



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 20 June 2019



## Fishbourne House

**Type of Service: Nursing Home**  
**Address: 71 Spa Road, Ballynahinch BT24 8PT**  
**Tel no: 02897561165**  
**Inspector: Lyn Buckley**

[www.rqia.org.uk](http://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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 22 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Mr William Brown &amp; Mr James Alexander Speers</p> <p><b>Responsible Individuals:</b> Mr William Brown Mr James Alexander Speers</p>	<p><b>Registered Manager and date registered:</b> Mrs Rosemary Lunn 18 November 2010</p>
<p><b>Person in charge at the time of inspection:</b> Registered Nurse, M Grant until 14:00 hours Registered Nurse, L Carlisle from 14:00 hours</p> <p>Registered Manager, R Lunn facilitated the inspection from 10:45 to 14:00 hours.</p>	<p><b>Number of registered places:</b> 22</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 19</p>

### 4.0 Inspection summary

An unannounced care inspection took place on 20 June 2019 from 10:00 to 14:30 hours. This inspection was undertaken by the careinspector.

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

Evidence of good practice was found in relation to the day to day delivery of care, the knowledge and attitude of staff, mealtimes and the cleanliness and décor of the environment.

Areas for improvement were identified in relation to fire safety, infection prevention and control and monitoring of staff practice.

Patients described living in the home as being a very good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other patients and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the homewith the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	1

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Rosemary Lunn, registered manager, and Mr William Brown, responsible person, at 13:30 hours as part of the inspection process; and with the nurse in charge of the home at the conclusion of the inspection. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 30 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 30 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, registration information and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 10 to 23 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- five patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 January 2019
- RQIA registration certificate.

Areas for improvement identified at the last care and medicine management inspections were reviewed and 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 outstanding areas for improvement from previous inspection(s)

Areas for improvement identified at the last care inspection have been reviewed. Of the total number of areas for improvement one was met and one was not met and has been included in the QIP at the back of this report.

The area for improvement identified at the last medicines management inspection has been reviewed and assessed as met.

### 6.2 Inspection findings

#### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The nurse in charge and other staff spoken with advised us of the planned staffing levels for the home. We reviewed the staff duty rota from 10 to 23 June 2019 which confirmed that the planned staffing levels were achieved and kept under review by the manager. We also saw that catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. We saw staff moving and handling patients safely and effectively and supporting patients appropriately during the lunch time meal.

Review of staff training records and discussion with the manager confirmed that mandatory and other relevant training was provided to ensure patients' needs were met by skilled staff. The manager monitored staff attendance at mandatory training to ensure full compliance.

Patients said that they enjoyed living in the home and that staff were respectful, caring and kind.

As part of the inspection we asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. We received no responses from staff but we did receive five responses from patients/family members. All five indicated that they were 'very satisfied' that there was enough staff to provide care; that they felt protected and safe from harm and that they could raise concerns with staff.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. We saw that staff were available in the lounges and we saw staff responding to nurse call bells promptly and assisting patients in their bedroom as required.

The home's environment was clean, tidy, and comfortably warm throughout. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment.

We had previously made an area for improvement regarding the propping open of fire doors and the blocking of designated fire exit routes and fire exit doors. We saw that this area for improvement had not been met. Advice was given that the manager considered contacting the home's fire risk assessor for advice on the management of bedrooms doors that were also fire doors. An area for improvement was made regarding the regular monitoring of compliance.

We saw that generally staff adhered to infection prevention and control (IPC) measures and were aware of their role in preventing the spread of infection. However, we saw that staff stored items such as wipes, gloves, hoists and slings in bathrooms where there was a toilet. This is not good practice and an area for improvement was made.

The manager had a system in place to ensure staff were competent and capable to do their job and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff spoken with advised that they had received training and were aware of their role in protecting patients, how to keep patients safe and how to report concerns. Discussion with the manager confirmed that they were aware of the regional safeguarding policy and procedures.

We reviewed patients' care records which evidenced that, if required, risk assessments were completed when each patient was admitted to the home and reviewed regularly thereafter. Care plans had also been developed which were reflective of the risk assessments and these were also reviewed regularly. Records also evidenced that nursing staff managed the risk of a patient falling and the care of a patient when they had a fall, correctly. We found that one incident involving a patient falling had not been reported to RQIA, the manager was aware of the requirement to notify RQIA but said she had forgotten to do so at the time. It was agreed that this notification would be submitted retrospectively; we received the notification post inspection.

We reviewed the medication administration records for the last month to determine if any medicines had been omitted due to being out of stock. All medicines were available for administration on the day of the inspection; however, we saw that two medicines had been omitted in the last month. The nurse in charge was able to provide a satisfactory explanation and there was evidence that the medicines were obtained as soon as possible. However, these omissions had not been recognised as medication incidents and notified to RQIA. An area for improvement regarding the monitoring of compliance was made.

### Areas for improvement

Two areas for improvement in relation to infection prevention and control (IPC) measures and monitoring of compliance in relation to fire safety measures, IPC practices and reporting of medication omissions were identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

#### 6.4 Is care effective?

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

We spoke with patients regarding the delivery of care. All those spoken with advised that they received the right care at the right time. Those who were unable to comment looked comfortable, well groomed and relaxed in their surroundings.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient had a fall, how to relieve pressure on the skin and how to manage the care of a wound. Staff were also aware of the international changes to modified food and fluid descriptors (IDDSI) and the staff spoken with had attended update training.

Staff were aware of patients' individual preferences and wishes. This was confirmed by what we saw and heard throughout the inspection.

We observed the serving of the lunchtime meal. The mealtime experience was relaxed and staff were assisting patients in a sensitive, caring and timely manner. Patients spoken with said that they enjoyed their meals and that they had "lots of choices" offered every day.

Staff advised that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff.

Staff said that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge.

It is important that where choice and control are restricted due to a patient's understanding, restrictions are carried out sensitively and in line with good practice, for example, when a patient requires the use of bedrails or an alarm/alert mat. This is so that the patient feels respected, included and involved in their care. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making. Patients' care records reviewed supported the assessment of risk, the decision making process, who was involved in this process and the evaluation of the delivery of care on a daily basis.

It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

### Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 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.**

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. Staff were providing support to patients as they needed it.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails, jewellery and those who preferred their jackets on. There were a number of magazines/newspapers available as well as music or the television on low in the lounge areas.

Patients also said they could choose how and where they spent their day.

Patients told us that they were receiving good care from friendly, caring, respectful staff. From what we saw and heard it was clear that staff knew their patients very well and good relationships had developed with patients and their families.

We spoke with one family who were very complimentary regarding the home, staff and management.

We also reviewed cards received from relatives which included the following comments:

“...would like to say thank you to Rosemary and all the staff in Fishbourne House for the excellent care which you gave to ...during her time with you and also for the support and kindness shown to us...”

“...thank you so much for all the care you gave to ... I know she was so content at Fishbourne. You made her last days so peaceful with your loving care...Also thank you for your kindness to me...”

We provided questionnaires for patients and family members; five responses were received from patients and their families. All responses indicated that the persons were very satisfied that staff treated patients with kindness and respect and that privacy and dignity were maintained.



Additional comments made on the returned questionnaires included:

“Fishbourne House, outstanding staff nurses ETC.”

“All excellent.”

“I have no concerns.”

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

### Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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.**

Since the last care inspection in July 2018 there have been no changes to the management arrangements for the home. The manager commented that she had a good team of staff to support the patients and her in the delivery of good care.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

As stated previously an area for improvement regarding fire safety has been stated for a second time, – refer to section 6.3 and the QIP at the back of this report for details. An additional area for improvement was made that a monitoring process be introduced to ensure staff compliance with fire safety measures, IPC measures and medicine omission notification.

The responsible individual required the registered manager to report regularly on a number of areas, for example, admissions and discharges to the home, accidents/falls and staff training. The responsible individuals' monthly quality monitoring reports from 1 January 2019 were available in the home and any areas for action identified were followed up during the next visit to ensure that had been addressed.

Nursing and care staff spoken with advised that they were well trained and supported by the manager. Staff were confident in their roles and with their responsibilities and it was evident they knew their patients very well.

We also invited staff to provide comments via an online questionnaire. None were received.

## Areas for improvement

No new areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. As part of the inspection process details of the QIP were discussed with Mrs Rosemary Lunn, Registered Manager, and Mr William Brown, responsible individual, at 13:30 hours; and with the nurse in charge at the conclusion of the inspection. 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 nursing 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b) and (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that fire doors are not propped or wedged open and that fire exit routes and fire exit doors are not blocked.</p> <p>Ref: 6.1 and 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Automatic fire door closures have been fitted, wedge removed and more notices put up to remind staff not to block any fire exits.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that items such as wipes, gloves, aprons, hoists and slings are not stored in an area where there is a toilet. This list is not exhaustive.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Items removed and notices put up</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35. 3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall introduce a system to monitor and report on how they ensure that staff adhere:</p> <ul style="list-style-type: none"> <li>• to fire safety measures – specifically regarding fire doors, exit routes and fire exit doors</li> <li>• infection prevention and control practices - specifically regarding the storage of equipment in bathrooms where there is a toilet</li> <li>• to notification to RQIA of any medicine omission</li> </ul> <p>Records of this monitoring and any actions taken to address any identified concerns shall be available for inspection.</p> <p>Ref: 6.3 and 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nurse in charge of each shift to record any non compliance of the above on the daily shift report and then liaise with the registered provider or manager that day.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care