The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Fishbourne House**

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

Date of Inspection: **19 January 2026 and 23 January 2026**

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. Nursing 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 a choice of communal lounges and a dining room.	

2.0 Inspection summary

Unannounced inspection took place on19 January 2026 from 9.20 am to 7.00 pm, by a care inspector and on 23 January 2026 from 10.15 am to 2.00 pm,by an estates inspector.

The inspection, over the two days, wasundertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during previous care inspections; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 and section 3.3.2 for more details on what people said about the home and the activities provided.

While we found care to be delivered in an effective and compassionate manner, RQIA were seriously concerned that managerial oversight and governance systems in relation to the upkeep of the premises, fire safety, management ofrisk, activity provision and the robustness of the related audits were not effective in identifying deficits or driving improvement.In addition, there was a lack of progress with the areas for improvements identified during previous care inspections conducted since December 2022 and the current registration of the home.

As a result of this inspection, RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns meeting was held on 5 February 2026. RQIA were satisfied with the assurances from the provider and decided to take no further enforcement action.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. New areas for improvement have been identified and other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.0.

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 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very happy here. It is nice and bright and the people are friendly", "I am very happy with the care" and "The staff are quite good. I like it here."

Relatives commented positively about the overall provision of care within the home.

Staff spoken with said that Fishbourne House was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I am very happy here."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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 was evidence of systems in place to manage staffing.

The staff duty rota accurately reflected the number of staff working in the home on a daily basis and the person in charge when the manager was not on duty. However, the rota did not include the full name of all staff. The rota was not signed by the nurse manager or a designated representative and it did not clearly record the actual hours worked by staff. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of records evidencedthat staff meetings were not held on at least a quarterly basis. The manager confirmed these would be scheduledfor the incoming the year.

3.3.2Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Net pants were not labelled for individual patients, were laundered together and redistributed between patients. The sharing of net pants does not support patient dignity or their right to wear clothes which are exclusively for their use. This was discussed with the manager who

arranged for them to be disposed. The manager agreed to highlight this issue with staff and review the current system in use in the laundry. An area for improvement was identified.
A number of call points in the bedrooms and areas accessible to patients were without leads. Patients therefore had no means to call for staff assistance without calling out or shouting. There was also no evidence to confirm that care staff monitored patients who are unable to use the nurse call system regularly. An area for improvement was identified. During the enforcement meeting on 4 February 2026 the provider confirmed that new call bell leads had been purchased and were in place.

At times some patients may require the use of equipment that could be considered restrictive. This may include equipment such as bed rails. A number of beds did have bed rails in place but there was no evidence that bed rail checks were completed when patients were in bed. An area for improvement was identified.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records were maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that patients were appropriately supervised in keeping with their assessed needs. Observation of the lunchtime meal on 19th January 2026, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

Patients told us they enjoyed their meals and the food was good. Menus were rotated over a four week cycle and contained two meal choices at each mealtime. However, examination of records and discussion with staff confirmed only one meal option was available for patients. In addition, it was noted that patient menu choice records were not managed or retained in keeping with legislative requirements and best practice guidance. To ensure that a choice at mealtimes is available to all patients, areas for improvement were identified.

An area for improvement relating to the provision of activities for patients was first issued in December 2022. Discussion with patients and review of records evidenced that there was no activity planner in place, patient records were not consistently recorded and when the activity coordinator was on leave there was no evidence of any activities taking place.

Patients spoken with also said there was a lack of activity provision in the home. One patient said, "I just watch TV. There's not a lot going on to keep us entertained" while another patient said, "We don't do an awful lot of activities. It would be hard to put your day in sometimes."

Following discussion with the provider during the enforcement meeting on 4 February 2026 the decision was made that the area for improvement would be subsumed into an area for improvement under the Nursing Homes Regulations (Northern Ireland) 2005. Refer to section 4 for details.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs. However, some care plans had not been reviewed for a period of up to and including two months. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

In February 2025, RQIA made an area for improvement in relation to a significant number of environmental deficits. Observation of the environment evidenced that the necessary improvements needed to bring the premises and environment up to an acceptable standard had not been undertaken and in some instances, the environment appeared to have deteriorated further. For example, the repair or replacement of rotting window frames, stained ceilings, stained or worn carpets/flooring and armchairs, surface damage to bedroom walls and floors, torn wallpaper and damaged woodwork throughout the home. In addition exposed pipe work, damaged walls and damp was noted in the laundry.

RQIA acknowledged that some redecoration work had been completed, the impact of this improvement work hadbeen eclipsed by the overall appearance and poor standard of the environment. The limited progress with the required improvements to the standard of décor was concerning and hadthe potential to impact on the well-being and dignity of the patients and their enjoyment of their home. During the enforcement meeting on 4 February 2026 the provider shared a detailed action plan on how they plan to address the deficits identified during the inspection. An area for improvementwas stated for a second time.

Serious concerns were identified regarding the management and oversight of risks to the health and safety of patients within the home. These included a number of premises management concerns detailed in section 3.3.5 as well as the concerns detailed below.

In October 2023, RQIA identified an area for improvement regarding the safe storage of cleaning chemicals in line with Control of Substances Hazardous to Health (COSHH) regulations. Observation evidenced that cleaning chemicals were stored in an unlocked sluice room and in an identified bathroom. Assurances were provided during the enforcement meeting on 4 February 2026 that increased checks by registered nursing staff had been implemented to ensure compliance. An area for improvement was stated for a third time.

Topical medicines were observed to be accessible in an unlocked bathroom cupboard during both inspections and the door to the lift plant/electrical services room was unlocked allowing potential patient access. An area for improvement was identified.

Robust systems and processes were not in place to manage infection prevention and control (IPC) practices. For example, nursing and care staff were using vinyl gloves to deliver personal care which is unsafe for staff astheuse of vinyl gloves is not indicated for use in healthcare. In addition, alcohol hand gels were not readily available throughout the home and personal protective equipment (PPE) was not available in the laundry.

Observation of staff and their practices evidenced that basic IPC practices were not consistently adhered to. For example, all staff did not use PPE correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. Some staff were not bare below the elbow. Areas for improvement were identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

3.3.5Estates Findings

Documentation reviewed did not evidencethat the premises, engineering services and equipment were being maintained in line with relevant legislation, approved Codes of Practices and best practice guidance.

The most recent Fire Risk Assessment was carried out on 1 August 2024 and was rated by the risk assessor as moderate. There was no evidence to demonstrate that the issues noted on action plan had been addressed. In addition, the fire risk assessor had stipulated that the assessment should be reviewed annually. This had not been completed.An area for improvement identified during the care inspection in February 2025 has been stated for a second time.

The use of extension leads was observed to be prolific throughout the home; these pose a risk in electrical safety and are a trip hazard. In one instance, the use of an extension lead was obstructing a final exit door and the means of escape in an identified first floor bedroom.This was discussed with the management team who agreed to review this without delay. Assurances were provided following the inspection that the use of extension leads has ceased.

There were no records in place to confirm the following systems were being inspected and tested in accordance with the relevant standards: emergency lighting installation, fixed wiring installation, nurse call system, the passenger lift. An area for improvement was identified.

A legionella risk assessment, or records to evidence that appropriate measures were in place for the effective control of legionella bacteria in the homes hot and cold water system were not available for inspection.An area for improvement was identified.

Throughout the home, radiators and hot water outlets in communal toilets/bathrooms and bedrooms, accessible to patients, staff and visitors; were beyond the parameters of safe hot water and surface temperatures. This posed a significant potential risk to patients, staff or visitors being scalded or burned.An area for improvement was identified.

The electrical plugs fortwo profiling beds were significantly damaged causing the internal wires to be exposed. Inspectors were advised by staff that these damaged plugs had been reported to the manager during the previous week, however, it was evident that no action had been taken to replace them.RQIA requested that these plugs be replaced immediately given the potential risk to anyone accessing or touching them.

RQIA werenot assured that effective systems are in place to monitor and effectively manage safety in the home,placing patients, staff and visitors to the home at unnecessary risk. All of the serious concerns detailed above were discussed with the provider during the serious concerns meeting on 4 February 2026. A detailed action plan was presented by the provider and a number of the actions required had been completed with plans in place to address remaining issues in a timely manner. RQIA also provided advice regarding regulatory requirements to enable the provider to progress improvement.

3.3.6Quality of Management Systems

The home's Certificate of Registration was no longer reflective of the current arrangements in respect of the registered persons or manager. These matters were discussed during the serious concerns meeting held on 4 February 2026. Assurances were provided that a retrospective notification of manager absence would be submitted to RQIA's registration team without delay and arrangements in respect of the registered persons would be addressed. RQIA, based on the discussion held, confirmed that the registered persons arrangements would be reviewed again at the beginning of May 2026. In the interim Mr Speers, registered person, agreed to update RQIA on any changes when known.

Given the inspection findings, it was evident that the governance systems in the home, including audits and monthly monitoring visits, were not effective in identifying deficits or driving the required improvements.During the serious concerns meeting on 4 February 2026assurances were provided that audit activity would be reviewed and that monthly monitoring reports would be more detailed and reflect on improvements required in the home.An area for improvement was identified.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	11*	8*

*The total number of areas for improvement includes one that has been stated for a third time, two that have been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rosemary Lunn, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** Third time **To be completed by:** 19 January 2026	The registered person shall ensure that chemicals are stored securely when not in use in keeping with COSHH legislation. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Discussed the importance & legislation of this at staff meeting on 2/2/26.New laminated posters put up-RGN in charge daily to check compliance and all staff updated/completed COSHH training
Area for improvement 2 **Ref:** Regulation 27 (2) (b) and (d) **Stated:**Second time **To be completed by:** 19 January 2026	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. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Discussed at staff meeting on 2/2/26.The Painter had decorated some areas w/c 12/1/26 and also new flooring,kitchen and dining room refurbishment during 2025 with plans already in place for further refurbishment during spring 2026.
Area for improvement 3 **Ref:** Regulation 27 (4) (a) **Stated:**Second time **To be completed by:** 19 January 2026	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. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: FRA completed and actions underway
Area for improvement 4 **Ref:** Regulation13 (1) (b) **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall ensure that patients have access to an effective nurse call system and are appropriately supervised in accordance with their assessed needs. Ref: 3.3.2
	Response by registered person detailing the actions taken: A nurse call system is available in every room throughout the home and a quantity of leads have been put in place as required.

Area for improvement 5 **Ref:** Regulation 18 (2) (n) **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall review the provision of activities to ensure that meaningful engagement is an integral part of everyday life in the home; that activitiesare delivered as advertised and/or agreed with patients, that there is flexibility for patients' choice, and there are records to evidence management oversight. Ref: 3.3.2
	Response by registered person detailing the actions taken: All residents activity care plans have been reviewed and updated.The activities file has been reviewed.O.T visited to offer advice and face to face training has been arranged for staff.The activities notice board displays the Activity Schedule and a new more detailed recording book is in place.
Area for improvement 6 **Ref:** Regulation 19 (2) and (3) (b) **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall ensure that patient menu choice records are effectively maintained and are available for inspection at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: Discussed at staff meeting on 2/2/26.Staff & residents given the opportunity to suggest menu ideas.Cooks advised to record in kitchen diary any changes to menu.
Area for improvement 7 **Ref:** Regulation 14 (2) (a) (c) **Stated:**First time **To be completed by:** 19 January 2026	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. A system should be implemented to ensure patients do not have access to lift plant/electrical services and topical medicine stores. Ref: 3.3.4
	Response by registered person detailing the actions taken: Discussed at staff meeting on 2/2/26 and checked by RGN daily that all areas are locked securely.
Area for improvement 8 **Ref**: Regulation 13 (7) **Stated:**First time **To be completed by:** 26 January 2026	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4

	Response by registered person detailing the actions taken: All staff have completed Infection Prevention & control online training course & exam.Hand hygiene audits are continued.
Area for improvement 9 **Ref:** Regulation 27 (2) (q) **Stated:** First time **To be completed by:** 23 March 2026	The Registered Person shall ensure that the engineering services within the home are maintained and it good working order. Ref: 3.3.5
	Response by registered person detailing the actions taken: A new system in place to ensure all are completed
Area for improvement 10 **Ref:** Regulation 27 (2) (t) **Stated:**First time **To be completed by:** 23 March 2026	The registered person shall risk assess all individual hot surfaces in accordance with current safety guidelines and evidence any appropriate actions identified. Ref: 3.3.5
	Response by registered person detailing the actions taken: New recording system in place with regular monitoring
Area for improvement 11 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall review the home's current governance systems to ensure that they are effective in identifying deficits and in driving the necessary improvements within the various systems and processes in place to manage the nursing home safely and effectively. This includes but is not limited to monthly monitoring reports, infection prevention and control and environmental audits Ref: 3.3.6
	Response by registered person detailing the actions taken: Discussed and reviewed with management and owners and to be implemented going forward
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 1 May 2025	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. Ref: 2.0
	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.

Area for improvement 2 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall ensure the staffing rota accurately reflects the full name and designation of all staff and the actual hours they worked. Ref: 3.3.1
	Response by registered person detailing the actions taken: The printed rota states the full name and designation and hours of duty of each staff member-this is also now written in the diary.
Area for improvement 3 **Ref:** Standard 6.11 **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall ensure that net pants are provided for individual patient use and that any unlabelled items of clothing are identified and disposed of to eliminate the potential for communal use. Ref: 3.3.2
	Response by registered person detailing the actions taken: Nett pants are clearly labelled with residents initials
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 19 January 2026	The responsible person shall ensure that a system for checking bedrails while patients are in bed is implemented and monitored. Ref: 3.3.2
	Response by registered person detailing the actions taken: A bedrail and mattress check form has been enhanced to include this.
Area for improvement 5 **Ref:** Standard 12.13 **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall ensure that menus offer patients a choice at mealtimes. Ref: 3.3.2
	Response by registered person detailing the actions taken: Choices are available at breakfast, lunchtime ,teatime and suppertime and also a wide range of snacks at trolley times.
Area for improvement 6 **Ref:** Standard 4.7 **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall ensure that patients care plans and risk assessments are regularly reviewed to ensure they reflect the assessed needs of the patients especially when those needs change. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans and risk assessments are reviewed monthly or following any change in condition or a fall.

Area for improvement 7 **Ref:** Standard 46.2 **Stated:** First time **To be completed by:** 19 January 2026	The registered person shall ensure that alcohol hand gels are readily available throughout the home to promote high standards of hand hygiene among residents, staff and visitors. The use of vinyl gloves should be reviewed and personal protective equipment should be accessible in the laundry. Ref: 3.3.4
	Response by registered person detailing the actions taken: Alcohol hand gels are available throughout the home.PPE in laundry room now in a dani centre.Nitrile gloves availabe.
Area for improvement 8 **Ref:** Standard 44.8 **Stated:** First time **To be completed by:** 23 March 2026	The responsible person shall ensure that a Legionella Risk Assessment in in place and records kept of measures in place for the control of legionella bacteria in the homes hot and cold water system. Ref: 3.3.5
	Response by registered person detailing the actions taken: Legionella file reviewed and updated

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