



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Fruithill Nursing Home
Establishment ID No:	1253
Date of Inspection:	6 June 2014
Inspector's Name:	Loretto Fegan
Inspection ID:	16993

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of Home:	Fruithill Nursing Home
Address:	20 Fruithill Park, Belfast, BT11 8GD
Telephone Number:	02890 617717
E mail Address:	manager@fruithill.com
Registered Organisation/ Registered Provider:	Ms Orla Frances Sheehan
Registered Manager:	Ms Mary McAleese (registration pending)
Person in Charge of the Home at the Time of Inspection:	Ms Mary McAleese
Categories of Care:	NH-I, NH-LD, NH-PH, NH-PH(E), NH-TI
Number of Registered Places:	35
Number of Patients Accommodated on Day of Inspection:	34
Scale of Charges (per week):	£611 - £669 (An additional third party top up charge ranges from £30 – 50 per week depending on the type of bedroom accommodation)
Date and Type of Previous Inspection:	24 June 2013, Primary unannounced inspection
Date and Time of Inspection:	6 June 2014, 10.05 – 13.50 hours
Name of Inspector:	Loretto Fegan (bank inspector)

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- discussion with the home manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- observation during a tour of the premises
- evaluation and feedback

1.3 Inspection Focus

The main focus of the inspection was to follow-up the progress made in relation to the recommendations issued during the previous inspection of 24 June 2013 and to establish the level of compliance being achieved.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Fruithill Nursing Home is situated in Fruithill Park, off the Andersonstown Road, Belfast.

The nursing home is owned and operated by Ms Orla Sheehan.

The home manager is Ms Mary McAleese.

Accommodation for patients is provided on both floors of the home. Bedrooms comprise a variety of single, shared and en-suite rooms.

Access to the first floor is via a passenger lift and stairs.

Two communal adjoining lounges and the dining room are located on the ground floor.

The home also provides for catering and laundry services on the ground floor.

Bath/shower rooms and a number of communal sanitary facilities are available throughout the home.

The home is surrounded by well-maintained mature gardens and there are car parking spaces to the side of the home.

The home is convenient to public road transport, shopping areas and community services.

The home is registered to provide care for a maximum of 35 persons under the following categories of care:

Nursing Care

I	Old age not falling into 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 (not more than 2 patients at any one time)

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Fruithill Nursing Home. The inspection was undertaken by Loretto Fegan on 6 June 2014, from 10.05 to 13.50 hours.

The inspector was welcomed into the home by Ms M McAleese, home manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms M McAleese, home manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and visiting relatives. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 24 June 2013, ten recommendations were issued. These were reviewed during this inspection. The inspector evidenced that five recommendations had been fully complied with and five substantially complied with. Details can be viewed in the section immediately following this summary.

The inspector evidenced that communication between staff and patients reflected that patients were treated courteously and with dignity and respect. All patients spoken with commented positively regarding their care in the home. Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

The inspector spoke with two relatives visiting the home at the time of the inspection. The relatives were very satisfied with the standard of care provided to their relative in the home.

The inspector examined specific aspects in relation to three patients' care records. These were in the main well recorded using an electronic system; however some areas for improvement were identified. A requirement in relation to care records has been made in addition to the restated recommendations.

As part of the inspection process, the inspector observed the general environment in the nursing home. The home was warm and comfortable and all areas were maintained to a high standard of hygiene. However, infection prevention and control issues were identified in relation to the storage of equipment in the bathrooms; the "dirty to clean" flow system in the laundry and the provision of foot operated bins. A requirement has been made in this regard.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

In the main, patient care records were well documented, however some areas for further development were identified to enhance this process.

The home's general environment was well maintained. However, infection prevention and control issues related to storage of hoists in the bathrooms, the laundry system and the provision of foot operated bins were identified.

Therefore two requirements were made as a result of this inspection, in addition to five restated recommendations. The requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, visiting relatives, home manager, administrator and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.13	It is recommended that a system is put in place whereby patients and representatives are aware of the availability of the annual quality report and regulation 29 reports. The system should inform that patients and representatives may read the reports if they wish.	The inspector can confirm that a notice was prominently displayed on both the ground and first floor regarding the availability of the annual quality report and regulation 29 reports for patients and representatives.	Compliant
2.	28.1	It is recommended that the induction training programme for newly appointed staff evidences a final statement of competency which is signed by the manager or acting manager.	The inspector can confirm that the induction training programme for three newly appointed bank staff, evidenced that a final statement of competency was signed by the home manager.	Compliant
3.	30.4	It is recommended the competency and capability assessment for any nurse in charge of the home, in the absence of the manager, is reviewed and updated annually.	The inspector examined three registered nurses' competency and capability assessments in relation to them taking charge of the home in the absence of the home manager. The assessments in relation to all three registered nurses were reviewed / updated within the past year.	Compliant

4.	5.3	<p>It is recommended:</p> <ul style="list-style-type: none"> • care plans are developed in a person centred manner • daily progress recording reflects the patients response to planned care interventions 	<p>The inspector examined specific aspects of the care records pertaining to three patients. This evidenced that care plans were developed in a person centred manner. However, discussion took place with Ms McAleese how the records could be further developed to evidence the involvement of the patient or where appropriate his / her representative.</p> <p>Discussion also took place with Ms McAleese how the daily progress records could reflect the patients' response to planned care interventions more effectively, for example in relation to the effect of prescribed analgesia.</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Substantially compliant
----	-----	--	---	-------------------------

5.	5.3	It is recommended nursing staff review their approach to pain management and ensure the management of pain is reviewed on a regular and/or at least monthly basis.	<p>The inspector examined the care records pertaining to three patients who were prescribed analgesia.</p> <p>The records indicated that all three patients had a pain assessment undertaken using a validated assessment tool. A care plan was in place in relation to pain management for two of the three patients. There was evidence that the management of pain was reviewed on at least a monthly basis in two care records. The home manager agreed to address any deficits identified.</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Substantially compliant
6.	5.3	It is recommended evidence is present in patients care records of how the desired daily fluid intake was calculated.	The inspector examined the care records pertaining to two patients in this regard. The records evidenced how the patients' desired daily fluid intake was calculated. This was in keeping with best practice guidance.	Compliant

7.	28.4	<p>It is recommended that all nursing staff undertake training in wound management.</p>	<p>Ms McAleese informed the inspector that the home's designated wound care link nurse has attended training in relation to wound care, dressing selection and the prevention and management of pressure ulcers. The home manager also advised the inspector that the wound care link nurse cascades relevant training / information to other staff and has evidence based literature available to support nurses in relation to wound care practice. On the day of inspection, the training records evidenced that 35% of registered nurses had attended training in wound management, including the wound care link nurse. Ms McAleese advised that a plan is in place to ensure that all registered nurses receive wound management training within the next 6 months.</p> <p>This recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Substantially compliant
----	------	---	---	-------------------------

8.	28.1	<p>It is recommended that wound management is included in registered nurses induction training programmes and competency and capability assessments.</p> <p>It is recommended care staff receive training in relation to skin care and the prevention of pressure ulcers.</p>	<p>The home manager advised that wound management is included in registered nurses induction training programmes and competency and capability assessments. This was confirmed by the inspector reviewing three nurses' competency and capability assessments on the day of inspection.</p> <p>Training records evidenced that 50% of care assistants have received in-house training in relation to skin care and the prevention of pressure ulcers. Ms McAleese informed the inspector that plans are in place to provide further training in this regard. This part of the recommendation will be stated for a second time and compliance will be followed up during the next care inspection.</p>	Substantially compliant
9.	6.2	<p>It is recommended agency nursing staff state their full name when completing computerised care records.</p>	<p>Ms McAleese, home manager informed the inspector that each agency nurse has a unique Personal Identification Number (PIN) to access the computerised patient records. The inspector evidenced that an agency nurse had stated their full name when completing computerised care records.</p>	Compliant

10.	28.4	It is recommended nursing staff undertake training/refresher training in relation to records and record keeping.	The training records evidenced that 57% of registered nurses have undertaken training/refresher training in relation to records and record keeping. Ms McAleese, home manager informed the inspector that a further training session on records and record keeping is planned for 13 June 2014 for the remaining registered nurses, including bank nurses, to attend.	Substantially compliant
-----	------	--	---	-------------------------

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection on 24 June 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Fruithill Nursing Home.

5.0 Additional Areas Examined

5.1 Care practices

The inspector observed care practices which included the assistance provided to patients while mobilising. Communication between staff and patients evidenced that patients were treated courteously and with dignity and respect.

5.2 Patients' and relatives' views

The inspector spoke with eleven patients individually. All commented very positively with regard to staff attitude, care provided, the quality of the meals and the cleanliness of the home.

Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

The inspector spoke with two relatives visiting a patient at the time of inspection. The relatives were content with the care their relative was receiving.

5.3 Care Records

The inspector examined specific aspects in relation to the care records of three patients and the following issues were identified for improvement as follows:

- The fluid output should be recorded in respect of any patient with a urinary catheter in place
- The Malnutrition Universal Screening Tool (MUST) should be re-assessed on at least a monthly basis or more frequently if deemed necessary. In the two records examined by the inspector in relation to this aspect of care, it was almost two months since the last MUST assessment was recorded.

A requirement has been made with regard to the care record issues identified.

5.4 General Environment

As part of the inspection process, the inspector observed the general environment in the nursing home. This included viewing nine bedrooms, two lounges, the dining room, bathroom / toilet facilities and the laundry. The home was warm and comfortable and all areas were maintained to a high standard of hygiene.

However, infection prevention and control issues were identified in relation to the following:

A hoist was stored in two bathrooms. The home manager advised that there was no alternative storage space for hoists and agreed to consult with the lead infection control nurse at the Public Health Authority for advice with regard to this issue. Bathrooms should be used only for their registered purpose and not for storage of equipment. In the event of equipment being left in the bathroom such as a hoist, the home manager must ensure that appropriate decontamination of equipment is undertaken in line with infection prevention and control evidence based practice and in accordance with the manufacturer's instructions.

- Contact infection prevention and control precautions were in place in one identified bedroom. However a lid attached to the bin was not foot operated. A foot operated bin should be in place for the disposal of paper towels following hand-washing in order to prevent re-contamination of hands by touching the bin lid.
- The laundry was in operation at the time of the inspection. However, there was no evidence of a flow of “dirty to clean” system in operation. The clean items were being ironed in close proximity to items of clothing still requiring to be laundered. The laundry system must be reviewed to ensure that items not laundered are stored separately from where clean laundry is handled.

A requirement has been made to address these infection control issues.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms M McAleese, home manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Loretto Fegan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

Fruithill Nursing Home

6 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms M McAleese, home manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15 (2) (a) & (b)	<p>The registered person must ensure that the assessment of the patient's needs is kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances by ensuring the following:</p> <ul style="list-style-type: none"> • The fluid output should be recorded in respect of any patient with a urinary catheter in place • The Malnutrition Universal Screening Tool (MUST) should be re-assessed on at least a monthly basis or more frequently if deemed necessary. <p>Ref- Section 5, Additional Areas Examined (5.3)</p>	One	<p>There is a dedicated fluid output record sheet for patients with catheters (07.06.2014). Urinary output is recorded and total output entered into the computerised care management system at midnight daily by the nurse-in-charge.</p> <p>The MUST tool is re-assessed monthly and all records are up-to-date. High risk patients are reviewed weekly.</p>	From date of inspection
2.	13 (7)	<p>The registered person must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients and staff by:</p> <ul style="list-style-type: none"> • Ensuring a foot operated pedal bin is in place for the disposal of paper towels following hand-washing in order to prevent re-contamination of hands by touching the lid 	One	<p>Colour-coded, pedal-operated infection control bins are in situ.</p>	From date of inspection

		<ul style="list-style-type: none"> • Ensuring the laundry system is reviewed to separate laundered (clean) items from those which still require to be laundered • Equipment should not be stored in bathroom areas. In the event of a hoist being left in the bathroom, appropriate decontamination of that equipment should be undertaken in line with infection prevention and control evidence based practice and in accordance with the manufacturer's instructions. The advice of the lead infection control nurse at the Public Health Agency (PHA) should be sought in this regard. <p>Ref- Section 5, Additional Areas Examined (5.4)</p>		<p>Systems are in place to segregate clean from dirty laundry. The registered provider held meeting with architect (10.06.2014) and commissioned plan for possible laundry extension.</p> <p>The registered person contacted nurse advisor in the Public Health Agency (10.06.2014) for advice on storage of hoists. While they would prefer separate storage facilities for hoists, they are in agreement that as long as the hoist is cleaned between usage, and slings are washed (separate sling for patients with infections), then this is acceptable. Slings kept outside bathroom area.</p> <p>..</p>	
--	--	--	--	---	--

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	5.3	It is recommended: <ul style="list-style-type: none"> • care plans are developed in a person centred manner • daily progress recording reflects the patients response to planned care interventions Ref- Section 4, Follow-up on Previous Issue	Two	Care plans are audited by the registered person to ensure a person centred approach for all residents. Re-affirmed with all nursing staff the need to record a response to nursing interventions in daily progress notes. Care planning monitored and supervised by the registered person.	From date of inspection
2.	5.3	It is recommended nursing staff review their approach to pain management and ensure the management of pain is reviewed on a regular and/or at least monthly basis. Ref- Section 4, Follow-up on Previous Issue	Two	We have initiated a pain management on-line training course for nursing staff. We also seek advice from our established links with palliative care nurses, as required. Pain management care plans are in place and approved by the palliative care team.	From date of inspection
3.	28.4	It is recommended that all nursing staff undertake training in wound management. Ref- Section 4, Follow-up on Previous Issue	Two	All permanent nursing staff received training in wound care on 17/07/14	31 December 2014

4.	28.1	It is recommended care staff receive training in relation to skin care and the prevention of pressure ulcers. Ref- Section 4, Follow-up on Previous Issue	Two	Formal training was provided for care staff for 02/09/14. Informal education on the floor by the nurse manager as situations present,	30 September 2014
5.	28.4	It is recommended nursing staff undertake training/refresher training in relation to records and record keeping. Ref- Section 4, Follow-up on Previous Issue	Two	All permanent nursing staff attended record keeping training on 17/07/14	13 June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Mary McAleese
Name of Responsible Person / Identified Responsible Person Approving Qip	Orla Sheehan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	√	Loretto Fegan	14/4/14
Further information requested from provider			