref: 4.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to wound care to patients:</p> <ul style="list-style-type: none"> • That patients' wounds are dressed in keeping with their prescribed care and multiprofessional recommendations. • That all wound care records are completed accurately and comprehensively. • That wound care audits are completed in a thorough and robust manner. <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All care plans have been amended to reflect TVN recommendations with regular updates and assessments by nursing staff. A resident of the day system has been implemented to ensure continuity of care and communication between staff. Wound Audits have been completed and reviewed by the home manager A TVN liaison has been appointed within the home and further training is being sought to compliment existing knowledge and experience for this person (JF).</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to nutritional care to patients:</p> <ul style="list-style-type: none"> • That all nutritional records for patients (including related kitchen records) are maintained in an accurate manner at all times. • That nutritional care audits include those patients requiring a modified diet and are completed in a thorough and robust manner <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All Nutritional assessments have been updated by the Nursing team and shared with the catering team. Further training by the SALT/ Dysphagia training team has been commenced and is ongoing. All Nursing staff received supervision in respect of this requirement. Further training and a Liaison nurse have to be identified when the training is completed .</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system is implemented and maintained which ensures that maintenance issues within the home are actioned in an effective and timely manner.</p> <p>Ref: 4.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall that the staff roster is maintained in an accurate and legible manner at all times.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Staff Rota is now completed by the registered manager in a typed format and kept in the nurses station. Only the Manager or the nurse in Charge is permitted to amend this document. All amendments and staff cover issues ie emergency cover or Agency requests are kept in an amendment sheet in the off duty. If the rota becomes untidy a new amended version is printed off and checked by the Manager and attached to the original rota.</p>

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



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