

Inspection Report

Name of Service: Fruithill Nursing Home

Provider: Brooklawn Limited

Date of Inspection: 20 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Brooklawn Limited
Responsible Individual:	Mr Paul McGranaghan
Registered Manager:	Miss Ema Braga – Acting
Service Profile – This home is a registered nursing home, which provides nursing care for up to 36 patients. Accommodation is over two floors, with shared communal lounge and dining rooms on the ground floor. Patients have access to an enclosed courtyard space and front garden.	

2.0 Inspection summary

An unannounced inspection took place on 20 August 2025, from 9.30am to 3.20pm. A care inspector conducted the inspection.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress the one area of improvement identified by RQIA, during the last care inspection on 13 August 2025. This area of improvement was reviewed as addressed. The two areas of improvement from the medicines management inspection on 16 April 2024 were not reviewed on this occasion. These were carried forward to the next inspection.

The inspection found that safe, effective and compassionate care was delivered to patients and the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and the staff were knowledgeable and trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and interactions with staff.

As a result of this inspection, one area of improvement was made. Full details of this area of improvement can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the process.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients said that they were well cared for, staff were kind and attentive, they enjoyed the meals and the atmosphere in the home was good. Some of the comments made included the following statements; "I am very happy here. They (the staff) are all very good.", "It's all peaceful and I like the staff.", and "You really couldn't ask for better. They (the staff) are very good here."

Patients who could not verbally articulate their views were seen to be comfortable, content and at ease in their interactions with staff and the environment.

Visiting relatives said they were very happy with the home, that they had a good relationship with staff and they found the home to be open and transparent. One relative made the following comment; "Everything's really is brilliant. You could not find any fault. It is all very good. "One other relative said the staff were very good and worked very hard. This relative said that they had no hesitation with raising any issues of concern with the manager and felt these would be acted on positively.

Staff said they were happy with their roles and duties, that there was good team working and morale and they received good training and managerial support. Staff also staff the workload was busy but manageable and they felt comfortable to approach management with any issues of concern.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met patients' needs. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was an effective system in place to manage the registration of nurses with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day staff attended safety briefings / 'safety pauses' prior to mealtimes etc to ensure good communication across the team about changes in patients' needs.

Staff interactions with patients were respectful, polite and friendly.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients, assessed needs.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social well-being of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dinnertime meal was appetising, wholesome and nicely presented. Choice of meal was in place. Staff assistance and support was organised and unhurried. It was observed that patients were enjoying their meal and their dining experience. Arrangements were in place to meet patients' social, religious and spiritual needs within the home. A dedicated member of care staff was covering the activities co-ordinator's duties in their absence. This is good practice.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. This follows a comprehensive pre admission assessment by the manager to ensure the home can meet the referred needs of the potential patient. Following the initial assessment care plans are developed to direct staff on how to meet patients' needs and will include any advice or recommendations made by other healthcare professionals

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

Patients' care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. Patients' bedrooms were comfortable and nicely personalised. Communal areas were well decorated, suitably furnished and comfortable.

The home's most recent fire safety assessment was dated 2 October 2024. An area of improvement was made for a time bound action plan to be submitted detailing the actions taken in response to the recommendations from this assessment.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

3.3.5 Quality of Management Systems

Ms Ema Braga is the acting registered manager of the home. The manager had a good working knowledge of the home and discussed systems of managerial oversight and governance, which was helping her in her role. These systems included; daily walk around audits and reflective practice discussions with staff.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, wound care and falls and accidents.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager Individual was identified as the appointed safeguarding champion for the home. Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Records of complaint were recorded well with evidence that such expressions are taken serious, managed appropriately and used as a learning platform to drive improvement.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to all relevant stakeholders.

The home was visited each month by the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2*

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

The one area of improvement and details of the Quality Improvement Plan were discussed with Miss Ema Braga, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 20 September 2025	<p>The registered person shall submit a time bound action plan detailing how the recommendations from the fire safety risk assessment, dated 2 October 2024, will be dealt with.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Fire risk assessment Action plan completed</p> <p>*Staff smoking area moved to ensure a safety distance of at least 3 meters from the gas pipes. Completed on 14/01/25 (Priority: RED)</p> <p>*Fire blanket available in resident smoking area (Priority: YELLOW)</p> <p>*Visitors register book in place (Priority: GREEN)</p> <p>*Seal strip replaced by maintenance person on 14/01/25 (Priority: RED)</p> <p>*Barrier installed in lift room on 02/07/25 (Priority: GREEN)</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: From the date of inspection onwards (16 April 2024)	<p>The registered person shall ensure that the reason for and outcome of each administration, is recorded for medicines prescribed on a 'when required' basis.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: From the date of inspection onwards (16 April 2024)	The registered person shall ensure that the administration of medicines with identified discrepancies, including inhaler preparations, is monitored within audit procedures. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
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