



Unannounced Care Inspection Report 30 July 2018



Fishbourne House

Type of Service: Nursing Home
Address: 71 Spa Road, Ballynahinch, BT24 8PT
Tel No: 02897561165
Inspector: Lyn Buckley

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: William Brown James Alexander Speers	Registered Manager: Rosemary Lunn
Person in charge at the time of inspection: Rosemary Lunn – registered manager	Date manager registered: 18 November 2010
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 30 July 2018 from 10:25 to 15:20 hours.

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 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements staff knowledge, infection prevention and control practices and the home's environment, maintenance of patients' care records, communication between patients, staff and other key stakeholders, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to records of staff professional registration checks, post falls review, fire safety practices and the completion of governance audit processes.

Patients described living in the home in very positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives.

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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Rosemary Lunn, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 31 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients individually and with other in small groups, three staff, one volunteer and three patients' relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives/relatives. A poster, for display in the staff room, invited staff to give feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you cards' which were to be placed in a prominent position to enable patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision, if they so wished.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hall.

The following records were examined during the inspection:

- duty rota for all staff from 23 July to 5 August 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2018

- incident and accident records
- one staff recruitment and induction file
- four patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January to 30 June 2018.

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 the most recent inspection dated 31 May 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 November 2017

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 Stated: First time To be completed by: End February 2018	<p>The registered person shall ensure that all trip hazards are secured immediately to minimise risks to patients.</p> <p>The registered person shall also submit a refurbishment plan with the return of the QIP, to illustrate that the carpets in the hallway, both lounges and in the two identified bedrooms are repaired/replaced.</p> <p>The wallpaper in the identified hallway should be repaired or replaced.</p>	Met

	Action taken as confirmed during the inspection: Observations and discussion with the registered manager evidenced that this area for improvement, as stated, had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 30 November 2017	The registered person shall ensure staff meetings are regularly held. Action taken as confirmed during the inspection: Discussion with the registered manager and review of minutes of the last staff meeting confirmed that this area for improvement had been met.	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 23 July to 5 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought the opinion of staff on staffing through an online survey; no responses were received before issuing this report.

Patients spoken with indicated that they were well "very looked after" by the staff and felt safe and happy living in Fishbourne House.

We also spoke with three relatives who expressed clearly their satisfaction with the care their loved ones received and with the staffing levels.

We also sought the opinion of patients and relatives via questionnaires. Two questionnaires were received prior to the issue of this report. Neither indicated in they were from patients or relatives, however both indicated that they were 'very satisfied' regarding staffing and that care was safe.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that an enhanced Access NI check was sought, received and reviewed prior to the staff member commencing work. Discussion with staff confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with the registered manager confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. However, only a record of the date of checks was maintained but no records were maintained regarding the confirmation of registration. As agreed the registered manager confirmed, by email before 3 August 2018, that all nursing and care staff were on the 'live' register for their professional body. An area for improvement was made.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 3 May 2018 in comparison to the notifications submitted to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls. However, from review of patient records it was evident that while falls risk assessments and care plans were reviewed at least monthly they were not reviewed at the time the fall occurred/post fall in accordance with The Care Standards for Nursing Homes – standard 22. An area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, relatives and staff spoken with were complimentary in respect of the home's environment.

A number of fire doors were observed to be wedged and/or propped open and a fire exit route and exit door were blocked by a hoist. These findings were discussed with the registered manager and were required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement was made.

Observation of practices and the environment and discussion with staff evidenced that infection prevention and control measures were consistently adhered to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels, staff recruitment, training, staff knowledge of adult safeguarding, infection prevention and control practices and the home’s environment.

Areas for improvement

The following areas were identified for improvement in relation to records regarding NMC and NISCC checks, post falls review and fire safety practices.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, falls, and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), Tissue Viability Nurse (TVN) speech and language therapist SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, TVN, SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their relatives/representatives, if appropriate. There was evidence of regular communication with relatives/representatives within the care records.

Patients and relatives spoken with expressed their confidence in raising concerns with the home’s staff and management. Patients and relatives were very complimentary regarding the care delivered and received, staff attitude and the support from the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care record keeping and communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10:25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer/hallway evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"We could rest in the knowledge that he was cared for with dignity, respect and gentleness."

"Thank you everyone for the wonderful care and attention you all provided for dad."

"Thank you for all your care and kindness..."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Fishbourne House was a "very positive experience".

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We also provided 10 patient questionnaires; none were returned within the timescale specified.

We spoke with three relatives who were very complimentary regarding the care their loved ones received, the homely environment, the "care and love from staff" toward patients and the management of the home.

We also provided 10 patient and 10 relative questionnaires; two were returned within the timeframe specified but did not indicate if the respondents were patients or relatives. However, both respondents indicated that they were 'very satisfied' that care was safe, effective, and compassionate and that that the home was well led. There were no additional comments recorded.

We spoke with three staff and their comments are recorded throughout this report. Staff were also asked to complete an on line survey; we had no responses before the issuing of this report.

Any comments from patients, patient representatives and staff in returned questionnaires received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective engagement with patients, their relatives and the multi-professional team.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, wounds and falls occurring in the home. However, not all of the audit processes evidenced the action taken to address identified deficits. For example, within the environmental hygiene audit conducted on 2 June 2018 the identified deficits were not recorded as an action plan nor did records evidence the action taken by the registered persons to address the deficits. RQIA were satisfied, through discussion and observation, that the issues identified in this audit had been or would soon be addressed; however an area for improvement was made to ensure audit records evidenced the whole process.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to the completion of governance audit processes.

	Regulations	Standards
Total number of areas for improvement	0	1

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, registered manager, as part of the inspection process. 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 provider 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) and (c) Stated: First time To be completed by: Immediate action required.	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have been reminded that fire exits must not be blocked at any time. This was discussed at a staff meeting and additional notices put in place.</p>
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 35.3 Stated: First time To be completed by: 31 August 2018	<p>The registered person shall maintain records to evidence that nursing and care staff are on the 'live' registers for their relevant professional bodies.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: These details will be checked on a monthly basis.</p>
Area for improvement 2 Ref: Standard 22 Stated: First time To be completed by: 31 August 2018	<p>The registered person shall ensure that falls risk assessments and care plans are reviewed post fall.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Nursing staff complete a post fall review form and will also update the relevant care plan at this time.</p>
Area for improvement 3 Ref: Standard 25.7 Stated: First time To be completed by: 31 August 2018	<p>The registered person shall ensure that audit records clearly evidence the completion of the audit process.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Audit forms have been revised to include this information.</p>

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



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