



Unannounced Care Inspection Report 22 September 2020



Fruithill Nursing Home

Type of Service: Nursing Home (NH)
**Address: 20 Fruithill Park, Andersonstown,
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Tel No: 028 9061 7717
Inspector: Sharon McKnight

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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

<p>Organisation/Registered Provider: Fruithill Private Nursing Home</p> <p>Responsible Individual: Paul McGranaghan – registration pending</p>	<p>Registered Manager: Seon MacStiofain 29 January 2020</p>
<p>Person in charge at the time of inspection: 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. 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: 25</p>

4.0 Inspection summary

An unannounced inspection took place on 22 September 2020 from 09:30 to 17:35 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- care delivery
- care records
- Infection prevention and control (IPC) measures
- environment
- leadership and governance.

Patients said they were happy living in the home. Examples of their comments are included in the main body of the report.

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	2	3*

*The total number of areas for improvement under the standards include one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Seon MacStiofain, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- Staff duty rota for the week commencing 21 September 2020
- care records for two patients
- supplementary care charts, including food and fluid intake and repositioning
- accidents and incidents records from January to September 2020
- monthly records of accident audits
- record of complaints and compliments
- monthly monitoring reports for the period January to August 2020.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 14 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time	The registered person shall ensure the following in regards to the management of restrictive practices: <ul style="list-style-type: none"> • a comprehensive and accurate risk assessment in relation to the assessed risk • a comprehensive, person centred and accurate care plan which details how the assessed risk should be managed • staff shall adhere to the prescribed care as detailed within the relevant care plan at all times • staff will document any observational checks of the patient using an appropriate and risk specific pro forma • there should be evidence of periodic and regular review of the restrictive practice by the manager and multiprofessional team to ensure that the intervention is necessary, effective and proportionate 	Not validated
	Action taken as confirmed during the inspection: This area for improvement was specific to one patient's care. The patient is no longer in the home and the type of restrictive practice prescribed is not required for any other patient.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 45 Stated: First time	<p>The registered person shall ensure that staff consistently and effectively check emergency nursing equipment. This refers to the emergency trolley on the first floor as referenced within this report.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that daily checks were completed on the emergency equipment and records maintained. The registered manager explained that following the previous inspection they reviewed the provision of the emergency equipment and removed the equipment located on the first floor of the home. This area for improvement has been met.</p>	
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	<p>The registered person shall that patients are assisted from their wheelchairs in a timely and person centred manner at all times.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We observed that patients were assisted from their wheelchairs in a timely manner throughout the inspection. This area for improvement has been met.</p>	
Area for improvement 3 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that patients are assisted with all meals in a timely, compassionate and person centred manner at all times.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We observed the serving of lunch. Patients were assisted with their meals in a timely manner. This area for improvement has been met.</p>	
Area for improvement 4 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p>	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager discussed plans for the implementation of a programme of audits. To date these have not been progressed. Audits are in place for the monthly analysis of accidents. Hand hygiene audits and infection prevention and control (IPC) audits had been completed during the outbreak of infection; this is further discussed in section 6.2.5 of this report. This area for improvement is assessed as partially met and is stated for a second time.</p>	
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6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the needs of the patients. A review of the staffing rota for the week of the inspection confirmed that the staffing numbers identified were provided. Observations confirmed that the needs of the patients were met by the staff on duty. Patients told us they were happy and that staff attended to them promptly.

We spoke with five members of staff; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff spoken with told us that teamwork was good; they did not express any concerns regarding staffing levels.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Two questionnaires were returned; both relatives were satisfied with the staffing arrangements.

6.2.2. Care delivery

When we arrived in the home patients were enjoying their breakfast. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing. Patients were warm and comfortable.

We discussed the arrangements for visiting with the manager and staff who explained that, in addition to outside visiting, a designated area of the home, accessible directly from outside, had been identified for visiting. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Systems such as video calls and regular telephone calls to ensure good communications between the home, patient and their relatives were also in place. The manager explained that a care partner arrangement had recently been put in place for one patient. We met with the patient and their relative; both felt reassured by the arrangement.

A number of patients were being nursed in bed. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded

on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly. Generally staff recorded the full time they assisted the patient; the importance of ensuring that all staff recorded the exact time was discussed with the manager.

We observed the serving of lunch. Patients were assisted with their lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtime. There was a choice of dish at each meal and patients were complimentary regarding the meals provided. Patient weights were monitored at least monthly. There was evidence of referrals to relevant professionals such as dietitians and Speech and Language Therapists (SALT) when required.

We discussed the provision of activities; they are two activity co-ordinators employed. They explained that currently due to the pandemic activities are being delivered more on a one to one basis or in small groups where social distancing can be maintained, for example a quiz or sing-a-long in the lounge. The home has purchased three iPads to help support patients to keep in touch with their relatives and friends. The spiritual needs of the patients are being supported through live streaming from local chapels.

The home had received numerous cards of support throughout the current pandemic. The following are examples of some of the comments received:

“His care absolutely catered to his individual needs given with respect, compassion and kindness. He always felt in control and for a few weeks the staff replaced us as a family...”
(May 2020)

“Thank you for all your care and attention in looking after... She is much more settled and that is testimony to you and your team.”

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day.

We reviewed one patient's needs in relation to wound prevention and care. Records confirmed that the wound was dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example, tissue viability nurses (TVN).

6.2.4 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19. There were also signs displayed stating that the home was closed to visitors and that any caller must not proceed into the home but wait for a member of staff.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. Records evidenced that regular hand hygiene audits had been completed up to June 2020 – these had recently recommenced and the importance of ensuring that these audits continued was discussed.

The manager confirmed that staff and patient temperatures were being checked and recorded a minimum of twice daily. The home were part of the national Covid 19 screening programme for care homes with staff being tested every two weeks and patients being tested monthly.

We discussed the home's preparedness for a second surge of Covid 19. The manager explained that a section of the home with vacant beds has been reserved for the isolation of patients who become symptomatic, tested positive or require self-isolation on admission/readmission to the home. This will allow the home to cohort patients in the event of them requiring to self-isolate.

6.2.5. Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. The stair carpet, leading off the reception area was stained and required to be cleaned. This was discussed with the manager who explained that the carpet had been identified for replacement but the pandemic had delayed the contractors having access to the home. An e-mail was received following the inspection to confirm that timescale of two weeks had been agreed to replace to carpet; this will be followed up at the net inspection.

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. Records were not being maintained to evidence the enhanced cleaning of touch points; this was brought to the attention of the manager and records were in place prior to the conclusion of the inspection.

Two vacant bedrooms were being used for the storage of PPE and another bedroom was being used as a visitors room; we discussed the importance of ensuring that rooms are used for the purpose they are registered for and, although this is temporary measure, we asked for written confirmation of the change of use for these two rooms; this was received following the

inspection. The manager was fully aware that this was a temporary arrangement during the current pandemic.

6.2.5 Leadership and governance.

There have been no changes to the management arrangements since the previous inspection. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

We discussed the systems in place to monitor and report on the quality of nursing and other services provided. There were limited audits in place at the time of the inspection. For example, falls in the home were monitored on a monthly basis for any patterns and trends and, as previously discussed, audits of hand hygiene had recently recommenced. An area for improvement was made as a result of the previous inspection to ensure that a robust system of audits was implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. This has been assessed as partially met and is stated for a second time.

A review of completed accident reports in the home evidenced that RQIA were not notified appropriately of all accidents where medical advice was sought; this was identified as an area for improvement.

A complaints procedure was available in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. Whilst the records included the detail of the complaint, the outcome of any investigations and any action taken there was no record of whether or not the complainant was satisfied with outcome and how this level of satisfaction was determined. This was identified as an area for improvement.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 between January – March 2020; reports of these completed visits were available in the home. The reports contained an action plan of issues to be addressed; progress on the actions taken to address the issues was not consistently commented on at the next visit; this was identified as an area for improvement.

The RI and manager confirmed that monthly visits had been completed outside between April and July however there were no report of these visits. This was identified as an area for improvement.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

Areas for improvement were identified with the notification of accidents, the auditing processes within the home and the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	2	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Seon MacStiofain, registered manager, 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 nursing 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	
Area for improvement 1 Ref: Regulation 29 (4)(c) Stated: First time To be completed by: Ongoing from the date of inspection.	The registered person shall ensure that following the unannounced monthly visit to the home a written report on the conduct of the nursing home is available. Ref: 6.2.5 Response by registered person detailing the actions taken: The responsible person will ensure that all virtual or social distancing Regulation 29 visits and action plans for this period shall be made available and that going forward any restrictions on management oversight visits are communicated to the RQIA and BHSCCT with alternative arrangements agreed upon in advance.
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: Ongoing from the date of inspection.	The registered person shall ensure that RQIA are notified of all accidents where medical advice is sought. Ref: 6.2.5 Response by registered person detailing the actions taken: The Home manager will ensure that all accidents or incidents where medical advice has been sought will be reported to the RQIA via the web portal on a 1a notification in a timely manner.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: Ongoing from the date of inspection	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice. Ref: 6.1 Response by registered person detailing the actions taken: The manager and newly appointed deputy manager are to receive further training in the auditing processes of the Goldcrest Nursing system and will develop the auditing potential of this system to enhance the auditing in line with minimum standards and best practice.

<p>Area for improvement 2</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that the monthly monitoring report is reviewed in a robust manner and that a clear record is maintained of how the manager is addressing any action plan within the report.</p> <p>Ref: 6.2.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection.</p>	<p>Response by registered person detailing the actions taken: The Responsible person will devolope and record action plans for each Regulation 29 Visit and liase with the home manager in the implementation of agreed actions during his audits and monthly Regulation 29 Visits.</p> <hr/> <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: 6.2.5</p> <p>Response by registered person detailing the actions taken: The home manager will ensure the recording of all formal amd informal complaints and ensure that agreed outcomes and responce are recorded and communicated to the complainent.</p>

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



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