

Unannounced Inspection Report 9 March 2020



Fishbourne House

Type of Service: Nursing Home
Address: 71 Spa Road, Ballynahinch, BT24 8PT
Tel No: 028 9756 1165
Inspector: Gavin Doherty

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.

1.0 What we look for



2.0 Profile of service

This is a Nursing home facility which is registered to provide care for up to 22 persons.

3.0 Service details

<p>Organisation/Registered Provider: Partnership</p> <p>Responsible Individual(s): Mr William Brown & Mr James Alexander Speers</p>	<p>Registered Manager: Mrs Rosemary Lunn</p>
<p>Person in charge at the time of inspection:</p>	<p>Date manager registered:</p>

Mrs Rosemary Lunn	1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 22

4.0 Inspection summary

An unannounced premises inspection took place on 9 March 2020 from 10.30 to 12.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr William Brown, responsible individual, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 June 2018.

5.0 How we inspect

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

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- Premises related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services,
- Legionellae risk assessment,
- Fire risk assessment,
- Fixed Electrical and Portable Appliance Certificates.

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

The findings of the inspection were 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 20 June 2019

The most recent inspection of the service was an unannounced care inspection. The QIP issued as a result of this inspection will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last premises inspection dated 14 January 2016

Areas for improvement from the last premises inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		
Area for improvement 1 Ref: Regulation 14 (2) Stated: First time	Provide confirmation that a current valid risk assessment is in place in relation to the 'control of legionella bacteria in the home's hot and cold water systems'. Furthermore, provide confirmation that all requirements recorded in this risk assessment are, or will be, fully implemented within the timescales stipulated in the assessment.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the current legionella risk assessment was undertaken on 13 August 2019 and that all requirements and recommendations had been completed and were being maintained at the time of the inspection.	

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.

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

An inspection of the premises was undertaken by the Northern Ireland Fire Rescue Service on 12 October 2017. The premises were found to be 'Broadly Compliant' at this time.

These measures support the delivery of safe care.

Areas of good practice

There were examples of good practice found during the inspection in relation to maintenance staff carrying out ongoing planned preventative maintenance to fire doors throughout the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

The door to the toilet adjacent to Bedroom 18 was found to have been damaged by the use of a wheelchair. This had already been noted by the manager and arrangements are in place to repair the same.

Several floor finishes in bedrooms showed signs of stretching and creasing where a profiling bed was present. Again the manager was aware of this and was closely monitoring the situation. More robust vinyl floor finishes are being fitted when required.

This supports the delivery of effective care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to premises records and the ongoing upkeep of the statutory approvals required for the premises mechanical and electrical services.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

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.

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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