



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of establishment:	Fishbourne House
RQIA number:	1252
Date of inspection:	28 October 2014
Inspector's name:	Linda Thompson & Sharon Loane
Inspection number:	17083

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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General Information

Name of Home:	Fishbourne House
Address:	71 Spa Road Ballynahinch BT24 8PT
Telephone Number:	028 97561165
E mail Address:	rosemary.lunn@googlemail.com
Registered Organisation/ Registered Provider:	Mr William Brown & Mr James Alexander Speers
Registered Manager:	Mrs Rosemary Lunn
Person in Charge of the Home at the Time of Inspection:	Mrs Rosemary Lunn
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI, RC-I
Number of Registered Places:	22
Number of Patients Accommodated on Day of Inspection:	19
Scale of Charges (per week):	£581.00 per week
Date and Type of Previous Inspection:	3 December 2013, primary unannounced inspection
Date and Time of Inspection:	28 October 2014 09.30 – 14.00 hours
Name of Inspector:	Linda Thompson Sharon Loane

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

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

- Discussion with Registered Provider
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Consultation process

During the course of the inspection, the inspector spoke with:

Patients	8
Staff	5
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection, to patients, their representatives and staff seeking their views regarding the service. Matters raised from the questionnaires were addressed by the inspector either during the course of this inspection or within the following week.

Issued to	Number issued	Number returned
Patients	5	3
Relatives / representatives	0	0
Staff	5	5

1.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

1.5 Profile of Service

Fishbourne House is a twenty-two bed nursing home situated in a rural area of Spa in County Down. The home is situated off the main road on a corner site with spacious, well maintained gardens. The car parking is located at the side of the building.

The nursing home is owned and operated by Mr William Brown and Mr James Alexander Speers.

The current registered manager is Mrs Rosemary Lunn.

Accommodation for patients is provided over two floors of the home. Most bedrooms however are located on the ground floor.

Access to the first floor is via a passenger lift and stairs.

Two communal lounges at the front of the house and a sun lounge at the rear of the building are available on the ground floor. A large communal dining area is also provided beside the sun lounge.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is tastefully decorated in a warm homely fashion to suit the needs of the patients.

The home is registered to provide care for a maximum of 22 persons under the following categories of care:

Nursing care

NH - I	Old age not falling into any other category
NH - PH	Physical disability other than sensory impairment
NH - PH (E)	Physical disability other than sensory impairment over 65 years
NH - TI	Terminally ill

The certificate of registration was displayed in the entrance hall.

2.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Fishbourne House. The inspection was undertaken by Linda Thompson and Sharon Loane on 28 October 2014 from 09.30 to 14.00 hours.

The inspectors were welcomed into the home by Ms Rosemary Lunn registered manager who was available throughout the inspection. Mr William Brown registered person was also available for periods during the inspection visit. Verbal feedback of the issues identified during the inspection was given to Mr Brown and Ms Lunn at the conclusion of the inspection.

During the course of the inspection, the inspectors met with patients and staff. The inspectors observed care practices, examined a selection of records, issued patient and staff questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

Prior to the inspection, the registered persons completed a self-assessment using the criteria outlined in the standards inspected. This self-assessment was received by the Authority in 25 September 2014. The inspectors have reviewed the responses provided however due to a change in inspection focus they have been unable to validate the statements provided by the registered manager.

The comments provided by the registered persons in the self-assessment were not altered in any way by RQIA. See appendix one.

As a result of the previous inspection conducted on 3 December 2013 seven requirements and 21 recommendations were issued. These were reviewed during this inspection. The inspector evidenced that six requirements were fully or substantially complied with and one was evidenced to be moving towards compliance and is restated for a second time.

Twenty recommendations had been fully complied with. One recommendation was evidenced after having been stated for three times to be moving towards compliance. This is therefore raised as a requirement as a consequence of this inspection.

Details can be viewed in the section immediately following this summary.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard. There were processes in place to ensure that the management of continence was being effectively managed. However the management of continence will be enhanced with the sourcing of the professional guidance documentation as recommended.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to the management of infection prevention and control in a number of areas. The replacement of two toileting slings is considered by the inspectors to be urgent. Details are provided in section 6.4 below.

Therefore, four requirements, one recommendation and one restated requirement are issued as a consequence of this inspection. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors raised concerns regarding the content of the annual quality review. Further correspondence regarding the content of the annual quality review will be considered separate from the inspection findings.

The inspectors would like to thank the patients, the registered person, the registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspectors would also like to thank the patients, and staff who completed questionnaires.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15(1)(d)	<p>The registered person must ensure that they confirm in writing to all patients that having regard to their assessment, the home is suitable to meet their care needs in respect of health and welfare.</p>	<p>The inspector examined the template letter provided to patients / representatives prior to admission to the home.</p> <p>The registered manager confirmed that this letter was issued as required however a copy of the letter is not held at present in the home.</p> <p>The inspector suggested that this oversight be actioned to validate that the letter has been appropriately issued.</p>	Compliant
2	10 (1)(2)(3) 20(1)(a)	<p>Ensure that the registered person and nurse manager undertake training in the following topics.</p> <ul style="list-style-type: none"> • employment legislation and practice guidance for Access NI; • communication training; • health and safety training; • management of complaints received by the home; • complaints management made on behalf of patients in respect of supporting services within the HSC Trust; • whistleblowing management training. 	<p>The inspector discussed the training topics with both the registered person and the registered manager.</p> <p>It is confirmed that training has been undertaken by either the registered person or the registered manager.</p> <p>Some additional training has yet to be completed by the registered manager in respect of health and safety training. Dates are arranged.</p>	Substantially compliant

3	14(4)	<p>Ensure that all staff receive training in how to respond to an allegation or suspicion of vulnerable adult abuse in accordance with legislation and regional policy and procedural guidance and protocol.</p> <p>In addition the registered manager should also ensure staff competency in regard to the procedures.</p>	<p>The registered manager has confirmed that all staff have been provided with training in respect of Safeguarding of Vulnerable adults.</p> <p>The registered manager also discussed the provision of on line training being established for staff. This development is commended however the registered manager must be vigilant to ensure that training received is fully embedded into practice.</p>	Compliant
4	20(1)(c)(i) and (iii)	<p>The registered persons must provide confirmation to RQIA that:</p> <ul style="list-style-type: none"> • <u>all</u> staff working in the home have completed the required mandatory training and or training updates • any nurse working in the home who undertakes wound care tasks has received the required training and has been assessed and deemed competent to perform wound care safely and effectively 	<p>The inspector can confirm that the management of mandatory training is being further developed.</p> <p>At the time of the inspection the registered manager was unable to provide details of the actual number of staff attending training nor any information on staff who had failed to complete the required mandatory training.</p> <p>The inspector required the registered manager to develop a training matrix as a master document upon which to record each staff member's individual attendance. The training matrix should be monitored and updated throughout the year to ensure that full compliance with all training is achieved.</p> <p>The training matrix document when drafted</p>	Moving towards compliance

			<p>and populated should be forwarded to the inspector with the return of the QIP.</p> <p>The registered manager informed the inspection that wound care training for registered nurses was almost completed. Further training is being provided for registered nursing staff within the next two weeks by the South Eastern HSC Trust.</p> <p>This requirement is stated for a second time as a consequence of this inspection.</p>	
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5	16(1) & (2)	<p>The registered persons must ensure the following:</p> <ul style="list-style-type: none"> • care records provide sufficient evidence as to who is consulted and or involved in the decision making for the use of bedrails and associated risks pertaining to their use have been explained. • discussions regarding the alarm being used for one identified patient are recorded • patients and or their representatives are included in the assessment and care planning process, and at all times to include the information shared, the discussions held and any agreements which are reached. • one patient on restricted fluid intake should have a food and fluid chart in place and measurable amounts recorded. 	<p>The inspector can confirm that care records are maintained to fully demonstrate consent for use of restraint and that patients or their representative are involved in the assessment and care planning process within the home.</p>	Compliant
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6	27(2) (b)(c)(d)(t) (4)(a)-(f)	<p>The registered person must provide confirmation to RQIA that the fault on the specialist mattress has been attended to, and that all Health and Safety, Fire Safety and upgrading of the home issues which are recorded in Additional Information 11.7 have been effectively addressed.</p> <p>Confirmation is required that the first floor toilet has been upgraded to meet the needs of patients accommodated in the home, and the sluice is also upgraded taking account of good infection control practices.</p>	<p>The inspector can confirm that the fault with the pressure relieving mattress has been appropriately addressed.</p> <p>The first floor toilet and sluice rooms are appropriately actioned.</p>	Compliant
7	18(2)(a)(j)	<p>The registered person must provide so far as is necessary</p> <ul style="list-style-type: none"> • suitable communication facilities for patients to summon assistance • keep the nursing home free from offensive odours. 	<p>The inspector can confirm that all patients in communal areas are able as required to summon help. A nurse call system is in place and there are also addition hand held bells available for use as required.</p> <p>The home at the time of the inspection was well maintained, bright and clean. No Malodours were evidenced throughout the building.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	10.4 10.5 28.4	<p>Ensure staff induction programmes are reviewed and updated to evidence that</p> <ul style="list-style-type: none"> competency and capability assessments for registered nurses provide information on behaviour management. 	<p>The inspector can confirm that the current competency and capability assessment is detailed and comprehensive. Behaviours which challenge staff is included within the current training on safeguarding of vulnerable adults and dementia awareness. However the registered manager confirmed that behavioural management is a separate entry.</p>	Compliant
2	28.1	<p>Ensure there is a structured programme of staff induction which evidences in sufficient detail the information covered for each area.</p>	<p>The current induction programme used for all staff continues to fail to fully identify the details of the induction provided and is a record of topics of discussion rather than evidence of actual induction provision.</p> <p>This matter is raised as a requirement.</p>	Moving towards compliance
3	29.1	<p>The registered manager and or any other supervisors must be appropriately trained for any supervision and appraisal they undertake.</p>	<p>The registered manager confirmed that training for supervision and appraisal has been received.</p>	Compliant
4	25.17	<p>The registered person should ensure that post falls/incident reviews are undertaken following any accidents/incidents.</p>	<p>The registered manager was able to evidence that post falls/incident reviews are appropriately maintained.</p>	Compliant

5	12.1 12.10	<p>The registered manager should provide confirmation that the regional guidance, "Promoting Good Nutrition: A Strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016" (DHSSPS) is available within the home to guide and inform staff. Confirm the number of staff and of which grade have attended training / awareness session(s) in:</p> <ul style="list-style-type: none"> • feeding techniques; • use of fluid thickeners; • appropriate use of aids or equipment; • assisting patients with sensory deficits; • how to support and assist a patient who is choking; • "Promoting Good Nutrition: A Strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016" (DHSSPS) 	The inspector can confirm that all appropriate guidance was available as required.	Compliant
6	12.8	It is recommended that the registered manager develops a policy on 'take away foods' in consultation with patients and other relevant stakeholders.	The inspector can confirm that a policy on 'takeaway' foods is appropriately maintained.	Compliant

7	25.12	The registered persons must ensure the regulation 29 reports should be consistently completed on a monthly basis.	The inspector reviewed a number of regulation 29 reports and can confirm that these are completed on a monthly basis as required.	Compliant
8	25.12	<p>The registered persons must ensure that the monthly report is developed to include:</p> <ul style="list-style-type: none"> evidence is available to confirm that patients and or their representatives are made aware of how regulation 29 reports could be accessed. The monthly regulation 29 report should include the unique identification of patients' interviewed to ensure that the same patients are not being interviewed each month monthly reports should reflect the grades of staff interviewed the registered providers opinion as to the standard of nursing provided in the home at the time of their visit should be enhanced. improvements are needed to evidence the deficits identified and an action plan developed to address the deficits 	<p>The inspector can confirm that patients have been made aware of the availability of the regulation 29 report. It is however recommended that signage is placed on the patient / representative notice board as a regular prompt for all concerned.</p> <p>The regulation 29 reports examined continued to illustrate the name of the patient interviewed. It is important that the registered person fully appreciates the importance of confidentiality given that the regulation 29 report is a public document. Patients should be referred to using their unique identifier numbers.</p> <p>The inspector can confirm that monthly reports refer to grades of staff.</p> <p>The registered person's opinion of the quality of care in the home is appropriate.</p>	Compliant

9	25.13	<p>The registered persons should develop the annual report to include the following information:</p> <ul style="list-style-type: none"> • a date is recorded on the annual report • evidence of good practice, positive developments and proposed areas for improvement. • evidence that a copy of the home's annual quality report is made available to patients/relatives or is on display in the home. 	<p>The inspector examined the recent annual report. Whilst the report has been completed it could be further enhanced to fully reflect the number of positive developments ongoing in the home over the past year.</p> <p>The inspector raised concerns regarding the wording of the current report. The inspector will address these issues outside of the inspection process.</p>	Substantially compliant
10	16.1	<p>The registered persons should ensure that current safeguarding legislation and guidance is retained in the file and the home's policy on safeguarding is reviewed to incorporate the impact of human rights legislation.</p>	<p>The inspector can confirm that current safeguarding legislation is available and that the homes policy on safeguarding takes account of the impact of human rights legislation.</p>	Compliant

11	16.2 16.3	The registered persons must provide confirmation to RQIA that nursing staff have received training and their knowledge and skill and competency is tested in recognising safeguarding issues and specifically when the health and social care safeguarding team should be alerted.	The inspector can confirm that staff are knowledgeable in identifying and reporting safeguarding events.	Compliant
12	16.4 17.13	The registered persons must ensure that, the safeguarding team are contacted in a timely manner when complaints which compromise care values and reference safeguarding issues are made.	The inspector can confirm that the registered manager is aware of the urgency of reporting safeguarding events. No events have been identified since the last inspection.	Compliant
13	10.7	<p>The registered persons must ensure that the restraint policy is reviewed and updated to reflect Human Rights Legislation, the recording of best interest decisions and the DHSSPS Deprivation of Liberty Safeguards. (DOLS)</p> <p>The registered manager must provide confirmation that a copy of the guidance document, "Let's talk about restraint" Rights, risk and responsibility (RCN 2008), is available on the home for staff reference.</p>	<p>The inspector can confirm that the restraint policy has been reviewed and updated as required.</p> <p>Guidance documents on restraint were available in the home at the time of this inspection.</p>	Compliant

14	10.7	The registered manager should ensure, staff receives training on Human Rights Articles, and information pertaining to relevant articles included in patient care records.	The inspector can confirm that this training has been delivered.	Compliant
15	5.1 11.1	The registered manager must ensure that nursing records consistently reflect that the patient and or their representative are involved in the assessment process and care planning process and reference is made to completion of pain assessments and bowel type referencing the Bristol Stool Chart.	The inspector can confirm that there is evidence of patient/ representative involvement in the assessment and care planning process.	Compliant
16	5.3	The registered manager must provide confirmation to RQIA that each patient has been allocated a named nurse.	The inspector can confirm that a named nurse system is established in the home.	Compliant
17	5.3	<p>The registered manager must ensure the following information is included as part of the patient's care plan:</p> <ul style="list-style-type: none"> • type of pressure relieving equipment and /or the pressure relieving equipment in use when the patient is sitting out of bed. 	The inspector reviewed the nursing care records of two patients requiring pressure relieving equipment and can confirm that records indicate the equipment to be used when sitting out of bed.	Compliant

18	5.3	The registered manager should ensure information leaflets on skin care and prevention were available in the home for patients and their representatives, or evidence that education, verbal or written had been given to patients and their representatives.	The inspector can confirm that a skin care folder which includes various information leaflets is available in the home. This is accessible by patients and their representatives.	Compliant
19	25.2	The registered manager should ensure that a review is undertaken of care practices identified during meal times as highlighted in the main report additional information 11.4 and inform RQIA on the review outcome.	The inspector can confirm that a 'dining experience' review has been undertaken and actions have been taken as required to address any deficits identified.	Complaint
20	30.7	The registered persons must ensure that the registered manager's hours are recorded and hours designated for management and care duties are clearly identified.	The inspector having examined the staff duty rota can confirm that the registered manager's care and office hours are clearly defined.	Compliant
21	25.4	The registered persons should develop the audit process further by ensuring audit outcomes are recorded, and an action plan is developed upon completion of each audit, and a re-audit is undertaken as an assurance that the required improvements have been made.	The inspector can confirm that audit outcomes are identified and evidence is retained to demonstrate that actions have been taken as required.	Compliant

4.0 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection 3 December 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Fishbourne House.

5.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: Review of two patients' care records evidenced that bladder and bowel continence assessments were undertaken for patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. The registered manager confirmed that these assessments are maintained for all patients. There was evidence in two patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. Review of three patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Compliant

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings: The inspector can confirm that the following policies and procedures were in place; <ul style="list-style-type: none"> • continence management / incontinence management • catheter care The registered manager informed the inspection that there was not currently a policy and procedure available in respect of stoma care. A recommendation is raised to address this deficit. The inspector was unable to confirm that professional guidance was available in the home to direct staff in the management of bladder and bowel continence, the use of urinary catheters and stoma care. A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis: <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN continence care guidelines 	Moving towards compliance

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the manager revealed that all the registered nurses in the home were deemed competent in female catheterisation and the management of stoma appliances. The registered manager informed the inspector that male catheterisation is provided as required by the South Eastern HSC Trust.	Compliant
Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially Compliant

6.0 Additional Areas Examined

6.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

6.2 Patients' Views

During the inspection the inspector spoke to 8 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"I am very happy with everything here."

"Food is very good and plenty of it"

"The home is clean and tidy."

"My room is always kept clean and I am happy with everything."

"Couldn't get better very happy"

6.3 Staffing/Staff Views

The inspector examined duty rotas spanning a three week period. Review of duty rotas indicated that the staffing arrangement met RQIA's recommended minimum staffing guidance for nursing homes for the number of patients currently accommodated.

During the inspection the inspector spoke to eight staff. Examples of staff comments were as follows;

"I am very happy working in the home."

"This is a good home we work well as a team."

"The patients and residents are well cared for."

"The home has a homely feel and standard of care very good "

6.4 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and maintained to a high standard of hygiene. The inspector raised concern regarding the following;

- soiled incontinence pads were observed to be disposed in black refuse bags. The registered manager must ensure that these are disposed in yellow clinical waste bags as directed in the regional infection prevention and control manual
- the floor in the linen store should be kept clear for ease of cleaning. The bed and mattress stored in this area must be removed
- the damaged commode in the first floor sluice room should be repaired or replaced
- the two identified armchairs should be recovered to provide an intact, washable surface
- the light pull cord in the downstairs toilet should be replaced
- the mosaic tiled area in the ground floor shower should be deep cleaned
- soiled clothing/linens should be held in an appropriate receptacle and not left on the floor in the laundry room

6.5 Nursing equipment

The inspector raised concerns regarding the suitability of two toileting slings evidenced to be worn and frayed. A requirement is raised to ensure that these are replaced with urgency.

6.6 Regulation 29 monthly reports and the annual quality report

The inspector reviewed the last four Regulation 29 monthly reports and the annual quality report. A copy of these documents was forwarded to RQIA post inspection.

The Regulation 29 reports are evidenced to be maintained on a monthly basis however a number of breaches of confidentiality were noted. The inspector discussed at length the management of these reports with the registered person. It is recommended that the registered person be vigilant to Data Protection Legislation and to also consider the new template of the report provided by RQIA as an example of the level of detailed required.

Concern was raised by the inspector regarding the content of the annual quality report. Whilst it is acknowledged that the report has been prepared; in the inspector's professional opinion the report should be reviewed and enhanced to illustrate the positive aspects of Fishbourne House. Further correspondence between the registered person and the inspector in respect of the annual report will be considered.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to 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.

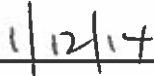
The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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


Linda Thompson
Inspector/Quality Reviewer


Date

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 <ul style="list-style-type: none"> At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment. Criterion 5.2 <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission. Criterion 8.1 <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent. Criterion 11.1 <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Prior to admission to the Home a Registered Nurse from the Home will visit the Resident to carry out an initial assessment, in order to assess the level of care and specialist equipment required and suitability to the Home. During planned admissions further written details and assessments are forwarded by the care manager. Risk assessments are carried out at the time of admission, baseline observations are recorded. Height and weight are checked and recorded. Skin and pressure areas are observed and a body map is compiled. Fall risk assessment, moving & handling, pain assessment, continence assessment and bedrail assessment are completed by the nurse admitting the resident. MUST and Braden scale are recorded at this time. All risk assessments are reviewed and updated monthly by the named nurse or more frequently if there is a sudden change in condition.</p>	<p>Compliant</p>

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.

Criterion 11.2

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

Criterion 11.3

- Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.

Criterion 11.8

- There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.

Criterion 8.3

- There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.

Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Every Resident has a named nurse who is responsible for assessing and reviewing all risk assessments at least monthly. These are all monitored monthly by the Registered Manager and discussed with the Named nurse. Relatives are kept informed of any changes, Good communication and up to date knowledge ensures prompt referral to the appropriate healthcare professionals is sought without delay. All recommendations made by the visiting healthcare professionals will be documented in the residents notes and care plan and carried out as per advice.</p>	<p>Compliant</p>

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Care given is evaluated daily by the nurse. Care plans are reviewed monthly by the named nurse ,or more frequently if there is a sudden change in condition.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The Braden scale is recorded monthly for every resident or when there is a sudden change in condition. Staff receive training on skin care and pressure area care and preventative measures of skin damage. All staff are aware of current nutritional guidelines and special dietary requirements for every resident including likes and dislikes.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>All records are kept in accordance with NMC Guidelines . Every Resident has a food diary detailing how much of each meal was consumed or refused for every meal ,every day. All residents are weighed monthly and BMI and MUST are calculated,Prompt referrals are thus ensured to eg. Dietician or Speech and language therapist or Dentist/GP if required.</p>	<p>Compliant</p>

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Details of the care given to every resident is recorded at least twice daily. All care plans and risk assessments are reviewed monthly and discussed with the Resident, Next of kin and Registered Manager.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
All Residents are invited to attend review meetings and are always given the opportunity to voice their opinions. All Residents and their Next of Kin are involved in decision making and kept up to date with any changes. Reviews are documented and a written record is forwarded to the home by the care manager,	Compliant

Section H

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 12.1

- Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.
Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines.

Criterion 12.3

- The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.
A choice is also offered to those on therapeutic or specific diets.

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section

Section compliance level

A monthly menu plan is in operation, This is reviewed seasonally and displayed on the notice board. Ideas and input are welcomed from residents/relatives. Residents likes/dislikes are always taken into account and displayed for staff/cook. An alternative is offered if a meal is disliked. Staff keep a detailed record of how much was eaten by every resident at every meal. The daily menu is displayed in the dining room, special diets are catered for at every meal time. Nutritional Questionnaires are sent out to residents periodically and all findings discussed with the Registered Provider, Cooks and Registered Manager.

Compliant

Section I

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 8.6

- Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.

Criterion 12.5

- Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.

Criterion 12.10

- Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:
 - risks when patients are eating and drinking are managed
 - required assistance is provided
 - necessary aids and equipment are available for use.

Criterion 11.7

- Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Nursing staff have knowledge and experience in feeding and swallowing difficulties and are fully aware of each residents nutritional needs. Staff have attended training organised by SALT and in house guidance/advice is also available. All recommendations made by SALT are discussed with staff, cooks, family, resident and written in care plan and nutritional file. Individual needs are discussed with staff and documented in the residents care plan. Meals are prepared on site and served at conventional times, or as resident wishes. Snacks and drinks are always available at any time of the day or night.</p> <p>Nursing staff are encouraged to keep up to date with wound management by attending training and study days, reading in house files. The home has access to a Tissue Viability Nurse when required.</p>	Provider to complete

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Compliant



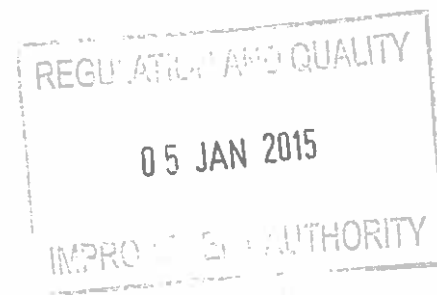
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Fishbourne House

28 October 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager and the registered person either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20(1)(c)(i) and (iii)	<p>The registered persons must provide confirmation to RQIA that:</p> <ul style="list-style-type: none"> • <u>all</u> staff working in the home have completed the required mandatory training and or training updates • any nurse working in the home who undertakes wound care tasks has received the required training and has been assessed and deemed competent to perform wound care safely and effectively <p>The registered manager must develop a training matrix to evidence at a glance the levels of staff compliance with training. The matrix should be populated with details of training received by staff since April 2014 and a copy forwarded to the inspector for reference.</p> <p>Ref section 4.0</p>	Two	<p>TRAINING MATRIX AVAILABLE + DISPLAYED IN STAFF ROOM.</p> <p>TRAINING MATRIX ALSO AVAILABLE WITH ONLINE TRAINING PROGRAMME.</p> <p>NURSES ON DAY DUTY HAVE UNDERTAKEN WOUND CARE TRAINING.</p>	With return of QIP
2.	12(2)	<p>The registered persons must ensure that the two identified toileting slings are replaced with urgency.</p> <p>Ref section 6.5</p>	One	<p>TWO NEW TOILETING SLINGS PURCHASED. TWO IDENTIFIED SLINGS DISPOSED OFF.</p>	Immediate from date of inspection

3.	13(7)	<p>The registered persons must ensure that the following are actioned with urgency;</p> <ul style="list-style-type: none"> • yellow clinical waste bags must be used for disposal of all incontinence products or wound dressings • the damaged commode in the first floor sluice room should be repaired or replaced • the two identified armchairs should be recovered to provide a washable, intact surface • the light pull cord in the downstairs toilet should be replaced • the mosaic tiled area in the ground floor shower should be deep cleaned • soiled clothing/linens should be held in an appropriate receptacle and not piled on the floor • the bed stored behind the linen store should be removed <p>Ref section 6.4</p>	One	<ul style="list-style-type: none"> • YELLOW CLINICAL WASTE BAGS ARE IN USE • DAMAGED COMMODE REMOVED FROM USE. • 1 CHAIR FIXED . 1 CHAIR AWAITING COLLECTION BY COMMUNITY O/T. CARE MANAGER ADVISED . • LIGHT PULL FIXED ON DAY OF INSPECTION • SHOWER ROOM REFURBISHED . • STAFF ADVISED HOW TO STORE SOILED LINEN IN LAUNDRY ROOM. • BED STORED ON PLINTH AT PRESENT. 	Immediate from date of inspection
4.	14(2)(c)	<p>The registered persons must ensure that risks to patients are minimised.</p> <ul style="list-style-type: none"> • all chemicals stored in the sluice areas should be appropriately secured in keeping with COSHH legislation <p>Ref section 6.5</p>	One	<p>SLUICE W/BOARD DOORS LOCKED .</p>	From date of inspection and on going

5.	20(1)(c)(i)	<p>The registered persons must ensure that all new staff employed complete a phased, detailed and structured induction. The induction records must be comprehensive and retained for inspection.</p> <p>Ref section 4</p>	One	<p>NEW INDUCTION PROGRAMME COMMENCED. COPY ALREADY SENT IN TO RQIA, FOR COMMENT.</p>	By end December 2014
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Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19.2	<p>It is recommended that the registered manager ensure that ;</p> <ul style="list-style-type: none"> • a policy is established to guide the staff on the management of stoma care. <p>Professional guidance documents such as the following are available for staff in the home;</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN continence care guidelines <p>Ref section 5.0</p>	One	<p>A POLICY IS AVAILABLE ON CARE + MANAGEMENT OF STOMA'S .</p> <p>THESE DOCUMENTS ARE AVAILABLE TO ALL STAFF.</p>	By end November 14

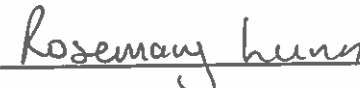
The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: 

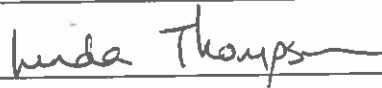
NAME: WILLIAM BROWN
Registered Provider

DATE 19-12-2014

SIGNED: 

NAME: ROSEMARY LUNN
Registered Manager

DATE 19-12-2014

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes		6/1/15
Further information requested from provider			