

Unannounced Care Inspection Report 29 September 2020



Fishbourne House

Type of Service: Nursing Home (NH)
Address: 71 Spa Road, Ballynahinch BT24 8PT
Tel no: 02897561165
Inspector: Bronagh Duggan

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 April 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

<p>Organisation/Registered Provider: Mr William Brown Mr James Alexander Speers</p> <p>Responsible Individuals: Mr William Brown Mr James Alexander Speers</p>	<p>Registered Manager and date registered: Rosemary Lunn –18 November 2010</p>
<p>Person in charge at the time of inspection: Rosemary Lunn</p>	<p>Number of registered places: 22</p>
<p>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.</p>	<p>Number of residents accommodated in the nursing home on the day of this inspection: 17</p>

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Patients shared positive comments with regards to their experiences of living in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rosemary Lunn, manager, as part of the inspection process. Responsible individual Mr William Brown was also present during and 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.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with seven patients individually and others in groups, five staff, the registered manager and the responsible individual. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with "Tell Us" cards which were then placed in a prominent position to allow patients and their representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Five completed questionnaires were returned from patients within the identified timescale. Respondents indicated that they were very satisfied with the care provided in the home.

The following records were examined during the inspection:

- Duty rotas
- Three care records
- Staff professional registration information
- Monthly monitoring report
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

Areas for improvement identified at the last care inspection 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 areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced premises inspection undertaken on 9 March 2020. No further actions were required to be taken following the most recent inspection on 9 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) and (c) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Inspection of the home showed fire doors were managed appropriately and fire exit routes and fire exit doors were kept clear.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspection of the home showed items were stored appropriately.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35. 3 Stated: First time	The registered person shall introduce a system to monitor and report on how they ensure that staff adhere: <ul style="list-style-type: none"> • to fire safety measures – specifically regarding fire doors, exit routes and fire exit doors • infection prevention and control practices - specifically regarding the storage of equipment in bathrooms where there is a toilet • to notification to RQIA of any medicine omission 	Met

	Records of this monitoring and any actions taken to address any identified concerns shall be available for inspection.	
	<p>Action taken as confirmed during the inspection:</p> <p>During discussion with the manager and inspection of the environment this showed clear signage was in place with regards to highlighting fire exits, and the storage of equipment in bathrooms. No hazards were observed during the inspection. Medication information was recorded on the homes daily handover record to ensure it was shared with staff and other relevant bodies.</p>	

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10:45, the manager was in charge of the home upon arrival. We discussed staffing levels for the home. Staff duty rotas for the period 21 September 2020 until 11 October 2020 were reviewed. We could see there were stable staffing arrangements in place and shifts were adequately covered. The duty rota accurately reflected the staff on duty.

During discussion staff confirmed that they felt staffing levels were sufficient to ensure the needs of patients were met. There were no concerns raised or observed with regards to staffing levels on the day.

Staff spoke positively about their experiences in the home. Staff confirmed they were aware of the reporting arrangements and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working and they were aware of the individual needs of patients.

Comments received from staff included:

- "I love my work, I am very happy here."
- "It's a good place to work, there is good teamwork."
- "(It is) a homely place, it feels very family orientated."

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on COVID 19; signage was also displayed throughout the home regarding handwashing technique. The inspector's temperature was taken and recorded upon arrival at the home. The manager advised all visitors temperatures were checked and relevant information recorded prior to admission to the home.

The manager confirmed all patients and staff had temperatures taken twice daily. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

Discussions with staff confirmed they were aware of what to do and how to reduce or minimise the risk of infection. Domestic staff were observed cleaning different areas throughout the day, with attention given to touch points throughout the home. We discussed with staff and the manager the arrangements for touch point cleaning once the domestic staff had gone off duty as this appeared to be limited during the afternoons and evening periods. The need for ongoing cleaning of touch points was discussed. An area for improvement was identified.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. Areas inspected included three communal living areas, dining room, bathrooms, toilet areas and a sample of bedrooms. Patient's bedrooms were nicely decorated and individualised to reflect patient's personal interests. Fire exits were kept clear, signage was in place, there were no obvious hazards observed.

The registered manager advised plans were in place to repaint identified areas of the home, in addition following the inspection information was provided to confirm the replacement of carpet in identified downstairs areas of the home.

6.2.4 Care delivery

We observed staff practice in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patients individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

Some patients were observed relaxing in their bedrooms watching television and reading daily newspapers whilst others resided in communal areas. Patients spoken with appeared comfortable; call bells were within reach, staff were observed as being available throughout the day to meet their needs.

Comments from patients included:

- "I can't complain about anything, they are all very good. The food is lovely, get too much! Its 100 per cent here."
- "They (staff) are good, if I buzz they will come quick, the food is lovely."
- "I am so glad to be here, I am very lucky, wouldn't want to be anywhere else. The girls are all so good, will do anything for you. The food is great, can't complain about anything."
- "I'm happy enough."
- "Its excellent, the care, the food, laundry, everything. Rosemary the manager has very high standards. Can't say enough, it's very good."

The manager outlined the visiting arrangements in place, which were scheduled to allocated time slots. Visits were located at an identified porch area of the home and screens were in use to minimise risk of infection. The manager advised weekly email updates were also provided to relatives to keep them up to date with regards to how their relatives were doing. The manager confirmed visiting arrangements would continue to be risk assessed on an ongoing basis.

6.2.5 Care records

A sample of three care records was reviewed; review of records showed that they included an assessment of needs, risk assessments, care plans and regular evaluation records. Records reflected the individual preferences of patients including, for example, food and activity preferences and preferred rising and retiring times.

We could see the care records were reviewed and updated on a regular basis or as any changes occurred and reflected multi-disciplinary input. The manager advised relevant professionals were involved as necessary and staff were aware of the need to monitor and communicate changes in patients' needs and make onward referrals as required.

6.2.6 Governance and management arrangements

The manager confirmed she retains oversight of the home, staff spoken with confirmed they were kept informed of changes as they happened, information in relation to the management of COVID-19 was stored in the office and was available for staff to access. Staff spoken with were aware of reporting arrangements within the home and had good knowledge of the homes policy and procedures in relation to safeguarding and whistleblowing.

There was a system in place regarding the monitoring and review of staff's professional registration status. We could see there was also a system in place regarding the management of complaints. The home had received a large number of compliments in recent months.

We reviewed accident and incident records in the home and notifiable events that had been forwarded to RQIA. It was noted that there was some inconsistencies with regards to where information was recorded. We found some information was recorded in the homes accident book whereas other information was forwarded to RQIA and had not been recorded in the homes accident book as would have been expected. We discussed this issue with the manager. The need to ensure there is a robust system in place regarding the recording, reporting and reviewing of accidents and incidents in the home was identified as an area for improvement.

We reviewed the monthly monitoring report for September 2020, the registered provider confirmed their regular presence in the home following the relaxation of shielding guidance. Staff confirmed they found the management very supportive and approachable if they had any issues or concerns. The homes certificate of registration was available and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to interactions between patients and staff, promotion of a homely environment, team work, communication with relatives and representatives and promoting the individual interests of patients.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring enhanced cleaning of touch points throughout the home during afternoons and evenings and to ensure a robust system is in place to monitor the recording and reporting of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Patients looked well cared for and shared positive comments about their experiences living in the home.

We recognise that recent months have seen a significant focus on COVID-19 precautions and the efforts of staff in trying to promote a safe and homely environment.

Two areas for improvement were identified these related to enhanced cleaning of touch point areas and ensuring a robust system is in place with regards to recording and reporting of accidents and incidents.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosemary Lunn, manager, as part of the inspection process. Responsible individual Mr William Brown was also present during and 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46.2 Stated: First time To be completed by: 29 September 2020 and ongoing	<p>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.</p> <p>Ref: 6.2.2</p>
	Response by registered person detailing the actions taken: Systems are now in place
Area for improvement 2 Ref: Standard 35.4 Stated: First time To be completed by: 29 October 2020	<p>The registered person shall ensure there is a robust system in place to monitor the recording and reporting of accidents and incidents.</p> <p>Ref: 6.2.6</p>
	Response by registered person detailing the actions taken: All accidents and incidents are now reported

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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