



The Regulation and
Quality Improvement
Authority

Inspector: Linda Thompson
Inspection ID: IN021782

Fishbourne House
RQIA ID: 1252
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**Unannounced Care Inspection
of
Fishbourne House**

4 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 4 June 2015 from 08.50 to 13.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 28 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding the reporting of notifiable events was issued to Fishbourne House at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Wendy Grudging registered nurse in charge of the home 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: Rosemary Lunn
Person in Charge of the Home at the Time of Inspection: Wendy Grudgings registered nurse	Date Manager Registered: 1 April 2005
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI RC-I provided for 2 identified individuals	Number of Registered Places: 22
Number of Patients Accommodated on Day of Inspection: 18	Weekly Tariff at Time of Inspection: £593

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 and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted from 25 July 2014 to 29 April 2015
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 8 patients individually and to most of the others in small groups. Discussion was also undertaken with four care staff and two nursing staff.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- the staff duty rota
- two patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

5.0 The Inspection

5.1 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20(1)(c)(i) and (iii)</p> <p>Stated: Second time</p>	<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>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector discussed mandatory training with two registered nursing staff and four care staff. All staff was aware of the need to attend mandatory training and confirmed that they were compliant in this regard.</p> <p>The inspector was unable to be provided with a copy of the training matrix during the inspection visit. However this was provided the following week upon the registered manager's return. It was confirmed that all registered nursing staff are deemed competent and capable of undertaking wound care tasks.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 12(2)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that the two identified toileting slings are replaced with urgency.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the toileting slings have been replaced as required.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<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 <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector can confirm that all areas identified above have been appropriately actioned.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p>	<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 <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that all chemicals are appropriately stored in line with COSHH legislation.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that a structured induction programme is now established.</p>	<p>Met</p>
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector can confirm that the policy on the management of Stoma was established in line with professional guidance.</p>	<p>Met</p>

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. However the guidance failed to reflect regional guidelines on Breaking Bad News. The registered manager is referred to the Care Standards for Nursing Homes April 2015 for details on how to access regional guidance. Discussion with a number of care staff confirmed that they would appreciate training and further information regarding this regional guidance.

Due to the lack of availability of training records the inspector was unable to confirm that staff had completed training in relation to communicating effectively with patients and their families/representatives. Evidence was available to confirm that communication training was provided via e learning however staff were unable to confirm if this included reference to breaking bad news. The registered manager should review the content of communication training to ensure it includes the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Two care records evidenced that patient individual needs and wishes in respect of aspects of daily living were appropriately recorded.

The care records of one identified patient requiring end of life care were evidenced to have been appropriately updated.

The registered nurse in charge of the home did however agree that the barrier to communication in this area rests with staff and their concerns regarding the sensitivity of the issue. It was further agreed that training on breaking bad news and communication around end of life care would be very beneficial for all grades of staff.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nursing staff consulted discussed how they would communicate sensitively with patients when breaking bad news. This included sitting down by the patient, using a calm voice, speaking clearly yet reassuringly, holding hands, allowing privacy, allowing the patient to question, and trying to display as much empathy as possible.

Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff and failed initially to recognise that they would do this on a regular basis and that it does not necessarily mean informing a patient that a loved one has died. Further staff training will allow for greater understanding and development of these skills

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, the inspector can confirm that communication was well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 12 patients. In general the patients all stated that they were very happy with the quality of care delivered and with life in Fishbourne House. They confirmed that staff were polite and courteous and that they felt safe in the home.

A number of compliment cards were examined from past family members. Some comments from the compliment cards are detailed in section 5.3 below.

Areas for Improvement

The registered persons must review and expand the communication policy and procedure to ensure that it references regional guidance on breaking bad news. Training in communication skills including breaking bad news for all staff will further enhance the quality of life in the home. Improvements in recording communication outcomes into care records must be made.

Number of Requirements:	0	Number of Recommendations:	2
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5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were not available during the inspection visit. Whilst the policy and procedure manual contained some training information in respect of “management of patients with a terminal illness” there was no clear policy document.

The registered manager must ensure that a policy is developed which is reflective of regional guidance and best practice guidelines such as the Gain Palliative Care Guidelines, November 2013.

A copy of the Gain Palliative Care Guidelines, November 2013 was not evidenced in the home at the time of the inspection.

Staff training on palliative and end of life care was unable to be evidenced during inspection. The registered manager’s training information was available for review however the training delivered to the registered nursing and care staff team was unable to be accessed. The registered manager must ensure that the training matrix and details of the content of training is maintained available for inspection at all times.

Discussion with two registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

There was evidence that the registered manager had been deployed in the role of a palliative care link nurse in 2012 however this involvement with the palliative care group appears to have not been maintained. It would be of value for this role to be reviewed and that a registered nurse maintains regular connections with the palliative care working group of the South Eastern Health and Social Care Trust.

Discussion with two registered nurses, four care staff and a review of two care records evidenced that staff were proactive in identifying when a patient’s condition was deteriorating or nearing end of life and that appropriate actions had been taken. A protocol for timely access to any specialist equipment or drugs was in place and discussion with two registered nursing staff confirmed their knowledge of the protocol.

The home has purchased a syringe driver for use in the home. It was confirmed that staff are trained in the use of this specialised equipment.

An examination of the templates for staff induction and competency and capability of the registered nurse in charge of the home in the absence of the registered manager, failed to reference end of life care / death or dying.

Is Care Effective? (Quality of Management)

As previously stated there was one patient considered as being at end of life in the home during the inspection, although a high number of patients are recognised as requiring palliative care.

A review of this identified patient's care record evidenced that the patient's needs for palliative care were assessed and reviewed on an ongoing basis and documented in patient's care plans. This included the management of hydration and nutrition, pain management and symptom management.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements. This mostly referred to the establishment of a DNAR directive and did not wholly consider other end of life situations.

Discussion with the registered person, two registered nurses, four care staff and a review of two care records evidenced that environmental factors had been considered when a patient was end of life. Staff informed the inspector that management had made reasonable arrangements for relatives/representatives to be with patients who were ill or dying. Facilities had been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the Fishbourne House staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of two care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives as identified in their care plan.

There was however a training need identified for staff in death and dying and palliative /end of life care to ensure that discussion of this important area is not avoided with patients and their representatives until it is too late.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wished with the person. Staff discussed openly a number of recent deaths in the home and how the home had been able to fully support the family members in staying overnight with their loved ones.

From discussion with the registered manager and staff, and a review of the compliments records, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliment records and thank you cards that relatives had commended the management and staff for their efforts towards the family and patient.

Two such comments from the family of a recently deceased patient are detailed below;

'I would like to say thank you to Rosemary and all the staff in Fishbourne House for the excellent care which you gave to mum during her time with you and also for the support and kindness shown to us at this difficult time.'

'One of the things I liked about Fishbourne was that for those, like my aunt who had been born and raised in the Ballynahinch area the patients were being cared for by people from the local community, people who knew them or their families, which made the care very personal and warm.' Fishbourne felt so like "a home close to home".

No concerns were raised by relatives in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered nurses and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through staff meetings.

Areas for Improvement

Whilst staff appeared knowledgeable regarding how the home manages the end of life care of patients there is a need identified by both staff and the inspector for further formal training. This should be made available for all grades of staff.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

Reporting of notifiable events in respect of Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005

A detailed examination of notifiable events which occurred in the home between February 2015 and April 2015 was undertaken.

The records demonstrated that one event was appropriately reported however three accidents in which the patient sustained or may have sustained a head injury were not reported. The inspector discussed the reporting requirements of Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005 with the registered nurse in charge and referred her also to the notification guidance available on the RQIA website.

A requirement was raised and an urgent action letter was provided at the conclusion of the inspection to ensure that immediate improvements in reporting were made.

Consultation with patients, their representatives, staff and professional visitors

The inspector was able as part of the inspection process to meet with eight patients individually and to most others in small groups. Comments from patients regarding the quality of care, food and in general the life in the home, were very positive. A few comments received are detailed below;

'I am very happy here there is usually something to do each day'

'I have a lovely room and have made the right decision to live here'

'The staff are all very good, I feel safe and can always tell someone if something was wrong'

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned during the inspection visit. Some comments received from staff are detailed below;

'Every staff member shows care and respect to the patients. We feel we become part of the patient's extended family.'

'I would have no hesitancy in recommending this home to my own family'

'The level of care here is second to none.'

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Wendy Grudgings registered nurse in charge of the home, 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 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 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 Manager/Registered Person

The QIP must be completed by the registered person/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. Once fully completed, the QIP will be returned to RQIA 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

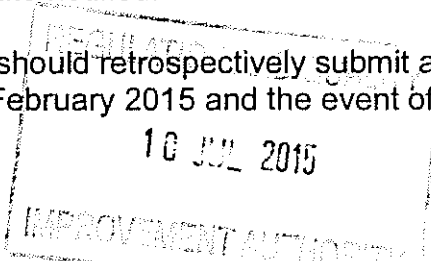
Statutory Requirements

Requirement 1
 Ref: Regulation 30
 Stated: First time
 To be Completed by: Immediate from the date of inspection and on going

The registered manager must ensure that all notifiable events occurring in the home are appropriate notified.

The registered manager should retrospectively submit an incident report for the two events of 17 February 2015 and the event of 8 April 2015 to RQIA by 12 June 2015.

Ref section 5.4



Response by Registered Person(s) Detailing the Actions Taken:
 INCIDENT REPORT FORMS SUBMITTED AS REQUESTED. ALL REGISTERED NURSES INFORMED TO INFORM RQIA OF ALL INCIDENTS/ACCIDENTS.

Recommendations

Recommendation 1
 Ref: Standard 36
 Stated: First time
 To be Completed by: 27 August 2015

It is recommended that the following policy guidance is updated;

- Communication policy should include reference to the regional guidance for breaking bad news
- A palliative care policy which incorporates palliative and end of life care, death and dying should be developed and reference the GAIN Guidelines for Palliative Care and End of Life Care in Nursing Homes and Residential Care Homes November 2013 and the regional guidance on breaking bad news.

Ref section 5.2, 5.3

Response by Registered Person(s) Detailing the Actions Taken:
 IN PROCESS OF UPDATING COMMUNICATION POLICY, + 'BREAKING BAD NEWS' DOCUMENT NOW AVAILABLE. ALSO GAIN GUIDELINES FOR PALLIATIVE + EOLC IN NURSING HOMES IS AVAILABLE.

Recommendation 2
 Ref: Standard 39
 Stated: First time
 To be Completed by: 27 August 2015

It is recommended that the registered person ensures that all grades of staff receive training on the following;

1. Palliative / End of life care
2. Breaking bad news communication skills

Ref section 5.2, 5.3

Response by Registered Person(s) Detailing the Actions Taken:
 THE TRUST PALLIATIVE CARE TEAM ARRANGING TO DELIVER THIS TRAINING IN THE HOME AS SOON AS POSSIBLE.

Recommendation 3 Ref: Standard 39 Stated: First time To be Completed by: 4 August 2015	<p>It is recommended that the registered manager ensures that a staff training file is maintained which demonstrates the following;</p> <ol style="list-style-type: none"> 1 the names and signatures of those attending or completing a training event 2 the dates of the training 3 the name and qualification of the trainer or the training agency 4.the content of the training programme <p>Ref section 5.2, 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: STAFF TRAINING FILE REVIEWED /UPDATED.</p>
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Recommendation 4 Ref: Standard 37 Stated: First time To be Completed by: 4 August 2015	<p>It is recommended that the registered manager ensures that access to staff training records is available for inspection at all times.</p> <p>Ref section 5.2, 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A REGISTERED NURSE + THE REGISTERED PROVIDER + THE REG. MANAGER ALL HAVE ACCESS TO THE TRAINING RECORDS NOW.</p>
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Registered Manager Completing QIP	Rosemary Lunn	Date Completed	3/7/2015
Registered Person Approving QIP	William Brown	Date Approved	
RQIA Inspector Assessing Response	Linda Thompson	Date Approved	14/7/15

Please provide any additional comments or observations you may wish to make below: (TRUST) I HAVE ATTENDED ALL THE PALLIATIVE CARE LINK NURSE MEETINGS, TRAVELLING TO LISBURN, DOWNPATRICK OR NEWTOWNARDS + CASCADED THE INFORMATION TO THE NURSING HOME STAFF.
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**Please complete in full and return to RQIA **