

Inspection Report

Name of Service: Fruithill Nursing Home

Provider: Brooklawn Limited

Date of Inspection: 10 April 2026

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 areas and a dining room on the ground floor.	

2.0 Inspection summary

This unannounced inspection took place on 10 April 2026, from 9.20am to 3.30pm. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to regulation and standards; and to assess progress with the one area of improvement identified by RQIA, during the last care inspection on 20 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

This previous area of improvement was met. The areas of improvement from the medicines management inspection on 16 April 2024 were not reviewed and were carried over 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. Patients said that living in the home was a good experience. Patients who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and interactions with staff.

This inspection resulted in no areas of improvement being identified.

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 inspection.

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 happy with the care in the home, that there was a nice atmosphere, staff were kind and attentive and they enjoyed the meals. Three patients made the following comments; "It's very good here. I feel very comfortable and safe.", "I'm the very best here. The staff are all lovely. You couldn't complain about a thing." and "All is just perfect."

Frailer patients were seen to be comfortable and at ease in their surroundings and interactions with staff.

Five visiting relatives said that staff were kind, caring and attentive and management were readily available. Relatives advised that they had nominated the home for a best care home award and, to show their appreciation had also arranged an event for staff. Any concerns raised by relatives were discussed at length with the manager and responsible individual for further consideration and action where need be.

Staff spoke positively about their roles and duties, the provision of care, training and managerial support. Some staff expressed concerns about the use of unfamiliar agency staff but said they recognised that management were doing their best to resolve this.

Feedback from two questionnaires had positive comments but did raise issues of concern about aspects of staffing, care and the environment. These concerns were referred to the home's manager and responsible individual to address.

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, supervision and appraisal, 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.

Staff said that they felt well supported in their role and that they were satisfied with the staffing levels, despite the busy workload.

Observation of the delivery of care evidenced that patients' needs were met by the number of staff on duty. Call assistance alarms were found to be answered promptly.

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 observed to be prompt in recognising patients' needs and any early signs of distress, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 patient choice in how and where they spent their day or how they wanted to engage socially with others.

It was established that safe systems were in place to safeguard patients with use of equipment that could be considered as restrictive, such as bedrails and alarm mats.

Examination of care records and discussion with the manager confirmed that the risk of 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.

Observation of the dinner time meal, review of records and discussion with patients and staff indicated that there were systems in place to manage patients' nutrition and mealtime experience.

Prior to the mealtime, staff held a safety pause to consider those patients who required a modified diet. The dinnertime meal was appetising, wholesome and nicely presented.

It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients spoke positively on the meals including the provision of choice.

A varied programme of activities and events was in place for patients to avail, both group and individual based. For example at the time of this inspection, a number of patients enjoyed planned pampering sessions or engagement in their own activity of choice, such as reading, watching television or resting.

Patients' spiritual care and well-being was recorded in their care records with subsequent provision of such.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

The manager confirmed that a preadmission assessment is undertaken before a patient is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet patients' needs. These included any advice or recommendations made by other health care professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet patients' needs.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were comfortable, with many nicely personalised. Communal areas were suitably furnished and homely. Bathrooms and toilets were clean and hygienic.

The grounds of the home were suitably maintained with good accessibility for patients to avail of.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 14 October 2025. This assessment had corresponding evidence recorded of actions taken in response to recommendations made.

Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

Review of records and observations confirmed that appropriate systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Miss Ema Braga is the acting manager of the home and confirmed that she is coming forth to apply to be registered.

Staff, relatives and patients commented positively about the management team and described them as supportive and approachable.

The manager had processes in place to monitor the quality of care and other services provided to patients. A comprehensive list of quality assurance audits were maintained by the manager on an up-to-date basis. These audits contained corresponding actions of issues identified.

Patients and relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the manager and responsible individual would address their concerns. Discussions with the manager and review of records confirmed that expressions of dissatisfaction were taken serious and managed appropriately.

Reports of visits by the responsible individual were maintained appropriately with action plans in place to address any issues identified.

4.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

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

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Miss Ema Braga, Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
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)	The registered person shall ensure that the reason for and outcome of each administration, is recorded for medicines prescribed on a 'when required' basis.
	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.
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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