

Inspection Report

19 July 2021



Fruithill Nursing Home

Type of service: Nursing Home
Address: 20 Fruithill Park, Andersonstown, Belfast, BT11 8GD
Telephone number: 028 90 617717

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Brooklawn Ltd</p> <p>Responsible Individual: Mr Paul McGrenaghan</p>	<p>Registered Manager: Mr Seon MacStiofain</p> <p>Date registered: 29 January 2020</p>
<p>Person in charge at the time of inspection: Mr Seon MacStiofain</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. LD(E) – Learning disability – over 65 years. 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:</p> <p>30</p>
<p>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 is a two storey house with patient accommodation located across both floors. A large dining room and lounge are located on the ground floor. An enclosed courtyard is located to the rear of the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 July 2021, from 9:45am – 5:15pm by a care Inspector.

The inspection assessed progress with the 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.

The outcome of the inspection confirmed that the care in Fruithill Nursing Home was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure.

As a result of this inspection two previous areas for improvement have been stated for a second time, one has been carried forward for review at a future inspection and a further six area identified. Compliance with this area will further improve the services provided 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 information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living 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 the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Manager was provided with details of the findings.

4.0 What people told us about the service

Twelve patients and seven staff were spoken with. Patients spoke fondly about the staff, their attitude and how they attended to them. The relationships and interactions between staff and patients was very relaxed and informal which created a sense of community.

Patients were content and provided examples of what they liked about living in Fruithill.

Patients said they were well looked after and had no complaints. The routine in the home was well organised and unhurried.

Patients who were unable to give their opinion on their care were observed to be well attended to with good attention paid to their personal appearance.

We spoke with two relatives both of whom were very satisfied with the care. They also spoke highly of the staff and reported that they found the staff, and the manager, to be approachable

and supportive. Both were complimentary regarding how visiting and the introduction of care partners had been managed through the pandemic.

Staff told us they were able to meet the needs of the patients in a timely way, that they worked well as a team and were happy working in the home.

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 23 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12(1)(a) Stated: First time	The registered person shall ensure that the frequency with which wounds are dressed is in accordance with patients' care plan.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 17(1) Stated: First time	The registered person shall ensure that a regular programme of audit, to proactively drive service improvement and to identify potential risk is implement without further delay.	Partially met
	Action taken as confirmed during the inspection: Progress with meeting this area for improvement has been made with the introduction of audit templates and the completion of a small number of audits. Increased audit activity is now required therefore this area for improvement has been assessed as partially met and is stated for second time.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 16.11 Stated: First time	The registered person shall ensure that the recording of complaints is further developed to include whether or not the complainant is satisfied with the outcome and how this level of satisfaction was determined.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: There have been no complaints received since the previous inspection. Therefore this area for improvement has been carried forward for review at the next inspection.	
Area for improvement 2 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that where a bedrail assessment recommends that due to potential risk, alternatives be considered, records reflect what alternatives were tried and, if the decision is taken to proceed with bedrails, the reason for this decision.	Partially met
	Action taken as confirmed during the inspection: A review of care records evidenced that improvements have been made with the recording of bedrail assessments however some inconsistencies remain. Therefore this area for improvement is assessed as partially met and is now stated for a second time.	
Area for improvement 3 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that care plans for behaviours which challenge contained details of how the patients' behaviours presented, any known triggers and what approaches helped to calm them.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that this area for improvement has been met.	

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 Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs.

When the Manager is off duty a registered nurse was in the charge of the home. Competency assessments are required to be completed for any nurse who is given responsibility of being in charge of the home in the absence of the manager; this was identified as an area for improvement.

Systems were in place to check that staff were appropriately registered with a relevant professional body and that their registration remained live.

Patients spoke fondly about the staff, their attitude and how they attended to them. The routine in the home was well organised and unhurried.

Staff were satisfied with the number of staff on duty. The evidence reviewed provided assurances that staffing was safe.

Two relatives spoken with were complimentary regarding the commitment of staff to their loved ones care, especially during the pandemic.

5.2.2 Care Delivery and Record Keeping

Staff explained that they met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. Observations confirmed that care was being delivered effectively to meet the needs of the patients.

Patients were content that there was choice in their daily life. Patients were assisted with their morning routine depending on when they liked to get up. Patients had the choice of spending their day in their bedroom or with other patients in the lounge. Staff engaged with patients on an individual and group basis throughout the day and patients had the opportunity to take part in social activities if they wished.

Whilst patients were encouraged to come to the dining room for their lunch some chose to have their meals in the lounge or in their bedroom. There was a relaxed atmosphere in the dining room with staff present to assist patients with their meals as required. The meals served were home cooked and smelt and looked appetising. Patients were complimentary regarding the quality and selection of meals provided.

A range of assessments were completed to identify patients' needs. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing

needs of the patients. One patient did not have assessments completed at the time of admission to the home or following their admission; this was identified as an area for improvement.

Patients level of mobility, the assistance they required from staff and any equipment required to aid mobility was recorded however the precise sling type and size was not; this was identified as an area for improvement. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded.

Patients with wounds had these clearly recorded in their care records; records also reflected the care delivered to encourage the healing of wounds. When dressing regimes are changed this should be reflected in the care plan; this was identified as an area for improvement.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere in the home was relaxed and well organised. The environment provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable.

The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

Two fire doors were propped open on occasions throughout the day. This practice must cease immediately and must be monitored to ensure fire doors remain closed; this was identified as an area for improvement.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Patients participated in the regional monthly COVID 19 testing and staff continued to be tested weekly. The Manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

5.2.4 Quality of Life for Patients

Staff responded to patients as individuals; they used their knowledge of patients' life history and their likes and dislikes to engage with them. Staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The weather was exceptional warm on the day of the inspection. Staff displayed great empathy towards the patients, offering additional drinks, adjusting clothes and regularly checking how patients were feeling.

Activities were delivered in both small group settings and on a one to one basis. The activity leader explained that the choice and type of activities delivered was determined by the patients

and their likes and interests. The activity leaders were enthusiastic about the role activities played in the daily life of the patients. The patients enjoyed armchair exercises in the morning of the inspection.

Arrangements were in place for visiting and care partners; the Manager was aware of the current pathway for the re- introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Processes were in place to safeguard those patients who lacked capacity with making decisions about their care. Staff spoken with were familiar with the term “deprivation of liberty” and the practices which could contribute. Systems were in place to ensure that the required safeguards were adhered to and reviewed as required.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr MacStiofain has been the Manager since September 2019. The Manager is supported daily by the Deputy Manager and the Responsible Individual Mr McGranaghan who is the home regularly throughout the week.

Patients were familiar with the Manager and many of them referred to him by name. It was obvious from their interactions with the patients that he was familiar with them.

This service had systems in place and designated persons identified to oversee the appropriate safeguarding procedures and the home’s safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis.

As previously discussed there was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager completed audits of accidents and incidents, care records and wound care. Increased audit activity is required and an area for improvement made as a result of the previous inspection is now stated for a second time.

There was a system in place to manage complaints and to record any compliments received about the home. Compliments had recently been received commending staff for their pastoral care at end of life and the kindness with which they deliver care.

The Responsible Individual undertook an unannounced visit each month to consult with patients, their relatives and staff and to examine areas of the running of the home. Whilst the reports of these visits were available on the day of the inspection they had not been completed in a timely manner and, prior to the inspection, were not available in the home for review by patients, their representatives or any HSC Trust if requested. This was identified as an area for improvement.

6.0 Conclusion

Discussion with patients and staff, observations and a review of patient and management records evidenced that care in Fruithill was delivered in a safe, effective and compassionate manner with leadership provide by the Manager.

Staff responded to the needs of the patients in a timely way. Patients spoke confidently about the staff, their attitude and the caring manner with which they attended to them. Observation of practice confirmed that staff engaged with patients on an individual and group basis. The programme of activities was planned around the interests of the patients and provide them with positive outcomes.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients.

As a result of this inspection two previous areas for improvement have been stated for a second time, one has been carried forward for review at a future inspection and a further six areas identified.

Improvements are required with the completion of assessments on admission to the home and the recording of moving and handling needs, bed rails and wound dressings. The Manager must ensure that audit activity is increased, competency assessments are completed with nurses left in charge and that fire doors are monitored to ensure they are not wedged open. Finally the Responsible Individual must ensure that the reports of their monthly visits are completed in a timely manner and available in the home. The previous area for improvement regarding the recording of complaints has been carried forward for review at a future inspection. Compliance with these areas will further improve the services provided in the home.

7.0 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*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Seon Macstiofain, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 17(1)</p> <p>Stated: Second time</p> <p>To be completed by: 17 August 2021</p>	<p>The registered person shall ensure that a regular programme of audit, to proactively drive service improvement and to identify potential risk is implement without further delay.</p> <p>Ref 5.1</p> <p>Response by registered person detailing the actions taken: New care plan audit tool has been circulated to all staff and commenced ,auditing and review by Management and clinical nurse lead is ongoing.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20(3)</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2021</p>	<p>The registered person shall ensure that a competency ad capability assessments is completed with any nurse who is given responsibility of being in charge of the home in the absence of the manager</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The home has engaged in a comprehensive system of "Nurse in Charge of Care Homes " training by the RCN . Four Nurses have completed this professional accredited coarse. Five Staff are awaiting placements. The home has also agreed to enhance this with an internal Nurse In Charge competencies and capabilities assessment.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure that fire doors are not propped open and are monitored to ensure they remain closed.</p> <p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: All Fire doors are maintained under Fire Regulation Instructions . All Staff are aware of these regulations. That external fire doors should not be propped open.The management of air flow during heat waves is now regulated with mobile air coolers. Further consideration will be given to structural changes and fire door closure equipment to deal with heat management during summer seasonal peaks.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 29(5)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The Registered Person must ensure that the reports of monthly monitoring visits are completed in a timely manner and available in the home for review by patients, their representatives and HSCT Trusts if requested.</p> <p>Ref 5.2.5</p> <p>Response by registered person detailing the actions taken: All regulation 29 visit reports are available in paper and computerised format for viewing .</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that the recording of complaints is further developed to include whether or not the complainant is satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Ref 5.1</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>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: Second time</p> <p>To be completed by: 17 August 2021</p>	<p>The registered person shall ensure that where a bedrail assessment recommends that due to potential risk, alternatives be considered, records reflect what alternatives were tried and, if the decision is taken to proceed with bedrails, the reason for this decision.</p> <p>Ref 5.1</p> <p>Response by registered person detailing the actions taken: The use of all bed rails has been reviewed and where appropriate alternatives have been implemented .These assessments are recorded within the residents care plans.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients have a comprehensive, holistic assessment commenced on the day of admission and completed within 5 days.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All New admissions, permanent, temporary or Respite have core care plans completed within the 5 day assessment period.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2021</p>	<p>The registered person shall ensure that the sling type and size are recorded in the care records.</p> <p>Ref:5.2.2</p> <p>All residents who require to be hoisted for manual handling have the sling type and size recorded into their care plans.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that when dressing regimes are changed the care plan is updated to reflect the current dressing.</p> <p>Ref 5.2.2</p> <p>All care plans for pressure care wounds have amended to reflect the Sskin bundle documentation and wound dressing plan. The home is now working to incorporate these Sskin bundel system from a paper format in to our Electronic Medical Records(ECR)</p>

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