



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	17901
Establishment ID No:	1252
Name of Establishment:	Fishbourne House
Date of Inspection:	4 April 2014
Inspector's Name:	Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Fishbourne House
Address:	71 Spa Road Ballynahinch BT24 8PT
Telephone Number:	028 9756 1165
Registered Organisation/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
Other person(s) consulted during inspection:	Mr William Brown & Mrs Evelyn Brown
Type of establishment:	Nursing Home
Number of Registered Places:	22 NH-I, NH-PH, NH-PH(E), NH-TI, RC-I
Date and time of inspection:	4 April 2014 from 1030-1230
Date of previous inspection:	22 January 2013
Name of Inspector:	Gavin Doherty

2.0 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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during the inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of 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.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the:

- HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Regulated Establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr William Brown and Mrs Evelyn Brown.

6.0 INSPECTION FOCUS

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

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Fishbourne House Private Nursing Home is a twenty-two bedded 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 home is comfortably furnished with a homely atmosphere.

The home does not provide day care services.

8.0 SUMMARY

Following the Estates Inspection of Fishbourne House on 4 April 2014, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in five requirements and one recommendation. These are outlined in the following sections and the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mr William Brown, Mrs Evelyn Brown and the Home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

- 9.1.1 It was good to note that the issues raised in the report of the previous estates inspection on 22 January 2013 had been substantially addressed. However, the 'thorough examination' of the lifting equipment has yet to be implemented for the passenger lift and the patient lifting equipment. Full details of this restated requirement are stated in 9.3.2 below.

9.2 **Standard 32 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There was good evidence of maintenance activities within the home and the home appeared clean and well kept. Maintenance procedures for the building and engineering services were in place and good records are maintained and were available for inspection within the home. However, several issues were identified for attention by the registered manager. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 32 – Premises and grounds**'.
- 9.2.2 The following issues in relation to the quality of the internal finishes should be suitably addressed:
- 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.
- (Item 1 in the attached Quality improvement plan)
- 9.2.3 The floor tiles in the ground floor corridor area whilst still functional, are showing signs of wear and tear and shrinkage due to repeated cleaning. This floor finish should be closely monitored and replaced before any risk to the health and safety of staff or patients becomes evident.
- (Item 2 in the attached Quality improvement plan)

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. Records indicate that the patient lifting equipment and the passenger lift are being regularly serviced. The home's heating installation and electrical systems (fixed installation and portable appliances) are also subject to regular service, inspection and testing. However, three requirements have been made in relation to this standard. These are detailed below and in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 No records were available at the time of the inspection in relation to the required 'thorough examination' of the Home's passenger lift and patient lifting equipment under the 'Lifting Operations Lifting Equipment Regulations'. It is essential that all lifting equipment is thoroughly examined in accordance with this legislation as issued and enforced by the Health and Safety Executive NI. Further information and guidance may be found at the following web address:

<http://www.hse.gov.uk/pubns/indg422.pdf>

Confirmation should be sent to RQIA once suitable 'Thorough Examination' of all relevant equipment has been completed.
(Item 3 in the attached Quality improvement plan)

9.3.3 The most recent available risk assessment with regards to the control of legionella bacteria in the home's hot and cold water systems was carried out in July 2010. This risk assessment should be reviewed regularly and within a period not exceeding two years. This review should be carried out without further delay and should clearly identify any remedial works required to maintain the systems in accordance with current legislation. A written scheme should also be provided highlighting the actions required to be maintained by the home including:

- Temperature monitoring of the hot and cold water system
- Regular flushing of infrequently used outlets
- Regular descaling and disinfection of shower heads and hoses
- Inspection and treatment (if required) of hot and cold water tanks

Further information and guidance may be found at the following web address:

<http://www.hse.gov.uk/legionnaires/hot-and-cold.htm>

Confirmation should be sent to RQIA once a suitable risk assessment has been completed and the requirements highlighted therein fully implemented.
(Item 4 in the attached Quality improvement plan)

9.4 **Standard 36 - Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures in the home are generally in line with this standard. Records inspected demonstrated good attention to fire safety matters. A fire evacuation plan was in place and a fire drill was carried out on 18 March 2014 at the same time as fire safety training was delivered to all staff. The fire alarm and detection system, emergency lighting installation and fire-fighting equipment are suitably serviced and inspected by approved contractors. In-house checks are also carried out to the required standards. However, two requirements have been made in relation to this standard. These are detailed below and in the section of the attached quality improvement plan titled **'Standard 36 - Fire safety'**.

9.4.2 The most recent available fire risk assessment was carried out on 21 July 2010. This risk assessment should be reviewed regularly and within a period not exceeding one year. It is therefore essential that a current fire risk assessment is carried out without any further delay. This fire risk assessment should be undertaken by a person who holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein:

http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/service_provider_guidance/fire_safety_information.cfm

http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf

Once this fire risk assessment is completed, it is essential that all significant findings are fully implemented and signed off within the stipulated timescales determined by the fire risk assessor.

(Item 5 in the attached Quality improvement plan)

9.4.3 The fire door to the Linen Store off the Laundry did not effectively self-close at the time of the inspection and must be suitably adjusted to ensure it provides an effective fire seal. (Item 6 in the attached Quality improvement plan)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr William Brown and Mrs Evelyn Brown as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the Nursing home to improve the quality of life experienced by patients.

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

11.0 Enquiries

Enquiries relating to this report should be addressed to:

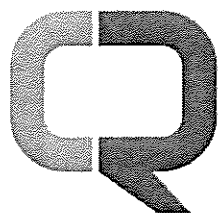
Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST BT1 3BT



Gavin Doherty
Estates Inspector

7 May 2014

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

- for -

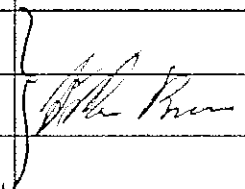
Announced Estates Inspection

- of -

Fishbourne House Private Nursing Home

- on -

4 April 2014

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.			✓		6/6/14
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.		✓			"
C.	Clarification or follow up required on some items.			✓		"

NOTES:

The details of the quality improvement plan were discussed with Mr William Brown and Mrs Evelyn Brown as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the Nursing home to improve the quality of life experienced by patients.

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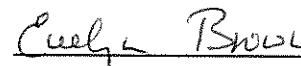
The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

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

SIGNED:



SIGNED:



NAME:
(Print)

WILLIAM BROWN
REGISTERED PROVIDER

NAME:
(Print)

P.P. ROSEMARY LUNN
REGISTERED MANAGER

DATE:

5/6/14

DATE:

5/6/14

Announced Estates Inspection to Fishbourne House Private Nursing Home on 4 April 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 32 – Premises and grounds.

The following requirements and recommendations should be noted for action in relation to Standard 32 – Premises and grounds

Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(b)(d)	<p>The following issues should be suitably addressed:</p> <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. <p>(Refer to 9.2.2 in the Report)</p>	12 Weeks	REPAIRED WITH NEW CARPET. TILES ROOM 1 THRESHOLD JOINT RENEWED FLOOR IN ROOM 17 REPAIRED
Item	Regulation Reference	Recommendation	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulation 27 (2)(b)(d)	<p>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.</p> <p>(Refer to 9.2.3 in the Report)</p>	On-going	UNDER CONSTANT OBSERVATION WITH VIEW TO REPLACING IF AND WHEN ITS IS CONDITION DETERIORATES.

Announced Estates Inspection to Fishbourne House Private Nursing Home on 4 April 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 35 – Safe and healthy working practices.

The following requirements and recommendations should be noted for action in relation to Standard 35 – Safe and healthy working practices

Item	Regulation Reference	Restated Requirement (2 nd time restated)	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulation 27 (2)(q) 14 (2)(a)(c)	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. (Refer to 9.3.2 in the Report)	8 Weeks	<i>Already completed under Lower regulations</i>
Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 27 (2)(q) 14 (2)(a)(c)	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. Ensure that any required remedial works are completed and that the written scheme is fully implemented and maintained. (Refer to 9.3.3 in the Report)	8 Weeks	<i>Arrangements made to have review carried out - its recommendations will be adhered to and fully implemented.</i>

Announced Estates Inspection to Fishbourne House Private Nursing Home on 4 April 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 36 – Fire safety.

The following requirements and recommendations should be noted for action in relation to Standard 36 – Fire safety

Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulation 27 (4)(a)	<p>Ensure that a fire risk assessment is undertaken by a 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 assessor. (Refer to 9.4.2 in the Report)</p>	8 Weeks	<i>Already Completed.</i>
6	Regulation 27 (4)(b)	<p>Ensure that the fire door to the Linen Store off the Laundry is suitably adjusted to ensure it provides an effective fire seal.</p> <p>(Refer to 9.4.2 in the Report)</p>	8 Weeks	<i>Already Completed.</i>

Announced Estates Inspection to Fishbourne House Private Nursing Home on 4 April 2014

Assurance, Challenge and Improvement in Health and Social Care