

Inspection Report

Name of Service: Fishbourne House

Provider: Mr William Brown & Mr James Alexander Speers

Date of Inspection: 25 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider:	Mr William Brown & Mr James Alexander Speers
Responsible Person:	Mr James Alexander Speers
Registered Manager:	Mrs Rosemary Lunn –not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 22 patients. Care is provided for persons under and over the age of 65 with a physical disability; and over the age of 65 who may require general nursing care. Patients’ bedrooms are located over two floors and patients have access to communal lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 25 February 2025 between 9.30 am and 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 3 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

We found care to be delivered in a compassionate manner and residents and staff gave positive feedback about their experiences living and working in the home. Findings regarding the home’s environment and fire safety measures were shared with RQIA’s Estates Inspectors for their review.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider and other areas for improvement have been stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us that their experience of living in the home was positive, saying, "it's great here" and "everyone is lovely". Patients were well presented and observed to be comfortable in their surroundings and in their interactions with staff. Patients said that staff were helpful and kind and that they had confidence in the management team if they had to report an issue. Patients said that the food was good saying, "I always like what is on the menu".

Staff were observed to be friendly in their interactions with patients.

Staff advised they felt well supported through their induction and that the team of staff worked well together. Staff advised that they enjoy their work and feel supported by the management team.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There were systems in place to manage staffing arrangements.

The majority of patients told us that there were enough staff to meet their needs. Specific feedback from one patient was shared with the manager for action and review.

At the breakfast and lunch meals, there was some delay noted between patients being brought to the dining room and served their meal. The manager agreed to review staffing levels to see if this experience could be improved for patients.

Staff said there was good team work and that they felt well supported in their role and that they were confident they could approach the management team.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. Throughout the day staff observation confirmed that staff attended 'Safety Pauses' prior to mealtimes etc to ensure good communication across the team about changes in patients' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients were offered a variety of condiments and sauces with their meal.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged to wear appropriate footwear and have their walking aid close to them.

At times a person may require support from staff using equipment to help someone move safely from a chair or a bed if they are unable to do this independently. On a small number of occasions, staff were observed using such equipment incorrectly. This was discussed with the staff members at the time and with the manager for action. An area for improvement was identified.

There was mixed feedback from patients regarding the provision of activities in the home. Some patients told us they enjoyed spending time knitting or doing crosswords, while others said they found there is limited entertainment. This area for improvement was stated for a third time.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were informative and patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Review of care records identified concerns about the reviewing of care plans; the content of reviews and evaluations undertaken by nursing staff. For example, care plans in relation to mobility did not provide accurate information to direct the care required. Care records regarding dietary requirements to prevent and manage the risk of choking were not accurately reflecting the risks assessed; where multi-disciplinary input was required, this was not reflected in care records. Two areas for improvement were identified.

3.3.4 Quality and Management of Patients' Environment

The home was warm and the communal lounges had personal items to make patients feel more comfortable such as magazines and snacks. Patients' bedrooms were personalised with items important to them for example, photographs, books or ornaments.

Patients were able to choose where they sat in the home to relax or watch TV. However, for some patients who were unable to choose where in the room they sat, their view of the TV or the window was obstructed. This was discussed with the manager to review seating arrangements to enhance patient's experience.

A piece of rope was observed across the closure at the bottom of the stairs. Staff advised this was to reduce the risk of a person falling while attempting to mobilise independently on the stairs. This was removed and the manager agreed to review alternative means of managing this potential risk while ensuring patients can safely access parts of their home.

A number of items of furniture and finishings such as wallpaper and doorframes around the home required to be replaced or repaired. Some of the surfaces in the home such as chairs, skirting boards or window frames were worn and required repainting as they could not be effectively cleaned. Some carpets were stained and there was evidence of water damage on ceilings and walls.

A time bound refurbishment plan was requested and submitted to RQIA following the inspection and an area for improvement was identified.

A fire exit door was damaged and the exit route was blocked with broken furniture. This was discussed with the manager who addressed it immediately. Other fire doors in the home were propped open. An area for improvement was stated for a third time. The home's Fire Risk Assessment (FRA) had been completed on 1 August 2024 however there was limited evidence that required actions had been addressed. This included arrangements for staff's fire safety training and maintenance of fire doors. The FRA was shared with RQIA's estates inspectors

and RQIA requested written assurances that arrangements were in place to ensure any required actions were being addressed. This information was provided by the home's management team on 28 February and 7 March 2025. A new area for improvement was also identified.

The medication trolley was left unattended with medications accessible. This was highlighted to the staff and the management team for immediate action. An area for improvement was identified.

Cleaning products were left unattended in the lounge in the morning and in the afternoon the sluice was left unlocked with cleaning chemicals accessible. This was shared with the management team for immediate action. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been change in the management of the home since the last inspection. Mrs Rosemary Lunn has been the manager in this home since 7 February 2024.

Patients and their relatives said that they knew who to approach if they had a complaint and they had confidence that any complaint would be managed well.

There was evidence that the management team responded to any concerns, raised with them or by their processes.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	*7	*3

* the total number of areas for improvement includes one regulation that has been stated for a third time, one regulation which has been stated for a second time and one standard has been stated for a third time.

Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: Third time</p> <p>To be completed by: 25 February 2025</p>	<p>The registered person shall ensure that doors in the home, leading to unattended rooms, have not been propped open preventing closure in the event of a fire.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have been reminded that fire doors must not be propped open-this is stated at handover and on weekly update for nurse in charge who checks and signs on every shift.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 25 February 2025</p>	<p>The registered person shall ensure that chemicals are stored securely when not in use in keeping with COSHH legislation.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have completed online COSHH training and were actually using these liquids during the time of the inspection.Chemicals are stored in a locked area when not in use.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2025</p>	<p>The registered person shall ensure that all care given to patients reflects best practice; the registered person will monitor staff and ensure safe moving and handling is embedded into practice.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff have completed moving & handling training-practical & theory.All care plans are reviewed & updated monthly.Residents mobility can fluctuate from day to day and require ongoing assessment.Staff are aware of residents changing needs and the various moving & handling equipment available in the home.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27(2) (b) and (d)</p> <p>Stated:First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall ensure that the premises of the home are kept in a good state of repair and that all parts of the home are kept clean and reasonably decorated.</p> <p>Ref: 3.3.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated:First time</p> <p>To be completed by: 25 February 2025</p>	<p>Response by registered person detailing the actions taken: Due to family circumstances and breavement the redecorating and refurbishment plan was delayed-an improvement plan is currently in action.</p> <p>The registered person shall ensure that there are always adequate means of escape in the event of a fire; specifically that fire exits remain free from obstruction.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All fire exits are kept clear from obstruction at all times.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated:First time</p> <p>To be completed by: 31 April 2025</p>	<p>The registered person shall ensure that any actions identified in the current Fire Risk Assessment are addressed and completed within the time frame identified in the report provided.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: We aim to address the outstanding issues before 30th April 2025</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2025</p>	<p>The registered person will ensure that medication is securely stored when not in use.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Registered Nurses have completed competency and capability assessments regarding safe administration and storage of medicines and a Registered Nurses meeting was held to discuss.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Thirddtime</p> <p>To be completed by: 25 May 2025</p>	<p>The registered person shall review the provision of activities in the home to ensure that, those who wish to engage, are offered regular meaningful activities.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The quantity and range of activities has increased over recent months and on the day of inspection the inspector observed same and saw evidence of this.A record of activities is made.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13 and 4 (7)</p> <p>Stated:First time</p> <p>To be completed by: 25 May 2025</p>	<p>The registered person will ensure that there is an ongoing assessment of mobility; care plans will detail equipment required for assistance and reflect level of fluctuation in ability if necessary and will be meaningfully reviewed to reflect current need.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Residents mobility is assessed at every movement,care palns and risk assessments are reviewed monthly or if any changes and referrals made if indicated.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4 and 12</p> <p>Stated:First time</p> <p>To be completed by: 25 May 2025</p>	<p>The registered person will ensure that care plans and risk assessments concerning modified diets are comprehensively written and detail MDT input where required.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Information regarding modified diets is reviewed daily,food safety pause held prior to each meal/drink.Notice board in kitchen to display current recommendations.All recent Audits of meal times by SALT team 100% compliance.Up to date REDS file available for staff.Place cards previously used to alert staff re modified diets for each individual removed on day of inspection as advised by RQIA to comply with GDPR.</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews