

Inspection Report

12 March 2024



Fruithill Nursing Home

Type of Service: Nursing Home
Address: 20 Fruithill Park, Andersonstown,
Belfast, BT11 8GD
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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 - not registered
Person in charge at the time of inspection: Mrs. 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 over two floors with communal dining and sitting areas in the ground floor level.	

2.0 Inspection summary

An unannounced inspection took place on 12 March 2024, from 9.25am to 2.10pm. This inspection was conducted by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Staff were seen to promote the dignity and well-being of patients. It was also evident that staff were knowledgeable and suitably trained to deliver safe and effective care.

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.

One area requiring improvement was identified. This was in relation to an identified assessed need and its recording in the care records.

RQIA were assured that the delivery of care and service provided in Fruithill Nursing Home was safe, effective, compassionate and that the home was well led. Addressing this one area of improvement will further enhance the quality of care in the home.

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 issued, 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.

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.

The findings of the inspection were discussed with Mrs. Catherine Lenaghan at the conclusion of the inspection.

4.0 What people told us about the service

Patients were seen to be comfortable, content and at ease with staff and their environment. Patients said that they were happy with their life in the home, that staff were kind and attentive and they enjoyed the meals. One patient raised issues of concern for which they were advised to raise with their aligned named worker and Manager at a scheduled meeting later that day.

Staff spoke positively about their roles and duties, the provision of care, training and managerial support. Some staff expressed frustrations about the busy workload and staff absences, which was brought to the attention of the Manager.

Three visiting relatives were keen to express praise and gratitude for the care provided and the kindness and support received from staff.

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 30 November June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Third time	The registered person shall ensure that medicines are administered as prescribed and an accurate and contemporaneous record of administration maintained.	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 2 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.	Met
	Action taken as confirmed during the inspection: Post falls observations were found to be appropriately in place.	
Area for improvement 3 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 	Met
	Action taken as confirmed during the inspection: There were no deficits seen with these items and environmental audits were well maintained.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: Third 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.	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 2 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.	Met
	Action taken as confirmed during the inspection: These inductions were in place.	
Area for improvement 3 Ref: Standard 39.4 Stated: First time	The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards.	Met
	Action taken as confirmed during the inspection: This training has been put in place.	
Area for improvement 4 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.	Met
	Action taken as confirmed during the inspection: The duty rota was maintained appropriately.	
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.	Met
	Action taken as confirmed during the inspection: Competency and capability assessments for the nurse in charge in the absence of the Manager were in place and maintained on an up-to-date basis.	

Area for improvement 6 Ref: Standard 23 Stated: First time	<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 repositioningthe condition of the patients' skin is recorded on each change of position. <p>Action taken as confirmed during the inspection: These records were appropriately maintained.</p>	Met
Area for improvement 7 Ref: Standard 46.11 Stated: First time	<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 taken as confirmed during the inspection: This area of improvement was seen to be met.</p>	
Area for improvement 8 Ref: Standard 35 Stated: First time	<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 auditsCare File audits <p>Action taken as confirmed during the inspection: These audits were suitably in place.</p>	Met
Area for improvement 9 Ref: Standard 37 Stated: First time	<p>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</p>	

	Action taken as confirmed during the inspection: These action plans were suitably in place.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Some staff said that the workload was at times excessively busy and there was additional pressure when there was a shortfall in staffing due to staff absence. One patient made comment that they felt there needed to be additional staffing to meet patients' needs. These issues were brought to the attention of the Manager, who gave assurances that these issues would be looked into.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and by offering personal care to patients discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to patients' needs.

Care records were maintained which reflected the needs of the patients.

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; and included any advice or recommendations made by other healthcare professionals. Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food was attractively presented and nutritious. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. One patient said; "The food is very good."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

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

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

An area of improvement was made in respect of an identified patient's need, pertaining to mental well-being. There was no care plan for such nor adequate evaluation of care and progress. This was similar to another patient who had a care plan in respect of this but no adequate evaluation of care and progress.

Care records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were suitably maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment dated 19 October 2023 had one recommendation, with evidence in place that this had been actioned.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was in keeping with patients' age group and tastes.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. A planned programme of activities was in place. Records of activities and photographic displays of events were well maintained.

Two patients made the following comments about the home; "It's a great place here. I am very happy." and "They (the staff) are all very kind."

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 (December 2022)**

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

* The total number of areas for improvement includes one which are carried forward for review at the next inspection.

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs. Catherine Lenaghan, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16(1) Stated: First time To be completed by: 19 March 2024	<p>The registered person must put in place a care plan for the identified patient's assessed need with adequate evaluation of care and progress.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plan "To Maintain Mental Health and Wellbeing" now in place as of 14/03/2024 for named patients , with adequate daily evaluation and progress.</p>
Area for improvement 2 Ref: Regulation 13(4) Stated: Third time To be completed by: 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>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: 30 November 2023	<p>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.</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>

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