



Unannounced Enforcement Care Inspection Report 19 July 2019



Fruithill Nursing Home

Type of Service: Nursing Home (NH)
**Address: 20 Fruithill Park, Andersonstown,
Belfast BT11 8GD**
Tel No: 02890617717
Inspector: James Laverty

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

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): William Trevor Gage</p>	<p>Registered Manager: Martin Kelly – Acting – no application required</p>
<p>Person in charge at the time of inspection: Mr Martin Kelly</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 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>

4.0 Inspection summary

An unannounced inspection took place on 19 July 2019 from 09:15 to 11.00.

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.

The inspection sought to assess the level of compliance achieved in relation to one Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulations were in relation to the quality of management and governance arrangements in the home (FTC 000030). The date of compliance with the notice was 18 June 2019.

Following an announced care inspection on 18 June 2019, it was decided to extend the compliance date up to the maximum legislative time frame of three months. Compliance with the notice must therefore be achieved by 19 July 2019.

The following FTC Notice was issued by RQIA on 18 April 2019:

FTC ref: FTC000030

Evidence was available to validate compliance with the Failure to Comply Notice FTC000030. These findings are discussed further in Section 6.3.

Four areas for improvement which were identified during the care inspections on 9 April 2019 and 18 June 2019 were reviewed and validated as met. Two further areas for improvement arising from these inspections were not validated and will be reviewed at the next care 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	*1

*The total number of areas for improvement includes two which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Martin Kelly, Acting 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received since the previous care inspection
- notifiable events received since the previous care inspection
- the previous inspection report
- one FTC notice

During the inspection the inspector spoke with a number of patients and staff on duty during the inspection. The following records were examined and/or discussed during the inspection:

- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- staff duty roster
- governance records including: care record audits, wound care audits and kitchen records
- care records relating to wound care
- care records relating to nutritional care

Actions required as detailed within one FTC Notice were reviewed and assessed as met and feedback was provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 June 2019

The most recent inspection of the home was an announced care inspection. Three new areas for improvement were identified. One further area for improvement was stated for a second time and two were not reviewed.

This QIP was reviewed during this inspection resulting in four areas for improvement being met and two being carried forward for review at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 April 2019 and 18 June 2019

This inspection focused mostly on the actions contained within the Failure to Comply Notice issued on 18 April 2019. Some areas for improvement from the care inspections on 9 April 2019 and 18 June 2019 were also reviewed as part of this inspection. Any areas for improvement arising from the previous care inspections which were not reviewed have been carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC000030

Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10. —

The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill

In relation to this notice the following five actions were required to comply with this regulation:

- The responsible individual must ensure that the home is managed with sufficient skill and competence to assure the health and well-being of the patients.

- The responsible individual must ensure that sufficiently robust audit and governance systems are in place to quality assure management in the home, accuracy of records and audits, and compliance with previous Quality Improvement Plans.
- The responsible individual must ensure that monthly quality monitoring visits are conducted in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.
- The responsible individual must ensure that a written report is prepared in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 on the conduct of the nursing home.
- The responsible individual must ensure that the completed Regulation 29 report is evidenced to be shared with the management team and actions required to drive improvements are established.

Evidence was available to validate compliance with this Failure to Comply Notice, as detailed below.

Through review of records, observations of staffing levels and discussion with staff and the manager, it was evidenced that further and sustained progress had been made in relation to this FTC Notice.

Governance records confirmed that monthly monitoring visits had been conducted on 17 April 2019, 31 May 2019 and 20 June 2019 resulting in a written report. Feedback from the manager provided assurance that the completed monthly monitoring reports had been shared with him in a timely manner. The reports also evidenced that actions taken to address identified areas of improvement were recorded. While the actions plans were considered to be improved, the need to ensure that all identified actions in the body of the report are accurately referenced in a time bound manner was stressed. It was positive to note that these reports now included the completion time of each monitoring visit.

Discussion with the manager and staff along with review of the staff roster confirmed staffing levels within the home were kept under regular review to ensure that the needs of patients were met. No concerns about staffing were raised by either patients or staff. Feedback from nursing staff also highlighted that there was a clear pathway for contacting part time staff and/or nursing agencies in the event of unforeseen staff sickness/absence occurring.

Feedback from the manager and a review of governance records highlighted that a new suite of audits had been commenced to more effectively quality assure care delivery to patients within the home. These regular audits included but were not limited to the following areas:

- the professional registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- the nutritional care of patients requiring a modified diet
- the supervision and appraisal of staff
- infection prevention and control
- the use of bedrails
- patients' care plans
- wound care to patients
- patients' weights

A sample of completed audits was reviewed in relation to both nutritional care and wound care. The findings of these audits were then cross referenced with the care records of identified patients. Both audits and the corresponding care records were found to have been maintained in an accurate, detailed and robust manner. Two areas for improvement were met.

Based on the evidence, the decision was made by RQIA that compliance with FTC000030 had been achieved.

Additional areas inspected

Wound care / Nutritional care

As referenced above, the wound care records for one patient were reviewed. The corresponding audit confirmed that the patient’s wound care was being delivered in keeping with prescribed care. It was also evidenced that the patient’s care records were accurate and comprehensive. An area for improvement was met.

The nutritional care to a further patient was reviewed. The corresponding audit confirmed that the patient’s nutritional care was being delivered in keeping with prescribed care. It was also evidenced that corresponding kitchen records referring to the patient were accurate. An area for improvement was met.

Internal environment.

We observed the environment and noted that a high standard of cleanliness was maintained throughout the building. A sample of patients’ bedrooms and communal areas were noted to be tidy, well maintained and in good decorative order. It was also noted that staff consistently adhered to Control of Substances Hazardous to Health (COSHH) regulations. An area for improvement was met.

Staff management.

Review of the staffing roster evidenced that it was maintained in an accurate and legible manner. An area for improvement was met.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice FTC000030.

7.0 Quality improvement plan

Areas for improvement which was carried forward from the previous care inspections on 9 April 2019 and 18 June 2019 are detailed in the QIP. Details of the QIP were discussed with Mr Martin Kelly, Acting 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 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) (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 regard 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: 4.1</p>
	<p>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.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</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: 4.1</p>
	<p>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.</p>



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