



Unannounced Care Inspection Report

23 March 2021



Fruithill Nursing Home

Type of Service: Nursing Home (NH)
**Address: 20 Fruithill Park, Andersonstown,
Belfast, BT11 8GD**
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

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(s): Paul McGranaghan</p>	<p>Registered Manager and date registered: 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: 24 patients</p>

4.0 Inspection summary

An unannounced inspection took place on 23 March 2021 from 09.30 to 18:30 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 and to establish if the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and governance.

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*

*Total number of areas for improvements includes one which has been carried forward for review at the next inspection.

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.

In addition to the discussion at the conclusion of the inspection, RQIA held an enhanced feedback meeting, via teleconference, with Paul McGranaghan, responsible individual (RI), Seon MacStiofain, manager and Ema Braga, clinical lead on 29 March 2021 to discuss the inspection findings in more detail and gain assurances as to how the deficits would be addressed.

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.

During the inspection we met with all of the patients and six staff. Questionnaires and 'Tell Us' cards were also left in the home to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- duty rota for week commencing 22 March 2021
- staff registration with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- monthly monitoring reports
- complaints and compliments records
- incident and accident records
- audits of accident and incidents
- patients' care records.

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 22 September 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 29 (4) (c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that RQIA are notified of all accidents were medical advice is sought.	Met
	Action taken as confirmed during the inspection: A review of completed accident reports confirmed that this area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second 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>	Not met
	<p>Action taken as confirmed during the inspection: Reports which provided the manager with a degree of oversight of clinical areas were being generated from the IT system. However these were not governance audits. This area for improvement has not been met and has been escalated to an area for improvement under regulation. This is further discussed in section 6.2.6.</p>	
Area for improvement 2 Ref: Standard 35.7 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: A review of the monthly monitoring reports confirmed that this area for improvement has been met.</p>	
Area for improvement 3 Ref: Standard 16.11 Stated: First time	<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>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: This area for improvement was not reviewed and is carried forward for review at the next inspection.</p>	

6.2 Inspection findings

6.2.1 Staffing

On the day of the inspection we reviewed the staff rota for the week commencing 22 March 2021. This review confirmed that the staffing numbers identified had been consistently provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with six members of staff, who displayed great commitment and empathy towards the patients; 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. All of the staff spoken with were satisfied with the current staffing and spoke positively of the support provided by the manager.

Records evidenced that a range of training was provided to staff on a regular basis. A matrix was maintained to provide the manager with oversight of staff compliance. Systems were in place to provide staff with regular supervision and annual appraisal. We discussed the need for management oversight of the supervision arrangements to ensure that staff received individual as well as group supervision.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for more recently appointed care staff, in the process of registering.

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

6.2.2 Care delivery

The atmosphere in the home was calm and relaxed. The majority of patients were being cared for in the lounge areas of the home; chairs were spaced in a manner to support social distancing. Patients told us they were warm and comfortable.

Patients told us the following:

"Everyone here is very good, they look after us well."

"I'm very happy here."

"The soup's good."

We discussed the arrangements for patients to receive visitors. Visiting for patients was facilitated in a designated area which had direct access from the outside. 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. Patients could also receive window visits from their loved ones. It was good to note the level of enthusiasm by staff regarding the reintroduction of visiting.

Systems such as video calls and regular telephone calls between the home, patients and their relatives were also in place. Separate arrangements were in place to ensure patients, who were receiving end of life care, could be visited by their loved ones.

Care partner arrangements were also in place for a number of patients; the care partner arrangements were being managed in accordance with the Public Health Agency (PHA) guidance.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“I found staff to be incredibly caring. They related to my (relative) on a personal level, joking and chatting with him. ” (November 2020)

“I am aware that most of the small acts of kindness that you perform for your residents in very difficult and trying circumstances are not witnessed by their families and visitors. But I saw and witnessed.” (November 2020)

Patients enjoyed socially distanced arm chair exercises on the morning of the inspection and then joined an on line prayer service prior lunch. All of the patients said that they enjoyed the morning activities. The activity co-coordinator told us of the increase support patients required as a result of the pandemic and the reduction in contact and visits from their loved ones. We discussed the provision of activities and the challenges of delivering a programme in the current pandemic. The activity co-ordinator was enthusiastic for her role and commented on the good support she receives from the staff team and management.

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. The range of assessments included a bedrail assessment. A number of these assessments recommended that, due to potential risk of using bedrails, alternatives should be considered. There was no evidence of what alternatives had been considered or, where the decision was taken to deploy bedrails the reason for this decision; this was identified as an area for improvement.

Other healthcare professionals, for example speech and language therapists (SLT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

We reviewed patients' needs in relation to wound prevention and care. Care plans were in place and detailed the dressing regime and the frequency with which wounds required to be dressed. Staff must ensure that the frequency with which wounds are dressed is in accordance with their care plan; this was identified as an area for improvement. Records 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). Pressure relieving care was recorded on repositioning charts. These charts consistently evidenced that the patients were assisted by staff to change their position.

Behavioural care plans were in place for a number of patients. Whilst some care plans contained details of how the patients' behaviours presented, any known triggers and what approaches helped to calm them, which is good practice, other care plans were generic and not patient centred. This was identified as an area for improvement.

6.2.3 IPC measures and the use of personal protective equipment (PPE)

Signage had been placed at the entrance of the home which provided advice and information about COVID-19; hand sanitiser and PPE were also available. On arrival staff checked and recorded our temperature and we completed a health declaration. The manager confirmed that staff and patient temperatures were being checked twice daily and recorded. The home were part of the national COVID-19 screening programme for care homes with staff being tested every week and patients being tested monthly.

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 were knowledgeable of the correct use of PPE, wore face masks and visors appropriately and were observed applying and removing PPE correctly. Staff washed and sanitised their hands as required. 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.

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. We spoke with two members of housekeeping staff; both were well informed regarding the use of PPE, enhanced cleaning arrangements; they confirmed that the rooms of patients who were self-isolating would be cleaned last.

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 flooring which was recently laid in the front stairwell and the corridor upstairs has greatly improved the overall appearance of these areas.

6.2.6 Leadership and governance

There was a clear management structure within the home. The manager was supported in his daily role by the clinical lead nurse and administrator. The responsible individual was also in regular contact with the manager to provide support and advice as required.

We looked at the records of accidents and incidents; we found that all had been managed and reported appropriately. Falls in the home were audited on a monthly basis for any patterns and trends which provided the location, time and nature of the fall.

We discussed with the manager the completion of other monthly audits. The manager currently runs a monthly report from the IT system in the home; this report provided the manager with a degree of oversight of some clinical such as deprivation of liberty safeguards, weight loss and aspects of care records. These were not governance audits but an overview of the analysis of the data on the IT system.

As previously discussed in section 6.1 an area for improvement to introduce a robust system of audits has previously been stated twice and remains unmet. We discussed at length the necessity of ensuring that a regular programme of audit, to proactively drive service improvement and to identify potential risk must be implemented without further delay. The area for improvement will now be stated under The Nursing Homes Regulations (Northern Ireland) 2005.

We examined the reports of the visits made by the registered provider for the period November 2020 to March 2021. Where any issues were identified, an action plan was included in the report. The action plan was reviewed and commented on at each subsequent visit.

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 the provision of activities.

Areas for improvement

Areas for improvement were identified with regard to wound care, care records and auditing within the home.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients' individual needs. Staff had a good knowledge and understanding of patients' individual needs, wishes and preferences and spoke confidently of the importance of supporting patients throughout the current pandemic.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

As discussed following the inspection a meeting was held via teleconference with the management of the home to discuss the findings of the inspection in greater detail and to gain assurances as to how these deficits were to be addressed.

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 12(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection</p>	<p>The registered person shall ensure that the frequency with which wounds are dressed is in accordance with patients' care plan.</p> <p>Ref 6.2.4</p> <p>Response by registered person detailing the actions taken: Response: Fruithill Nursing home has participated in the BHSCT Skin Bundle for care homes pilot programme over the past 6 weeks. This has involved further training and supervision for staff in the transfer of our wound care system to the Trust Skin bundle system for a selected group of residents initially. This has further led to the roll out of the skin bundle wound care programme to all residents at the start of June. Further training and support from the CREST TVN team and dedicated skin bundle coordinators within the home. The Homes TVN liaison and skin bundle team continue to monitor the wound management needs of all residents and document within this new documentation. Care plans on the ECR reflect this and we will be transferring the skin bundle system to our Goldcrest ECR system when this has been imbedded in nursing practises.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2021</p>	<p>The registered person shall ensure that that a regular programme of audit, to proactively drive service improvement and to identify potential risk is implement without further delay.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Response: The home has developed a comprehensive care plan auditing tool to identify specific risks in our Electronic care Records care planning and assessment system and develop a model of oversight and improvement in the delivery of care. Further auditing tools will be added as this system expands, and as risks are identified.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<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 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: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.8</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 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 6.2.4</p> <p>Response by registered person detailing the actions taken: Response: This issue has been reviewed and the Home has referred more complex cases of bed rail management and restraint issue to the Newly appointed CHST Occupational therapist for advice and guidance. We have also identified several staff for further training in Manual Handling and, specifically, risk assessment and management of these complex issues. We have also requested advice and training from our main M/H equipment and bed supplier. Our ECR allows for the recording of these issues and alternatives that have been reviewed, but rejected, are to be recorded.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2021</p>	<p>The registered person shall ensure that care plans for behaviours which challenge contained details of how the patients' behaviours presented, any know triggers and what approaches helped to calm them.</p> <p>Ref 6.2.4</p> <p>Response by registered person detailing the actions taken: Response: All staff have been trained in the management of distressed reaction, walking with purpose and behaviours that challenge. Staff have been trained in the documentation of these distressed reactions and the communication of these at handovers. Further training in MAPA is being sought for the home. Staff are experienced in diversionary techniques and the Nursing team are documenting stressor's and trigger points as each incident occurs and sharing with all staff. Activity staff are engaged in distraction techniques to defuse these incidents and engaging with staff in their participation in these techniques.</p>

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



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