

Inspection Report 1 & 8 June 2023



Fruithill Nursing Home

Type of Service: Nursing Home
Address: 20 Fruithill Park, Andersonstown,
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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: Paul McGranaghan	Registered Manager: Catherine Lenaghan - not registered
Person in charge at the time of inspection: Catherine Lenaghan	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: 35
Brief description of the accommodation/how the service operates: This home 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 1 June 2023, between 9.50am and 1.50pm, was completed by two pharmacist inspectors and focused on medicines management within the home. The inspection continued on the 8 June 2023 from 9:40am to 4:20pm and was completed by a care inspector.

The findings of the medicines management inspection on 24 January 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 inspection also assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day, either in their own bedrooms or in one of the communal rooms. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

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.

The outcome of this inspection concluded that some progress had been made, however, robust arrangements were not in place for all aspects of medicines management. The five areas for improvement identified at the last medicines management inspection have been stated for a second time. Despite these findings, medicines were found to have been administered as prescribed. The findings of this report will aid staff to make the necessary improvements to ensure robust systems are in place for medicines management. A further follow up inspection will be completed to assess compliance with the Quality Improvement Plan (QIP).

Other areas requiring improvement were identified. Details can be viewed in the main body of this report and the QIP. Addressing these areas for improvement will further enhance the quality of care and services in the home.

RQIA would like to thank the patients and 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 we reviewed information held by RQIA about this home. This included the previous areas for improvement identified, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

On 1 June, the inspectors met with the manager, deputy manager, the nurses on duty and briefly with the responsible individual. Staff were warm and friendly and it was evident from discussions that they knew the patients well.

On 8 June, patients told us they were happy with the service provided. Comments included; “it’s a great place, the place is spotless” and “the staff are excellent and always around”. Patients spoke positively about the cleanliness of the home and the care provided. The meal provision was described as “food is beautiful”.

Staff said they were happy working in the home and they felt well supported by the manager.

Relatives stated they were satisfied with communication and all aspects of the care provided.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

Two responses were received from the resident/relative questionnaires. One questionnaire indicated that they were dissatisfied with some aspects of provision of care in the home. This information was shared with the manager.

No responses were received from the staff questionnaires following the inspection. Compliments received about the home were kept and shared with the staff team. This is good practice.

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 24 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) Stated: First time	The registered person shall address the deficits with staff in receiving up-to-date training in first aid and safe moving and handling.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First 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. Although some improvement had been made, unexplained omissions in records of administration were observed. A reason must be provided for each non-administration of a prescribed medicine. This area for improvement was stated for a second time.	
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines received are recorded appropriately.	Not met
	Action taken as confirmed during the inspection: Although some improvement was observed, a number of missing records of receipt were observed and on other occasions the quantities received were inaccurate.	

	This area for improvement was stated for a second time.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 4 (3) Stated: First time	The registered person shall ensure patients' records have adequate social histories background information recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 29 Stated: First 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.	Partially met
	Action taken as confirmed during the inspection: Although some improvement was observed, a number of additions/amendments to electronic personal medication records had not been verified by a second member of staff. This particularly applied to medicines added midway through the monthly medicines cycle, for example, antibiotics. This area for improvement was stated for a second time.	
Area for improvement 3 Ref: Standard 28 Stated: First 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.	Not met
	Action taken as confirmed during the inspection: The audit system in use was ineffective in highlighting the issues discussed in this report. A significant amount of time was spent checking and correcting electronic stock balances, which will remain inaccurate if records of receipt and administration are not completed accurately. The method of audit was discussed at length.	

	<p>It was positive to note that the written records for stock balances for controlled drugs, including those prescribed for use 'when required', were accurate.</p> <p>This area for improvement was stated for a second time.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Although competency assessments had been completed for the staff on duty, further training is necessary to ensure the areas for improvement identified can be addressed and the improvement sustained.</p> <p>This area for improvement was stated for a second time.</p>	<p>Partially met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that there was a system in place to ensure staff were recruited properly to protect patients.

The manager told us that agency staff received an induction to the home; however not all of the induction records were available for review. An area for improvement was identified.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others. Review of training records evidenced that a number of staff were required to attend training in Deprivation of Liberty. This was discussed with the management team and an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, the duty rota did not identify the person in charge when the manager was not on duty. This was identified as an area for improvement.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

There was evidence of on-going clinical supervision for staff, appraisals will be reviewed at the next inspection.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of records evidenced that some staff had not completed an assessment. This was discussed with the manager and an area for improvement was identified.

It was observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for patients who had experienced a fall evidenced that neurological observations were not completed for the recommended timeframe. This was identified as an area for improvement.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patient care records relating to pressure area care evidenced that the recommended frequency of repositioning recorded in the charts and care plans were inconsistent and the condition of the patients' skin was not always recorded on each change of position. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of

meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. However, some infection prevention and control (IPC) deficits were noted, a number of bedrail bumpers were cracked and could not be effectively cleaned. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times, however some staff were observed to have nail polish on, this can impede effective hand hygiene. This was discussed with the manager and area for improvement was identified.

The home's most recent fire safety risk assessment was dated 14 October 2022. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time. The genre of music and television channels played was appropriate to patients' age group and tastes. Patients said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients advised that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection. Mrs Catherine Lenaghan has been the manager since 11 April 2023.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence of auditing across various aspects of care and services provided by the home. In the care record audits, there were omissions in relation to when actions were to be addressed and the person responsible for those actions, additionally infection prevention and control audits in relation to the environment were not being carried out on a regular basis. This was discussed with the manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The responsible individual was identified as the safeguarding champion for the home.

The home was visited each month by the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of the reports completed evidenced that a number of the reports reviewed did not have a meaningful action plan. This was discussed with the manager and an area for improvement was identified.

There was a system in place to manage complaints.

5.3 Medicines management

5.3.1 Medicine records

Personal medication records were up to date. However, a number of additions/amendments to electronic personal medication records had not been verified by a second member of staff. This is necessary to verify accuracy and is considered good practice. An area for improvement was stated for a second time.

As discussed in Section 5.1, it was positive to note that contemporaneous records of administration were observed. Although some improvement had been made, unexplained omissions in records of administration were observed. A reason must be provided for each non-administration of a prescribed medicine. An area for improvement was stated for a second time.

Although some improvement was observed in the records of medicines received, a number of missing records of receipt were observed and on other occasions the quantities received were inaccurate. An area for improvement was stated for a second time.

5.3.2 Governance and audit

Robust and effective audit arrangements were not in place for all aspects of medicines management (see Section 5.1). This is necessary to ensure that the areas for improvement identified are addressed and the improvement sustained. An area for improvement was stated for a second time.

5.3.3 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.

Some competency assessments in medicines management had taken place since the last inspection, however, further training is necessary to ensure the areas for improvement identified can be addressed and the improvement sustained (see Section 5.1). An area for improvement was stated for a second time.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4*	11*

* the total number of areas for improvement includes five that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Catherine Lenaghan, Manager, and 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: Second time To be completed by: Immediately and ongoing (1 June 2023)	The registered person shall ensure that medicines are administered as prescribed and an accurate and contemporaneous record of administration maintained. Ref: 5.1 & 5.3.1
	Response by registered person detailing the actions taken: Daily Auditing of Medication ongoing as per Resident of the day and accurate and contemporaneous records of administration maintained
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time To be completed by: Immediately and ongoing (1 June 2023)	The registered person shall ensure that all medicines received are recorded appropriately. Ref: 5.1 & 5.3.1
	Response by registered person detailing the actions taken: All nurses have completed Administration of Medication Competencies. Refresher training by PillPac arranged for 19 th and 21 st July 2023
Area for improvement 3 Ref: Regulation 13 1 (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that regional post falls protocols are adhered to in respect of the monitoring and recording of neurological observations. Ref: 5.2.2
	Response by registered person detailing the actions taken: Post falls protocol in place with flow chart and guidance. Supervision completed for nurses regarding 24-48 hour post fall observation log

Area for improvement 4 Ref: Regulation 27 (2) Stated: First time To be completed by: 31 July 2023	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 Ref 5.2.3
	Response by registered person detailing the actions taken: Bed rail bumpers in disrepair removed and replaced
Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 29 Stated: Second time To be completed by: Immediately and ongoing (1 June 2023)	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. Ref: 5.1 & 5.3.1
	Response by registered person detailing the actions taken: All electronic medication Kardexs are signed by 2 members of staff when updated or rewritten
Area for improvement 2 Ref: Standard 28 Stated: Second time To be completed by: Immediately and ongoing (1 June 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 & 5.3.2
	Response by registered person detailing the actions taken: Daily Auditing of medication ongoing as per Resident of the day with oversight by Manager
Area for improvement 3 Ref: Standard 28 Stated: Second time To be completed by: 1 July 2023	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. Ref: 5.1 & 5.3.3
	Response by registered person detailing the actions taken: Medication competencies have been completed for all Nurses by 05/07/2023

Area for improvement 4 Ref: Standard 39.1 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that induction records are maintained for agency staff who work in the home. Ref: 5.2.1 Response by registered person detailing the actions taken: File of profiles updated and inductions completed by agency staff before commencement of shift
Area for improvement 5 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 Ref: 5.2.1 Response by registered person detailing the actions taken: Online Deprivation of liberty training completed by 29th June 2023 and certificates evidenced
Area for improvement 6 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the duty rota identifies the person in charge when the manager is not on duty. Ref: 5.2.1 Response by registered person detailing the actions taken: Duty rotas have clear representation by colour key of the person in charge
Area for improvement 7 Ref: Standard 41.7 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.1 Response by registered person detailing the actions taken: All Nurses to complete Nurse in charge competency assessment and reviewed

<p>Area for improvement 8</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans correspond accurately with the repositioning need of each resident. Skin condition is recorded and and new option "Heels elevated" added to the record as required</p>
<p>Area for improvement 9</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: Daily hand hygiene audits completed . Clinical supervision completed with all staff regarding use of nail polish and effective hand hygiene</p>
<p>Area for improvement 10</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>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Monthly envionmental audit in place Daily care plan audits completed as per Resident of the day and action plans completed within a time frame by the Primary Nurse.</p>

Area for improvement 11 Ref: Standard 37 Stated: First time To be completed by: With immediate effect	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 Ref: 5.2.5
	Response by registered person detailing the actions taken: Monthly Monitoring Report completed as per Regulation 29 with action plan in place identifying the person responsible for improvement and the date to be completed by.

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



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