



Unannounced Care Inspection Report 9 April 2019



Fruithill Nursing Home

Type of Service: Nursing Home

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

Tel No: 028 9061 7717

Inspector: James Laverty

www.rqia.org.uk

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.

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 35 persons.

3.0 Service details

<p>Organisation/Registered Provider: Brooklawn Limited</p> <p>Responsible Individuals: William Trevor Gage</p>	<p>Registered Manager and date registered: Veronica Sousa 24 January 2017</p>
<p>Person in charge at the time of inspection: Upon arrival, Staff Nurse Noble was in charge of the home. Veronica Sousa then arrived into the home at approximately 09.35 hours.</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: 36 (plus one patient receiving day care)</p>

4.0 Inspection summary

An unannounced inspection took place on 9 April 2019 from 09.10 hours to 17.00 hours.

The inspection assessed progress with any areas for improvement identified during and 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.

Serious concerns were identified during the inspection in relation to the quality of management and governance arrangements in the home. These deficits had the potential to impact on the quality of care delivery in the home.

As a consequence, a meeting was held on 17 April 2019 in RQIA with the intention of issuing one failure to comply notice under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to Regulation 10 (1) regarding the quality of management and governance in the home.

The meeting was attended by Mr Paul McGranaghan, proprietor of Fruithill Nursing Home and Mr Trevor Gage, responsible individual.

At the meeting the home's representatives were given an opportunity to submit any actions or plans that they have implemented since the inspection. RQIA received some assurance that robust action had been taken regarding the management of the home. However, they were unable to offer RQIA the necessary assurance required in relation to demonstrating sustained improvement over time regarding robust monitoring, auditing and governance of the home. It was decided that one failure to comply notice under Regulation 10 (1) would be issued, with the date of compliance to be achieved by 18 June 2019.

Other areas for improvement were identified in regard to: management of the laundry, compliance with Control of Substances Hazardous to Health (COSHH) regulations, the repositioning of patients, staff supervision, communal bathrooms and maintenance arrangements.

Despite enforcement action being taken, the inspection identified areas of good practice such as: the internal environment was generally well presented, staff were observed responding promptly to call bells, the provision of wound care and staff collaboration with the multi-professional team in relation to care planning. Further areas of good practice were also identified in relation to staff interactions with patients, staff awareness of and adherence to individual dietary requirements and preferences of patients, and complaints management.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in the home and in their interactions with others including staff.

Comments received from patients, people who visit them and/or professionals and staff during and after the inspection, are included in the main body of this report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*3

*The total number of areas for improvement includes one regulation and one standard which have each been stated for a second time and one standard which has been stated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Veronica Sousa, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did result from the findings of this inspection. One failure to comply notice under Regulation 10 (1) was issued with the date of compliance to be achieved by 18 June 2019.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 29 January 2019

No further actions were required to be taken following the most recent inspection on 29 January 2019.

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 2018/19
- accident and incident records
- five patients' care records including relevant supplementary repositioning records
- a selection of governance audits
- complaints records
- maintenance 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

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection. The proprietor and responsible individual were also given feedback on the day following the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 9 October 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients with regards to wound care, • that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. <p>Action taken as confirmed during the inspection: Discussion with nursing staff and review of care records for one patient who required ongoing wound care confirmed that this area for improvement had been met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients with regards to pressure area care, • that the use of any pressure relieving equipment is clearly outlined within such care plans and, where appropriate, the required settings of such equipment is provided and kept under review. 	Partially met

	<p>Action taken as confirmed during the inspection: Care records for two patients who required regular assistance with repositioning were reviewed. This is discussed further in section 6.5. This area for improvement has been partially met and has been subsumed into a new area for improvement under regulation.</p>	
<p>Area for improvement 3 Ref: Regulation 24 Stated: Second time</p>	<p>The registered person shall ensure that all expressions of dissatisfaction are recorded as complaints and managed in accordance with legislative and best practice standards.</p> <p>Action taken as confirmed during the inspection: Feedback from the registered manager and a review of complaints records evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 4 Ref: Regulation 13 (1) (a)(b) Stated: Second time</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, specifically, restrictive practice audits and wound care audits.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of audit records highlighted significant concerns in relation to the quality of management and governance in the home, specifically the availability, accuracy and robustness of several audits. This is discussed further in section 6.7.</p> <p>This area for improvement has been addressed through the enforcement action referenced in sections 4.0 and 4.1 of this report.</p>	<p>Not met</p>
<p>Area for improvement 6 Ref: Regulation 14 (2) (a)(c) Stated: First time</p>	<p>The registered person must ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to management of the laundry area</p>	<p>Not met</p>

	<p>Action taken as confirmed during the inspection: Observation of the environment highlighted that the laundry area was not locked when not in use. This could be unsafe for patients</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p>Area for improvement 7</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of care record audits and a review of ongoing actions to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of monthly monitoring records evidenced that this area for improvement had not been met. This is discussed further in section 6.7.</p> <p>This area for improvement has been addressed through the enforcement action referenced in sections 4.0 and 4.1 of this report.</p>	Not met
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and the registered manager in addition to review of supervision records highlighted that this area for improvement had not been met. This is discussed further in section 6.4.</p> <p>This area for improvement has not been met and is stated for a third and final time.</p>	Not met
<p>Validation of compliance</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the communal room identified during this inspection is safe, well maintained and remains suitable for the assessed needs of patients at all times. This also includes the provision of appropriate signage for that room.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the identified communal room on the first floor provided assurance that it was being well maintained and was in a manner suitable for patient use.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the relatives' notice board contains only accurate information which promotes and supports effective participation and engagement with patient's relatives/representatives.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of relatives' notice boards within the home evidenced that they contained accurate and relevant information which promoted and supported effective participation and engagement with patient's relatives/representatives.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all communal bathrooms within the home are safe, well maintained and remain suitable for their stated purpose.</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>All bathrooms were well maintained with one exception. It was noted that this bathroom remained cluttered with several items which were inappropriately stored there.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		

<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the provision of care to patients who require the use of restrictive practices, specifically the use of lap belts:</p> <ul style="list-style-type: none"> • a record of written consent from the patient will be obtained, where possible, in relation to the restrictive practice being employed. In the event of such consent being unavailable then a record of a best interest decision meeting/discussion should be maintained which evidences that the restrictive practice being implemented is necessary and proportionate • staff shall adhere to the prescribed care as detailed within the relevant care plan and record any deviation from such care including documenting the reasons for this occurring, • staff will document any observational checks of the patient while the restrictive intervention is being employed. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the care records of one patient and feedback from staff and the patient’s relative provided assurance that staff consistently adhered to the form of restrictive practice which had been agreed upon. This area for improvement was met.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and their visitors about staffing levels and none expressed any concern. One patient commented to the inspector “The staff’s good.”

A review of the rota indicated that rostered staff levels were achieved on the majority of shifts. The home has contingency arrangements if staff are required to cover unplanned leave. The majority of times these arrangements were evidenced to work well. Staff did comment that if cover was not achieved the shifts can be very busy and stressful. One staff member stated “It’s

stressful ... when we're short staffed." Another staff member told the inspector "Staffing levels, when achieved, are good."

Staff comments concerning short staffing were shared with the registered manager for her consideration and action as appropriate. The need to ensure that staffing levels are consistently met was agreed.

Discussion with staff and confirmation from the registered manager highlighted a deficiency in staff supervision. The continuous professional development of staff is essential for the on-going provision of quality care. This was highlighted to the registered manager and an area for improvement was stated for the third and final time.

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Nursing staff shared with the inspector that they would wish to avail of additional wound care training. This was shared with the registered manager who agreed to discuss this training request further with nursing staff and the responsible individual.

The inspector looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas etc. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. There were some areas within the home that required remedial attention. The first floor 'quiet room' was cluttered and needed be cleared and an area of flooring within the pre-wash laundry area needed to be repaired. The registered manager agreed to address these issues.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. However, it was highlighted to the registered manager that staff were not locking the door of the first floor linen store after use in keeping with fire safety signage which was displayed. The registered manager agreed to review the appropriateness of this signage in keeping with the home's fire risk assessment and the morning routine of staff.

While reviewing the environment we noted that a domestic trolley had been left unattended within a patient's unoccupied bedroom. This was discussed with both domestic staff on duty and the registered manager. An area for improvement was identified.

Areas for improvement

One new area for improvement under regulation was noted in regard to COSHH compliance.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.5 Is care effective?

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

Relatives and patients considered that they felt that the care delivery within the home was effective as one patient stated "You couldn't do better."

It was also encouraging to speak with two visiting relatives of a recently discharged patient who had received a period of palliative care within the home. One of these relatives told the inspector “We’ll always remember (Fruithill NH) as a great home ... (the patient) was treated as a person here.”

There was ongoing collaboration with the multi-professional team as necessary. One visiting professional told the inspector that nursing staff within the home were “very good ... they know what they’re doing.” The same person informed the inspector that professional recommendations regarding patient care were consistently adhered to by staff.

Discussion with staff confirmed that they attended a daily handover meeting at the beginning of each shift and found this to be an effective way in which to review patients’ assessed needs and promote effective staff communication. Staff told the inspector that they were encouraged to contribute to these meetings and ask questions about patient care if needed.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the registered manager. One staff member commented “I could speak to the (registered) manager about a concern.” Staff generally spoke positively about working within the home; one staff member stated “I love working here.”

We looked at the provision of care to two patients who required regular assistance with repositioning. It was noted that while the patients’ care needs in this regard were accurately assessed, care records evidenced that neither patient was repositioned as frequently as required. It was further noted that one patient’s relevant care plan was inaccurate. An area for improvement was identified.

Areas for improvement

One area for improvement under regulation was identified in relation to repositioning care to patients.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 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.

Staff were observed engaging with patients and their relatives in a friendly and spontaneous manner throughout the inspection. Several patients who spoke with the inspector expressed their confidence in the ability of staff to meet their needs upon request. All of the relatives who were spoken with throughout the inspection spoke highly of the ability and commitment of staff in relation to patient care. One relative told the inspector “You couldn’t get a better place.”

The majority of patients’ bedrooms, were personalised with photographs, pictures and personal items. Throughout the inspection, the majority of patients were observed to spend their day socialising with one another in the ground floor communal lounge while others preferred to remain within their bedroom. It was encouraging to note that shortly after our arrival, a selection of cold drinks and fresh fruit was made available to patients within the communal lounge.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

Upon arrival to the home several patients were observed resting within a communal lounge while others were enjoying breakfast either in the ground floor dining room or within their bedrooms. We observed staff attending to patients in a compassionate and timely manner throughout the provision of breakfast. The atmosphere of the home upon arrival was relaxed while staff were observed attending to patients' needs and answering the nurse call system in a timely manner. However, it was noted that the magnetic breakfast menu was only being updated by staff after some patients had already finished breakfast. The need to ensure that such signage is in place in a timely manner for patients was stressed.

The registered manager confirmed that an activity therapist is currently employed to work three days per week within the home. Feedback from patients, visitors and staff identified no concerns in relation to the provision of activities to patients. However, it was noted that one activities notice board located within the entrance foyer was largely blank. While another similar sign was available within the home, it was agreed with the registered manager that such signage should be consistently maintained throughout the home.

We also provided questionnaires for patients and family members; no responses were received following the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Feedback from staff and the registered manager provided assurance that they had a good awareness of their roles and responsibilities. This also evidenced that there was a clear organisational structure within the home.

The home's categories of care were reviewed with the registered manager. An application to vary the home's registered categories of care has been submitted to RQIA. This application was discussed with the registered manager who was advised that further documents had to be submitted to RQIA in order that the application could be considered. The registered manager agreed to submit these documents immediately following the inspection. The need to ensure that the home operates within its registered categories of care at all times was stressed.

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. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and review of internal maintenance records highlighted that a faulty en suite toilet within a patient's bedroom was not being addressed in a timely manner. It also highlighted a lack of robust communication between the registered manager and maintenance staff. An area for improvement was made.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to restrictive practices, wound care and care records. However, a number of care record audits were evidenced to be inaccurate and misleading.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were also reviewed. Reports were not available for September to December 2018 and March 2019. Those which were available did not reflect effective and robust monitoring of the quality of management in the home, accuracy of records, audits maintained and compliance with previous Quality Improvement Plans. As such, the monthly monitoring reports did not reflect a robust overview by the responsible individual on the quality of core management duties and responsibilities.

These deficits in managerial oversight and governance arrangements were discussed with the registered manager during the inspection and the responsible individual and proprietor following the inspection. Following a meeting in RQIA a failure to comply notice in respect of Regulation 10 (1) was issued in relation to these findings.

Areas of good practice

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

Areas for improvement

One area for improvement under the standards was identified in relation to maintenance arrangements.

	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 Veronica Souse, registered manager, as part of the inspection process. The timescales commence from the date of inspection. The proprietor and responsible individual were also given feedback on the day following the 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 14 (2) (a)(c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to management of the laundry area.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Keypad lock has been fitted to the laundry door and supervision sessions completed with all staff to ensure that the laundry door is closed at all times when unattended .A memo has been issued to staff advising the same. The floor in the laundry area has been repaired.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Supervision sessions have been completed with all domestic staff. Staff have been advised that no domestic trollies are to be left unattended at any time and should be stored correctly. A keypad lock has been installed in the cupboard where pads are stored</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients with regards to pressure area care, • that patients are repositioned in keeping with their assessed care needs and/or in keeping with multi-professional recommendations <p>Ref: 6.2 & 6.5</p>
	<p>Response by registered person detailing the actions taken: Prevention of Pressure Sore Care plans have been implemented for service users who have a braden score of 13 or less and are at high risk of pressure damage . Assessed repositioning recorded from monthly assessments has been integrated into these care plans in keeping with recommendations and Best Practice . Supervisions have been completed with all staff with regards to their recording repositioning charts on computer care records</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 40</p> <p>Stated: Third and final time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: 6.2 & 6.4</p> <p>Response by registered person detailing the actions taken: 3-6 month formal supervisions have commenced and are recorded . on planner . Group supervisions have also commenced and are ongoing Appraisals have also commenced and are ongoing .</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all communal bathrooms within the home are safe, well maintained and remain suitable for their stated purpose.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Communal areas have been decluttered , Property belonging to the relevant Health & Social Care Trust has been returned . Currently the Acting Nurse Manager undertakes a daily supervisory walk around; checking that communal areas are free of any hazards or obstructions .</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Monthly in house supervision sessions of maintenance man are now being carried out alongside 4 weekly audits of maintenance records. External contractors are also engaged to complete scheduled tasks Fruithill also employs a further 2 maintenance workers who can carry out emergency repairs. Issues have been addressed to ensure the continuing health and safety of service users, visitors and staff</p>

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



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