

Inspection Report

13 August 2024



Fruithill Nursing Home

Type of service: Nursing

Address: 20 Fruithill Park, Andersonstown, Belfast, BT11 8GD

Telephone number: 028 9061 7717

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Brooklawn Limited	Registered Manager: Mrs Catherine Lenaghan
Responsible Individual: Mr Paul McGranaghan	Date registered: 10 May 2024
Person in charge at the time of inspection: Ms Ema Braga, Clinical Nurse Lead	Number of registered places: 36 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 two persons
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.	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. The home operates over two floors, with shared communal areas on the ground floor.	

2.0 Inspection summary

This unannounced inspection took place on 13 August 2024, from 9.30am to 2.50pm. The inspection was conducted by a care inspector.

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

Patients said that they were very happy in the home and staff were kind and supportive. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoke positively on their views on the provision of care, training, teamwork, morale and managerial support.

One new area for improvement was identified and two areas for improvement relating to medicines management have been carried forward for review at a future 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 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.

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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said they were well cared for and happy with their life in the home and their relationship with staff. One patient made the following comment; "The staff are fantastic and look after me very well."

Patients who could not articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Staff spoke in positive terms about their roles and duties, saying that they felt the standard of care provided for was very good. Staff said there was good morale, team working, training and managerial support. Staff said that their workload was busy; one commented about the short notice absences.

Four visiting relatives praised the home and the kindness and support received from staff.

A visiting healthcare professional said the home were receptive and positive in their response to advice and recommendations.

No completed online surveys were received prior to the issue of the inspection report.

5.0 The inspection

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

The last inspection to Fruithill Nursing Home was undertaken on 16 April 2024 by a medicines management inspector.

Areas for improvement from the last inspection on 16 April 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person must put in place a care plan for the identified patient's assessed need with adequate evaluation of care and progress.	Met
	Action taken as confirmed during the inspection: This care plan and subsequent evaluation has been put in place.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 18 Stated: First time	The registered person shall ensure that the reason for and outcome of each administration, is recorded for medicines prescribed on a 'when required' basis.	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 28	The registered person shall ensure that the administration of medicines with identified discrepancies, including inhaler preparations, is monitored within audit procedures.	

Stated: First time	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.	Carried forward to the next inspection
---------------------------	--	---

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

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 registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained. Registrations are audited on a monthly basis by the Manager.

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.

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. Staff spoke positively on their training and how it was provided. There were good systems of managerial oversight of staff compliance with mandatory training.

A schedule of staff supervision and appraisal was in place and being 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, warm and supportive. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering. 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. One patient made the following comment; "Of course the staff are good. All very kind."

Care records were held safely and securely.

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

A pre-admission assessment is undertaken to all potential patients to determine whether the home can meet these assessed needs. 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.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. 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. The dinner time meal was appetising, wholesome and nicely presented.

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 took time to assist patients' in a person centred manner with their prescribed dietary needs. Staff had received training in dysphasia.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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.

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.

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.

Call assistance alarms were answered promptly.

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 subsequent recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy, 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 catering and laundry departments were tidy and organised. The catering department had paintwork to the walls which was damaged and needed to be made good. An area of improvement was made for this.

The grounds of the home were nicely maintained, with good accessibility for patients to avail of.

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.

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.

5.2.4 Quality of Life for Patients

Patients said that they were happy with their life in the home, and the care and that staff were kind, caring and attentive. Two patients made the following comments; "I am very happy here. No complaints." and "There is a lovely atmosphere here. The staff are very good despite being very busy."

Those patients who could not articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Observations of care practices confirmed that patients were able to choose how they spent their day. The genre of music and television channels played were in keeping with patients' age group and tastes.

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

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

The programme of activities and events included musical entertainment, community involvement and spiritual events. Photographs were displayed of recent activities and events.

5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

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 Manager and the Clinical Nurse Lead were identified as the appointed safeguarding champions for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints and discussions with the manager confirmed the expressions of dissatisfaction were taken serious and that these were well managed and well reported.

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

There was a system of audits and quality assurance in place. These audits, both weekly and monthly, were maintained on an up-to-date basis and included audits of; care records, dining experience, infection prevention and control and the environment.

The home was visited each month by the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in good detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* The total number of areas for improvement includes two which are carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Ema Braga, Clinical Nurse Lead, 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 2 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 13 September 2024	The registered person shall make good the paintwork in the catering department. Ref: 5.2.3
	Response by registered person detailing the actions taken: The painting of the kitchen was completed on October 10 th , 2024
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: From the date of inspection onwards (16 April 2024)	The registered person shall ensure that the reason for and outcome of each administration, is recorded for medicines prescribed on a 'when required' basis. Ref: 5.1
	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 28 Stated: First time To be completed by: From the date of inspection onwards (16 April 2024)	The registered person shall ensure that the administration of medicines with identified discrepancies, including inhaler preparations, is monitored within audit procedures. Ref: 5.1
	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.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care