



Unannounced Care Inspection Report 14 October 2019



Fruithill Nursing Home

Type of Service: Nursing Home (NH)
**Address: 20 Fruithill Park, Andersonstown,
Belfast, BT11 8GD**
Tel No: 028 9061 7717
Inspector: James Lavery

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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 registered nursing home which is 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 – registration pending</p>	<p>Registered Manager: Seon MacStiofain Registration pending</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: 35</p>

4.0 Inspection summary

An unannounced care inspection took place on 14 October 2019 from 09.55 to 17.30 hours.

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 Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staff training, fire safety, collaboration with the multiprofessional team, staff interaction with patients/relatives and complaints management.

Areas requiring improvement were identified in relation to emergency equipment, the management of restrictive practices, the dining experience of patients, the timely transfer of patients from wheelchairs and quality assurance audits.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	1	3

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

Ongoing enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home. The following records were examined and/or discussed during the inspection:

- staff training records for the period 2019/20
- accident and incident records

- two patients' care records including relevant supplementary observational records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

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

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) (a)(b) Stated: First time	The registered person shall ensure the following in relation to the provision of pressure area care for all patients: <ul style="list-style-type: none"> • That care plan(s) are in place which accurately describe the assessed needs of patients with regard to pressure area care. • That patients are repositioned in keeping with their assessed care needs and/or in keeping with multi-professional recommendations. 	Met
	Action taken as confirmed during the inspection: Review of care records for one patient who required pressure area care evidenced that a relevant and accurate risk assessment was in place. While the care records and feedback from staff provided assurance that the patient was repositioned in keeping with their current needs, the associated care plan required updating to reflect this. It was agreed with the manager that such care plans should be closely monitored and updated at all times.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that a robust system is implemented and maintained which ensures that maintenance issues within the home are actioned in an effective and timely manner.	Met
	Action taken as confirmed during the inspection: Review of maintenance records and discussion with maintenance staff/manager evidenced that this area for improvement was met.	

Areas for improvement from the last estates inspection

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulations 27.(2)(a) & (b) 27.(4)(a) Stated: First time	The registered person shall complete the building variation alterations in accordance with the care standards. The fire risk assessment must be reviewed and all necessary controls implemented during & after the variation/ alteration works.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Upon arrival to the home we were greeted by the manager; the foyer entrance was neat and tidy in appearance.

A number of patients were observed relaxing within a ground floor lounge while others were noted to be within the dining room or their bedrooms.

Staffing levels within the home were discussed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No patients, relatives or staff expressed any concerns during the inspection in relation to staffing levels. Of the four questionnaires received following the inspection, two respondents expressed dissatisfaction with staffing levels. Staff were visible throughout the inspection and attended to any patients who were overheard requesting assistance or using their nurse call lead. The provision of assistance at meal times is discussed further in section 6.5.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The manager advised us that he plans to introduce Deprivation of Liberty (DoLs) training for staff and also wants to facilitate nursing staff attending additional 'Nurse in Charge' training. The implementation of this aspect of staff development will be reviewed at a future care inspection.

A review of governance records provided assurance that the majority of notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. However, it was noted that one safeguarding incident had not been reported to RQIA; the manager agreed to do so retrospectively. Current RQIA guidance in regard to the notification of incidents was discussed with the manager.

Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Staff who were spoken with expressed a good understanding of how to recognise and respond to potential safeguarding incidents.

It was further noted that there were arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). It was noted that the monthly print out of NISCC registrants/applicants was carried out by the home's administrator. The manager agreed that he would check and validate such print outs each month from now on.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. A relaxed and homely atmosphere was noted throughout the home while staff focused on various tasks. The manager told us that in discussion with the responsible individual, they have decided to refurbish the dining room and other patient areas including the ground floor lounge; this is encouraged. However, the manager stated that there was no refurbishment plan in place at present. It was agreed that the manager/responsible individual would submit such a plan to RQIA following the inspection as soon as possible. The progress of this plan will be reviewed at a future care inspection.

Observation of the environment and staff compliance with infection prevention and control (IPC) best practice standards was considered. The majority of staff appropriately wore gloves and aprons (Personal Protective Equipment, PPE) at all times and were seen regularly using hand sanitisers. It was noted that one staff member did not wear an apron when handling a clinical waste bag and this was brought to the manager's attention.

We saw that emergency equipment on the first floor was significantly dusty and required cleaning. In addition, nightly checks of this equipment were found to be inconsistent. An area for improvement was made.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and fire safety.

Areas for improvement

One area for improvement was made in regard to emergency equipment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients. One staff member told us “The home has changed for the better ... it’s run better.”

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager.

A review of patients’ care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

The care records for one patient who required interventions which are considered restrictive were reviewed. While there were several care plans referencing this assessed need, they did not all contain accurate and up to date information. Also, feedback from staff highlighted that the manner in which they monitored the patient was inconsistent. In addition, associated risk assessments were noted to be poorly completed. These deficits were discussed with the manager and staff who were of the opinion that that the patient’s placement within the home required an urgent review. This is discussed further in section 6.6. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team.

Areas for improvement

An area for improvement was made in regard to restrictive practices.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Throughout the inspection, staff interactions with patients were observed to be compassionate and caring.

Staff demonstrated a good knowledge of patients' wishes, and preferences as identified within the patients' care plans. Staff were also aware of the requirements regarding patient information and confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the manager to be supportive and approachable and they felt confident that they could raise concerns if they arose. One staff member told us "...we feel we have someone we can go to ..." when referencing the recently appointed manager.

Feedback received from several patients during the inspection included the following comments:

- "The staff are very kind."
- "It's good here."
- "... best place for miles."

Feedback received from several patients' relatives during the inspection included the following comments:

- "Couldn't say enough about the place."
- "Admin staff – Anne (is) very approachable and helpful."

Feedback received from patients' relatives following the inspection included the following questionnaire comments:

- "Overall, a friendly warm environment with helpful, caring staff ... plenty of stimulation for residents which my ... (patient) enjoys ..."

Four completed questionnaires were received following this inspection; three from patients' relatives and one which did not indicate the person's involvement with the home. All four

respondents indicated that they were either satisfied or very satisfied with the provision of safe, effective, compassionate and well led care.

It was evident throughout the inspection that patient and their relatives/representatives felt free to engage spontaneously with staff and enjoyed such interactions.

With regard to the provision of activities for patients, the manager stated that one activity therapist is currently employed within the home while another activity therapist position is being advertised. The manager stated that he wants to implement the concept of 'micro activities' whereby care staff are allocated periods of 15 minutes per day to carry out a targeted activity with a patients(s); this would be in addition to the home's formal activities programme. This will be reviewed at a future care inspection.

It was noted on a number of occasions that patients were not transferred in a timely manner from their wheelchairs into suitable lounge seating. An area for improvement was made.

Following our arrival into the home, some patients were observed finishing their breakfast in the dining room. It was noted that one patient was struggling to eat their breakfast although was not assisted in a timely manner by staff. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and relatives.

Areas for improvement

Two areas for improvement were highlighted in regard to the dining experience of patients and the timely transfer of patients from wheelchairs.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the responsible individual and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that there was one patient who required urgent reassessment by the relevant Health and Social Care Trust to ensure that their care needs were being met safely and effectively. The manager agreed to action this as a matter of priority and keep RQIA informed. The need to ensure that the home operates within its registered categories of care was agreed.

The registration of the manager with RQIA was discussed; it was agreed that this application would be progressed as soon as possible.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. The need to ensure that any generated action plans include all necessary actions identified within the report was discussed and agreed with the responsible individual.

Discussion with the manager highlighted that there was no current schedule in place for the regular completion of quality assurance audits; this was disappointing given the importance placed upon this aspect of effective managerial oversight during previous inspections earlier in the year. The manager agreed to action this and a copy of the manager's quality assurance schedule was requested following the inspection. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management.

Areas for improvement

An area for improvement was made in regard to quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	1

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, 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 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the management of restrictive practices:</p> <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 <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: We have reviewed the issues identified by this inspection in respect of restrictive practices in relation to a specific resident. This residents care plan and risk assessment has been reviewed by the senior Nurse in charge. All staff have been reminded of the need to observe all restrictive practises in place and report and record all interventions and supervisions for this resident in appropriate documentation. We have requested a review in respect of these issues with the BHSCT and all concerned MDT participants in residents care . This review is ongoing and is regularly monitored by the home manager and responsible person.</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 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: We have identified that the emergency equipment has been surplus to requirements and inappropriately placed in a public area. We have removed this equipment and placed it in a locked clinical area. All staff have been reminded that all emergency equipment must be checked on a daily basis and that all records are maintained and signed for.</p>

<p>Area for improvement 2</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 that patients are assisted from their wheelchairs in a timely and person centred manner at all times.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All Staff have been reminded of the need to ensure the welfare, comford and safety of residents being transported in wheelchairs . As well as the timely transfer of residents from wheelchairs to lounge chairs.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All staff are tasked to ensure that residents who require assistance with meal times and nutritional support are aware of each individual residents needs, and that all meal times are "protected times" for individual care. The Home intends to intrioduce a Formal "Protected Meal Time" and a discreat and calming dinning area for selected residents whom require more individualised attention and assistance.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 4 November 2019</p>	<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> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Home has commenced the introduction of a comprehensive auditing schedule covering all aspects of care and clinical governance . Which will be rolled out over the coming months . Management and nursing staff have received further specialist training in clinical areas and accepted responsibility for auditing key areas of clinical governance. This process is ongoing.</p>

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



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