

# Inspection Report

**Name of Service:** Fishbourne House

**Provider:** Mr William Brown & Mr James Alexander Speers

**Date of Inspection:** 1 May 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Mr William Brown & Mr James Alexander Speers
<b>Responsible Person:</b>	Mr James Alexander Speers
<b>Registered Manager:</b>	Mrs Rosemary Lunn, not registered
<b>Service Profile:</b> Fishbourne House is a registered nursing home which provides nursing care for up to 22 patients. Care is provided for patients 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 1 May 2025, from 10.30am to 1.45pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and the majority of medicine related care plans were well maintained. There were auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, improvements were necessary in relation to the management of medicines prescribed for distressed reactions.

The area for improvement in relation medicine storage was assessed as met. The remaining areas for improvement identified at the last care inspection were carried forward for review at the next inspection. Details can be found in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

## **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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from patients, 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.

### **3.2 What people told us about the service and their quality of life**

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

## **3.3 Inspection findings**

### **3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?**

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of pain, thickening agents and insulin was reviewed. The majority of care plans contained sufficient detail to direct the required care. Two care plans required an update to include the name of the prescribed medicine, this was highlighted to nurses for immediate action. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded on the personal medication record and patient-centred care plans were in place for the majority of patients prescribed these medicines. One patient did not yet have a care plan in place, nurses provided assurance that this would be implemented immediately. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain and other factors. However, records of administration did not consistently include the reason for and outcome of each administration. An area for improvement was identified.

### **3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily

located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

Staff were reminded that medicines awaiting collection for disposal should be stored securely to prevent unauthorised access and collected in a timely manner.

### **3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. The date of opening was recorded on medicines to facilitate audit and disposal at expiry. An audit tool was shared with staff following the inspection to aid development of a robust audit system, which covers all aspects of medicines, any learning from errors/incidents can be actioned and shared with relevant staff.

### **3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

### **3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent

a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

**3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

**4.0 Quality Improvement Plan/Areas for Improvement**

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	4*

\* the total number of areas for improvement include nine which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with nurse in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 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><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 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><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) and (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 25 February 2025</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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 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> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 May 2025</p>	<p>The registered person shall ensure that when medicines are prescribed “when required” to management distressed reactions, records of administration consistently include the reason for and outcome of each administration.</p> <p>Ref 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Following the inspection a meeting with the RGNs was held to discuss the findings and especially in relation to recording in detail the reasons for administration of PRNs for distressed reactions each time they are given. A notice was placed in the cardex and the recording of such detail is being monitored by the home manager to ensure compliance.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 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> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13 and 4 (7)</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 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><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4 and 12</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 25 May 2025</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>

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



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