

Inspection Report

12 July 2021



Fishbourne House

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mr William Brown & Mr James Alexander Speers Responsible Individual(s): Mr William Brown & Mr James Alexander Speers	Registered Manager: Mrs. Rosemary Lunn Date registered: 18 October 2010
Person in charge at the time of inspection: Ms. Roisin Curran, staff nurse then joined by Mrs. Rosemary Lunn at 1.40pm	Number of registered places: 22
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 22 patients. The home has patient bedroom accommodation over two floors, with communal sitting areas and a dining room on the ground floor level.	

2.0 Inspection summary

An unannounced inspection was conducted place on 12 July 2021, from 10.05am to 2.20pm by a care inspector.

The inspection sought to assess the progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All areas of improvement identified at the last inspection were reviewed and met.

The home was clean, tidy, well ventilated and lit and free from malodour.

Staffing levels were found to be safe, effective and adjusted if and when required following on-going review. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Patients were seen to be well cared for. There was clear evidence of attention to personal care and dressing, and those patients who required assistance with mobility, changing position and assistance with meals and fluids were seen to be attended to by staff in a prompt and compassionate manner.

Feedback from patients and staff indicated that they were very satisfied with the care and service provided for in Fishbourne House.

Areas of improvement were identified in respect of recording of the duty rota, risk assessment of free standing wardrobes and an identified care plan.

RQIA were satisfied that the delivery of care provided for in Fishbourne House was safe, effective, compassionate and well-led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients and staff were asked for their opinion on the quality of the care and their experience of living and working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

During the inspection we spoke with 19 patients and five staff. No questionnaires were returned and we received no feedback from the staff online survey. In accordance with their capabilities,

patients spoke in positive terms about the care they received and on their interactions with staff. Patients confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. One patient made the following comment; “The care is very good and so is the staff. The food is like a hotel, almost too much. We are both very happy here and feel very safe”.

Staff acknowledged the challenges of working throughout the COVID–19 pandemic. Staff stated that Fishbourne House provided good care to patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 September 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Standard 46.2 Stated: First time	The registered person shall ensure there is a clear system in place to ensure regular cleaning of touchpoints in the home especially during afternoons and evenings when domestic staff are no longer in the home.	Met
	Action taken as confirmed during the inspection: Discussions with staff confirmed that these areas were routinely cleaned by staff.	
Area for Improvement 2 Ref: Standard 35.4 Stated: First time	The registered person shall ensure there is a robust system in place to monitor the recording and reporting of accidents and incidents.	Met
	Action taken as confirmed during the inspection: An audit of accident and incidents has been put in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Discussions with the manager confirmed she had a good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular mandatory and additional training in a range of topics, which include training in falls prevention and COVID-19.

Staff said there was good team work and that the provision of care was very good.

The duty rota identified the person in charge when the manager was not on duty. An area of improvement was made for the duty rota to clearly indicate the grades of staff on duty and the manager's hours of duty. Any person in charge of the home in the manager's absence had undertaken a competency and capability assessment for this role.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

One patient said "The care here is very good and so is the staff. We are both very happy here and feel safe".

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients' care records were stored in a safe secure manner.

Care records were well maintained, regularly reviewed and updated to ensure they accurately reflected the patients' needs and the care being provided. Where possible, patients were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them. An area of improvement was identified with one identified patient's care records. This patient had an identified need pertaining to confused behaviour but had no corresponding care plan in place.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Staff interactions with patients were observed to be polite, friendly, warm and supportive.

Staff were seen to seek patients' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..."

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes to the needs of the patients. In addition, care records were accurately maintained and reflected the needs of the patients. Staff on duty had good knowledge of individual patient's needs, their daily routines, wishes and preferences.

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

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the patients. Two patients made the following comments; "The food is like a hotel. Almost too much." and "The food is very good. You can choose what you like and the staff know what I don't like."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what patients had to eat and drink daily.

Each patient had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the environment was clean and tidy with a good standard of décor and furnishings being maintained.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

An area of improvement was made for all free standing wardrobes to be risk assessed in accordance with current safety guidelines with subsequent appropriate action. A number of wardrobes were found to pose a risk if a patient were to pull on same in the event of a fall.

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

Feedback from the manager and observation of the environment confirmed that there were systems and processes in place for the management of risks associated with COVID-19 and other infectious diseases.

Inspection of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and other accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Systems were in place with regard to IPC management and visiting arrangements were in keeping with current regional guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or reside in areas of choice. Depending on the assessed needs of the patient, we observed additional support being provided by staff as required. Patients were observed to be comfortable and at ease in their environment and in interactions with staff.

The manager reported that the home has an activities co-ordinator, who facilitates activities on a one to one basis or in small groups. Patients commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls to their loved ones. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music played in the home was appropriate to patients' preferences and this helped create the nice atmosphere in the home.

In summary the home supports patients to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs. Rosemary Lunn has been the manager in this home since 18 October 2010.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

Three areas for improvement were identified in respect of risk assessment of free standing wardrobes, recording of the duty rota and an identified patient's care plan. Details can be found in the Quality Improvement Plan included.

Patients were comfortable, content and at ease in their environment and interactions with staff. Positive feedback was received throughout from patients and staff.

Staff were seen to be attentive and care was delivered in a person centred kind manner.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rosemary Lunn, 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(2)(t) Stated: First time To be completed by: 12 August 2021	<p>The registered person shall risk assess all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The freestanding wardrobes have been secured to the walls again.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 28 July 2021	<p>The registered person shall record in the duty rota the hours worked and planned to be worked by the manager and the grades of staff on duty.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The duty rota has been amended and updated to include the grades of all staff on duty.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 19 July 2021	<p>The registered person shall put in place a person centred care plan in respect of the assessed area of care for the identified patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The residents care plan has been reviewed and updated as requested.</p>

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



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