

Unannounced Care Inspection Report 18 July 2016



Fishbourne House

Address: 71 Spa Road, Ballynahinch, BT24 8PT
Tel No: 028 9756 1165
Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Fishbourne Nursing Home took place on 18 July 2016 from 11:00 hours to 17:30 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients through the competent delivery of safe care. The selection and recruitment information was not available for inspection. A requirement is made in this regard. The induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients. Staff training was generally well maintained. The environment in the home was welcoming and well maintained. Two requirements are made in relation to the environment. A recommendation is made in relation to the management of duty rotas. In total three requirements and one recommendation was made in this domain.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. Care records were well maintained and included assessment of patients' needs, risk assessments and a comprehensive care plan which evidenced patient/representative involvement. There was evidence of effective team working and good communication between patients and staff.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. There was evidence of patient, representative and staff consultation. There were no requirements or recommendations made in this domain.

Is the service well led?

There was good evidence of the home having systems and processes in place to monitor the delivery of care and services within Fishbourne Nursing Home. Compliance with the requirements and recommendations made in the safe domain, will improve the overall services provided, the experience of service users and leadership within the home.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

Details of the QIP within this report were discussed with Rosemary Lunn, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced estates inspection undertaken on 14 January 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There were no areas that required to be followed up in this inspection.

2.0 Service details

Registered organisation/registered person: William Brown James Alexander Speers	Registered manager: Rosemary Lunn
Person in charge of the home at the time of inspection: Rosemary Lunn	Date manager registered: 18 November 2010
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 22

3.0 Methods/processes

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

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 12 patients, four care staff, one registered nurse, one kitchen staff member one laundry assistant and three visiting relatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to adult safeguarding
- complaints records
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 January 2016

The most recent inspection of the home was an unannounced estates inspection. There were no issues required to be followed up during this inspection and any action taken by the registered persons, as recorded in the QIP this was reviewed by the estates inspector and will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 04 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 30 Stated: First time	<p>The registered manager must ensure that all notifiable events occurring in the home are appropriate notified.</p> <p>The registered manager should retrospectively submit an incident report for the two events of 17 February 2015 and the event of 8 April 2015 to RQIA by 12 June 2015.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of notifiable events evidenced that they are appropriately being recorded in keeping with protocols and procedures.</p> <p>RQIA can confirm that the incident report for the two events of 17 February 2015 and the event of 8 April 2015 were submitted.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 36 Stated: First time 2015	<p>It is recommended that the following policy guidance is updated;</p> <ul style="list-style-type: none"> • Communication policy should include reference to the regional guidance for breaking bad news • A palliative care policy which incorporates palliative and end of life care, death and dying should be developed and reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news. 	Met
	<p>Action taken as confirmed during the inspection: A review of the communication policy evidenced that it referenced the regional guidelines for breaking bad news.</p> <p>A policy on palliative and end of life care has been developed which incorporates the GAIN Guidelines for Palliative and End of Life Care. The policy also incorporates the guidance on breaking bad news.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 39</p> <p>Stated: First time 2015</p>	<p>It is recommended that the registered person ensures that all grades of staff receive training on the following:</p> <ol style="list-style-type: none"> 1 Palliative/End of life care 2 Breaking bad news communication skills <p>Action taken as confirmed during the inspection: A review of the training records evidenced that staff have received training on palliative/end of life care and the breaking of bad news communication skills.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>It is recommended that the registered manager ensures that a staff training file is maintained which demonstrates the following:</p> <ol style="list-style-type: none"> 1 the names and signatures of those attending or completing a training event 2 the dates of the training 3 the name and qualification of the trainer or the training agency 4 the content of the training programme <p>Action taken as confirmed during the inspection: A review of the training record evidenced that the names and signatures of those attending or completing a training event is included. This included the date of the training and qualification of the trainer or training agency alongside the content of the training programme.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>It is recommended that the registered manager ensures that access to staff training records is available for inspection at all times.</p> <p>Action taken as confirmed during the inspection: The staff training record was available for inspection.</p>	<p>Met</p>

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review in order to ensure that the assessed needs of patients were being met. Examples of the indicators used to evidence that there were sufficient staff to meet the needs of the patients were provided, this included details of patients' dependency levels.

A review of the staffing rotas for weeks commencing 11 and 18 July 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Relatives and patients spoken with commented positively regarding the staff and care delivery. A recommendation is made that the full name of staff alongside their designation should be included in the duty rotas. The hours worked by the manager should also be included.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. One member of staff confirmed that they were currently on induction shadowing a member of staff. They felt well supported and well directed.

Review of two records and discussion with the manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

Training was available via an e learning system. There were systems in place to monitor staff attendance and compliance with training. Review of staff training records evidenced that the attendance/compliance levels with adult safeguarding, infection control and moving and handling was almost fully compliant. A review of staff meeting minutes evidenced that training was discussed with staff and a monetary incentive was offered staff to complete their mandatory training. Following discussion with the manager it was ascertained that a management system is in place to ensure that those staff required to attend training are identified and reminded to complete their training as soon as possible.

Discussion with the manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff receives supervision and appraisal. Appraisals of staff were currently being reviewed for the previous year. Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed.

The manager stated that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. However the inspector was unable to review or validate the process as the personnel files for staff were not currently retained in the home. A requirement is made that the information and documents to be obtained in respect of persons carrying on, managing or working at a nursing home are maintained and made available for inspection at all times.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified. The manager described robust systems in place to monitor the progress of safeguarding issues should any be reported with the local health and social care trust or the Police Service of Northern Ireland (PSNI).

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans.

Discussion with the manager and review of records also evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The manager completed a monthly analysis of falls to identify any trends or patterns. The manager has reintroduced a falls safety record, whereby a robust system is in place to review falls. Falls safety awareness training has been attended by staff and there is a post fall review form carried out following each patient fall, this is to reflect on the circumstances surrounding the fall and clearly identifies patients at risk. This is good practice.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction. There were no issues identified with infection prevention and control practice. A programme of redecoration is ongoing and the registered person confirmed that a programme of works to upgrade some windows has commenced. Since the previous inspection four bedrooms have been refurbished, new medicine trollies have been purchased, the electrical system has been upgraded and bedrooms have been repainted. The water system has also been upgraded. During this inspection it was observed that two bedrooms doors required to be repaired and one bedroom carpet required to be replaced. A requirement is made in this regard. A requirement is also made that fire doors are not to be propped open.

Areas for improvement

Three requirements are made in relation to the management of personnel files and two are made in relation to the environment. One recommendation is made in relation to the management of the duty rotas.

Number of requirements	3	Number of recommendations:	1
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assess, plan, evaluate and review care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. Care records were subject to regular auditing. There was evidence that an action plan was in place to address issues identified and there was evidence that the outcome of the audit had been shared by the named nurse.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and it provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting was held on 10 March 2016. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager. The manager confirmed that they operate an open door policy and are available for patients and their representatives whenever possible.

Areas for improvement

There were no requirements or recommendations made in this domain.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 12 patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. There are arrangements were in place to structure patients' day. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that there were opportunities for patients to attend external activities. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Review of the compliments records evidenced that there was evidence that the staff cared for patients and their relatives in a kindly manner. There have been no recent complaints recorded.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Four staff, three relatives and six patients returned questionnaires.

All comments on the returned questionnaires were positive. Some comments received during the inspection and in the returned questionnaires are detailed below:

Staff

- "We are like home from home"
- "I think we all work well together"
- "Good teamwork and morale in the home"
- "I have been here for 16 years, that says it all"
- "The care is excellent"
- "We have regular meetings"
- "A well organised and well run home"

Discussions were held with approximately 12 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complementary of the staff and were complementary regarding the food served. There were no issues raised during the inspection by patients. Some comments were made by patients as follows:

Patients

- “I have no comments to make”
- “The home is excellent”
- “I feel very safe and well looked after here”
- “Staff are very attentive”
- “I just get on with things, I have no worries”
- “I love to read and there is plenty of reading material provided”
- “I have privacy in the home when requested”

During the inspection three relatives were spoken with they were very positive regarding all aspects of care. There were no issues raised. Some comments were made by relatives during the inspection and in the three returned questionnaires as follows:

Patients’ representatives

- “My relative has settled in well”
- “We are kept informed”
- “Happy that my relative is well cared for”
- “I am made feel very welcome”
- “This is a very homely home, I love the setting”
- “The food always looks good”

One comment received in a thank you card received on the day of the inspection stated, “We would like to express our gratitude and appreciation for all the care and attention that...received. We were all very confident that...was well looked after while in your care”.

Areas for improvement

There were no requirements or recommendations made in this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the manager. However as previously stated the manager’s hours should be included in the duty rotas as stated in section 4.3.

Discussion with the manager and observation of patients evidenced that the home was operating within its registered categories of care. The manager was aware of her responsibility to keep this under review. The registration certificate was displayed appropriately. However, it

was required to be updated to reflect the current patients' categories of care in the home. The manager agreed to make contact with the registration team in RQIA to have the certificate amended. A certificate of public liability insurance was current and displayed.

The policies and procedures for the home were systematically reviewed at least on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Relatives spoken with were aware there was a new manager in post and most of them stated that she had introduced herself to them. Discussions with staff confirmed that there were good working relationships and that they knew the regional manager and that management were responsive to any suggestions or concerns raised. There were no recent complaints recorded.

There was evidence that systems were in place to monitor and report on the quality of nursing and other services provided. For example, there was evidence that the manager completed the following audits:

- accidents/incidents
- wound management
- medicines management
- care records
- infection prevention and control
- environment audits
- complaints

The audits were observed to be conducted in keeping with best practice. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that Regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement. Discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

Some areas for improvement have been identified in the management of safe care and improvements are required to enhance the overall services provided, the experience of service users and leadership within the home.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rosemary Lunn, Registered Manager and William Brown, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [RQIA's office](#) and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 21 Schedule 2 Stated: First time To be completed by: 30 July 2016	<p>The registered person must ensure that the information and documents to be obtained in respect of persons carrying on, managing or working at a nursing home are maintained and made available for inspection at all times.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: STAFF FILES UPDATED + AVAILABLE</p>
Requirement 2 Ref: Regulation 27 (2) Stated: First time To be completed by: 30 September 2016	<p>The registered person must ensure that the two identified bedrooms doors are repaired and the identified bedroom carpet is replaced.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: ALL WORK COMPLETED.</p>
Requirement 3 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 18 July 2016	<p>The registered person must ensure fire doors are not propped open.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: RELATIVES + STAFF REMINDED THAT FIRE DOORS MUST NOT BE PROPPED OPEN AT ANY TIME.</p>
Recommendations	
Recommendation 1 Ref: Standard 41 Stated: First time To be completed by: 30 July 2016	<p>The registered person should ensure that the full name of staff alongside their designation should be included in the duty rotas. The hours worked by the manager should also be included.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: THESE DETAILS ARE INCLUDED IN THE DUTY ROTA - THE DIARY IS FOR DAILY REFERENCE ONLY.</p>

**Please ensure this document is completed in full and returned to [RQIA's Office](#).*



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