



The Regulation and
Quality Improvement
Authority

Fishbourne House
RQIA ID: 1252
71 Spa Road
Ballynahinch
BT24 8PT

Inspector: Gavin Doherty
Inspection ID: IN021590

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**Announced Estates Inspection
of
Fishbourne House**

14 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 14 January 2016 from 10:30 to 12:30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with Mr William Brown, Responsible Person and Mrs Evelyn Brown as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: 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	Date Manager Registered: 18 November 2010
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 22
Number of Patients Accommodated on Day of Inspection: 22	Weekly Tariff at Time of Inspection: Regional Tariff, no third party top-up.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire safety

4. Methods/Process

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

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

Discussions with Mr William Brown, Responsible Person and Mrs Evelyn Brown.

The following records were examined during the inspection: Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced finance inspection dated 13 October 2015. The completed QIP was returned and approved by the specialist inspector on 16 December 2015.

5.2 Review of Requirements and Recommendations from the last Estates Inspection undertaken on 4 April 2014.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27	The following issues should be suitably addressed: <ul style="list-style-type: none"> • Repair the carpet threshold joint at the entrance to Bedroom 1 • Replace the carpet tiles at the 1st Floor Lift Landing with a suitable replacement floor finish • Replace (or if possible repair) the damaged vinyl floor finish in Bedroom 17 on the ground floor. 	Met
	Action taken as confirmed during the inspection: Verified by the inspector during the inspection.	
Requirement 2 Ref: Regulation 27	Ensure that the passenger lift and patient hoists are thoroughly examined in accordance with the 'Lifting operations, lifting equipment regulations' as issued and enforced by the Health and Safety Executive NI.	Met
	Action taken as confirmed during the inspection: Suitable on-going 'thorough examination is now being undertaken by the Lift service engineers. The most recent examination was undertaken on 11 January 2016 and there were no defects noted.	

<p>Requirement 3</p> <p>Ref: Regulation 13</p>	<p>Ensure that the risk assessment with regards to the control of legionella bacteria in the home's hot and cold water systems is suitably reviewed.</p> <p>Ensure that any required remedial works are completed and that the written scheme is fully implemented and maintained.</p> <p>Action taken as confirmed during the inspection:</p> <p>The most recent risk assessment was not available at the time of the inspection. However significant works have been undertaken to the home's plumbing services since the last estates inspection and many control measures were evidenced by the inspector. A further area of improvement is detailed in section 5.4 of this report and Item 1 of the attached Quality Improvement Plan.</p>	<p>Partially Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 27</p>	<p>Ensure that a fire risk assessment is undertaken by an assessor who holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>Once in place ensure that all significant findings are fully implemented and signed of within the stipulated timescales determined by the fire risk.</p> <p>Action taken as confirmed during the inspection:</p> <p>A fire risk assessment was undertaken on 1 May 2015 by a suitably accredited fire risk assessor.</p>	<p>Met</p>

Requirement 5 Ref: Regulation 27	Ensure that the fire door to the Linen Store off the Laundry is suitably adjusted to ensure it provides an effective fire seal.	Met
	Action taken as confirmed during the inspection: Verified by the inspector during the inspection.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 44	The floor tiles in the ground floor corridor area should be closely monitored and replaced before any risk to the health and safety of staff or patients becomes evident.	Met
	Action taken as confirmed during the inspection: New flooring has been laid in this corridor.	

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

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

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

No areas for improvement were identified as a result of this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

There are health & safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

1. The most recent risk assessment with regards to the control of legionella bacteria in the home's hot and cold water systems was unavailable at the time of the inspection. Discussions with Mr William Brown the registered responsible person confirm that significant upgrade works have been undertaken to the home's plumbing system since the previous estates inspection, and that many suitable control measures are currently in place and being maintained. However, it is important that the Home's risk assessment is now reviewed in light of recent significant changes made to the relevant 'approved code of practice' issued by the Health and Safety Executive (Legionnaires' disease. The control of legionella bacteria in water systems, L8 Fourth Edition, 2013). A downloadable copy of this document may be obtained at the following link:

<http://www.hse.gov.uk/pubns/priced/l8.pdf>

The Health and Safety Executive have also recently issued significant new guidance for providers in relation to this area. Again, a downloadable copy of this document may be obtained at the following link:

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>.

This will provide detailed guidance on the necessary control measures required for the premises hot and cold water systems. These control measures will include the need for the Home to have in place suitable:

- Temperature monitoring regimes
- Inspection and testing of installed thermostatic mixing valves

(Item 1 in the attached Quality Improvement Plan)

Number of Requirements	1	Number Recommendations:	0
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was undertaken by a suitably registered fire risk assessor. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

No areas for improvement were identified as a result of this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr William Brown, responsible person and Mrs Evelyn Brown as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to **RQIA, Hilltop, Tyrone & Fermanagh Hospital, Omagh, Co. Tyrone, BT79 0NS** and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 13 (7) Stated: Second time To be Completed by: 10 March 2016	Provide confirmation that a current valid risk assessment is in place in relation to the 'control of legionella bacteria in the home's hot and cold water systems'. Furthermore, provide confirmation that all requirements recorded in this risk assessment are, or will be, fully implemented within the timescales stipulated in the assessment.
	Response by Registered Manager Detailing the Actions Taken: <i>AWAITING REPORT FROM ASSESSOR.</i>

Registered Manager Completing QIP	<i>Rosemary Lunn</i>	Date Completed	<i>29/2/16</i>
Registered Person Approving QIP	<i>W. Brown</i>	Date Approved	<i>29/2/16</i>
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	13 April 2016

Please ensure the QIP is completed in full and returned to RQIA, Hilltop, Tyrone & Fermanagh Hospital, Omagh, Co. Tyrone, BT9 0NS