

Inspection Report

24 August 2022



Fruithill Nursing Home

Type of service: Nursing Home

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

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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 Ltd	Registered Manager: Mr Seon MacStiofain
Responsible Individual: Mr Paul McGranaghan	Date registered: 29 January 2020
Person in charge at the time of inspection: Ms Ema Braga, Clinical Lead then Mr Seon MacStiofain from 10.40 am	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: 30
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 provided over two floors.	

2.0 Inspection summary

This unannounced inspection was conducted on 24 August 2022, from 9.40am to 3.10pm by a care inspector.

The inspection assessed progress with the one area of 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led.

It was established that staff promoted the dignity and well-being of patients.

Two areas requiring improvement were identified. These were in relation to staff training and social care information in care records.

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.

RQIA were assured that the delivery of care and service provided in Fruithill was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home. Two patients made the following statements; “It’s excellent here in every way. The staff are all lovely and kind” and “They (the staff) are brilliant here. I wouldn’t have any complaints. It really couldn’t be better.”

Staff spoke in positive terms about the provision of care, their roles and duties, training and support.

Four visiting relatives voiced praise and gratitude towards the provision of care 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 07 December 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: Second time	The registered person shall ensure that repositioning charts evidence that patients are repositioned in accordance with their care plan.	Met
	Action taken as confirmed during the inspection: Repositioning charts were found to be maintained in accordance with the aligned care plan.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member’s recruitment records confirmed that there was a robust system in place to ensure staff were recruited correctly to protect patients. Staff receive a programme of induction on appointment.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of a staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role. Staff said that they were satisfied with the staffing levels. One staff member said "I feel I make a real difference working here."

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis. An area of improvement was made for staff to receive up-to-date training in first aid and safe moving and handling, which the Manager was able to give assurances that this would be acted on.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff interactions with patients were observed to be pleasant, polite, friendly and warm.

Patients' care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Patients commented positively about the quality of meals provided and the choice of meals.

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' 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. An area of improvement was made in that a number of patients' records did not contain adequate social histories/background information.

Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

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

Daily records were kept of how each patient spent their day and the care and support provided by staff.

One relative talked about being well informed and updated on any issues and how they felt their loved one had "thrived" since coming into the home.

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. Patients' bedrooms were nicely personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

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

Cleaning chemicals were maintained safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills. The home's most recent fire safety risk assessment was dated 14 October 2021. This assessment had corresponding evidence of actions taken in response to the five recommendations made.

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 observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time. The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff. One patient made the following comment; "They (the staff) are lovely here. They (the staff) take time to talk to you."

A planned programme of activities was in place for which patients were seen to be in fulfilment from. In the afternoon there was a planned entertainment, pizza and drinks, cultural event for which patients were seen to be in enjoyment from. Photographs of recent social events were also nicely displayed, showing patients participation.

The environment suitably facilitated to support patients with social needs and comfort.

5.2.5 Management and Governance Arrangements

Mr Seon MacStiofain has been the Registered Manager in this home since 29 January 2020. Mr Paul McGranaghan, Responsible Individual came to the home during this inspection to implement a monitoring visit.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, care records, wound care and falls.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the Manager was very supportive and they would have no hesitation in reporting any concerns and felt that these would be dealt with appropriately. Discussions with the Manager confirmed that he had good knowledge and understanding of patients' needs and care delivery.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. An issue pertaining to delay in receipt of follow up information from accident and incident reports, received assurances from the manager that this would be acted upon, which was subsequently duly done.

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 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

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Seon MacStiofain, Manager and Ms Ema Braga, Clinical 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 1 Ref: Regulation 20(1)(c) Stated: First time To be completed by: 24 October 2022	The registered person shall address the deficits with staff in receiving up-to-date training in first aid and safe moving and handling. Ref: 5.2.1 Response by registered person detailing the actions taken: Training was scheduled for September 6 th 2022. 13 staff attended Moving and Handling 12 Staff attended First Aid. 3 Employees were unable to attend and ser being rescheduled.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4(3) Stated: First time To be completed by: 24 September 2022	The registered person shall ensure patients' records have adequate social histories background information recorded. Ref: 5.2.2 Response by registered person detailing the actions taken: Social Histories background is being updated for all residents. As of 29/09/2022 all residents in house at the time of the inspection are complete, newer residents will be completed in the next week.

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



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