

Inspection Report

Name of Service:	Fishbourne House
Provider:	Mr James Alexander Speers
Date of Inspection:	2 June 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 James Alexander Speers
Responsible Person:	Mr James Alexander Speers
Registered Manager:	Mrs Mary Trainor – 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

An unannounced inspection took place on 2 June 2026 from 10.15 am to 5.35 pm by a care inspector and an estates inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement (AFI) identified, by RQIA, during the last care inspection on 19 and 23 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that, effective and compassionate care was delivered to patients. Details and examples of the inspection findings can be found in the main body of the report. It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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 for more details.

RQIA were concerned with the lack of progress to fully comply with the AFI's and that the managerial oversight and governance systems were not effective in driving the necessary improvements. A meeting with the intention to issue one Failure to Comply notice in respect of Regulation 10 (1) was held with the Registered Person and their representatives on 18 June 2026.

A satisfactory action plan was presented at this meeting and RQIA accepted the assurances provided. The failure to comply notice was not served.

RQIA will continue to monitor the quality of the service provided and will carry out an inspection to assess progress with the areas for improvement on the Quality Improvement Plan (QIP). As a result of this inspection, six previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the 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 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: "The food is very good and the staff are good", "I am happy here" and "The staff are very good. It is nice and pleasant."

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.

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.

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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality 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 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

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

Records confirmed that the nurse call system had recently been serviced and a number of replacement leads ordered however; four bedrooms observed did not have nurse call bell leads. For those patients, without access to a nurse call system, the records examined lacked detail regarding the completion of checks and the presentation of the patients. An area for improvement was stated for a second time. During the enforcement meeting on 18 June 2026 the provider confirmed that new call bell leads had been ordered and were awaiting delivery.

At times some patients may require the use of equipment that could be considered restrictive. This may include equipment such as bed rails. The system for checking bedrails while patients are in bed was reviewed. Records completed did not clearly evidence when all bedrail checks had been completed, by whom or the outcome of each check. An area for improvement was stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and that the food was good.

Examination of records and discussions with staff did not confirm if patients were consistently offered a choice of meal at mealtimes. The manager confirmed a dining audit was not in place and there was no system to provide oversight of the mealtime experience. Areas for improvement identified at the previous care inspection were stated for a second time.

An area for improvement relating to the provision of activities for patients was first issued in December 2022 and to date has not been fully complied with. Whilst some improvements were noted in activity provision, some patients spoken with advised that they would like to see more activities with greater choice. No activity planner was in place for the week of the inspection and there was evidence that planned activities were not consistently provided. Records examined did not evidence managerial oversight. There is a need for improvement in regard to the system in place for delivering meaningful and patient centred activities. An area for improvement was stated for a second time.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Quality and Management of Patients' Environment

In February 2025, concerns were first identified in relation to repair of the environment and an action plan was put in place to address these concerns. During the inspection on 2 June 2026 the action plan was ongoing with a number of improvements completed. Some flooring and patient equipment has been replaced and a number of windows, which require replacing, had been removed and were waiting to be replaced. Confirmation was received following the inspection that the replacement windows had been fitted. RQIA were concerned with the pace at which the required improvements to the environment were progressing and the lack of clear timescales for completion of the work.

During the enforcement meeting on 18 June 2026, clear timescales for completion of the outstanding works were provided. An area for improvement identified at the previous two care inspections and is stated for a third time.

Whilst some improvements were noted in infection prevention and control (IPC) practices, all staff did not consistently apply them. Some staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) correctly; although other staff did not. Some staff did not take an opportunity for hand hygiene after contact with patient/patient environment and some staff were not bare below the elbow. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

3.3.4 Estates Findings

An accredited risk assessor had recently carried out a fire risk assessment and a number of issues noted on the action plan had been addressed. An action plan was in place to have the remaining issues addressed. An area for improvement in relation to this is carried forward for review during a future inspection.

The management of legionella bacteria was reviewed. RQIA were not assured that suitable measures were in place for the effective control of legionella bacteria. However, recent sampling of the hot and cold water system confirmed that legionella bacteria was not detected. A legionella risk assessment submitted following the inspection was not signed and it was not

clear if it was carried out by a competent person. RQIA's expectation is that a legionella risk assessment is carried out by a person or company registered with the Legionella Control Association (LCA). Assurances were provided at the enforcement meeting on 18 June 2026 that this was being addressed. A copy of the legionella risk assessment is to be submitted to RQIA on completion. An area for improvement has been stated for a second time.

Improvements were noted with water temperatures taken on a number of taps accessible to patients and thermostatic controls had been added to bedroom radiators. On the day of inspection, radiators in the home were turned off due to the ambient temperature of the home. It could therefore not be confirmed that appropriate measures had been taken to ensure all radiators, when turned on, do not pose an unnecessary risk to patients. An area for improvement has been stated for a second time.

A number of windows were found without appropriate restrictors in place. It was confirmed, following the inspection, that all windows on the first floor have been fitted with window restrictors, with a robust action plan in place to have ground floor windows addressed. An area for improvement has been identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Mary Trainor has been the manager in this home since 1 March 2024.

The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Review of a sample of these records evidenced that they were not effective in driving the necessary improvements and assure the quality of care and other services provided by the home. An area for improvement identified at the previous care inspection was stated for a second time.

Information received by RQIA through the notification process raised concerns about the manager's knowledge, in relation to the management of adult safeguarding matters. This was discussed in detail with the manager during feedback and following the inspection. Assurances were provided that safeguarding awareness training would be updated. 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.

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	9*	6*

*The total number of areas for improvement includes one that has been stated for a third time, 10 that have been stated for a second time and three which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mary Trainor, Manager, and Mr James Speers, Responsible Person, 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 27 (2) (b) and (d) Stated: Third time To be completed by: 1 September 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 3.3.3
	Response by registered person detailing the actions taken: An ongoing refurbishment plan has been underway for past 18 months and will continue.
Area for improvement 2 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
	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.
Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: Second time To be completed by: 2 June 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: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The nurse call system has been serviced, all areas have call leads in place and monthly monitoring of same is ongoing and recorded.
Area for improvement 4 Ref: Regulation 18 (2) (n) Stated: Second time To be completed by: 2 June 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 activities are delivered as advertised and/or agreed with patients, that there is flexibility for patients' choice, and there are records to evidence management oversight. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: A variety of activities are offered throughout the week-this is displayed on the notice board and accurately recorded every day

Area for improvement 5 Ref: Regulation 19 (2) and (3) (b) Stated: Second time To be completed by: 2 June 2026	The registered person shall ensure that patient menu choice records are effectively maintained and are available for inspection at all times. Ref: 2.0 and 3.3.2 Response by registered person detailing the actions taken: A new form has been developed to record daily menu choices and options chosen & filed for future reference
Area for improvement 6 Ref: Regulation 13 (7) Stated: Second time To be completed by: 2 June 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: 2.0 and 3.3.3 Response by registered person detailing the actions taken: Audits are continued regularly to monitor same
Area for improvement 7 Ref: Regulation 27 (2) (t) Stated: Second time To be completed by: 2 June 2026	The registered person shall risk assess all individual hot surfaces in accordance with current safety guidelines and evidence any appropriate actions identified. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: Monitoring and recording in place
Area for improvement 8 Ref: Regulation 10 (1) Stated: Second time To be completed by: 2 June 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: 2.0 and 3.3.5 Response by registered person detailing the actions taken: Reviewed and discussed and monthly management meetings held.

Area for improvement 9 Ref: Regulation 14 (4) Stated: First time To be completed by: 2 June 2026	The registered person shall ensure the manager is trained and understands their specific role in relation to adult safeguarding. Ref: 3.3.5 Response by registered person detailing the actions taken: Adult safeguarding training completed.
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 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: 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 3 Ref: Standard 4 Stated: Second time To be completed by: 2 June 2026	The responsible person shall ensure that a system for checking bedrails while patients are in bed is implemented and monitored. Ref: 2.0 and 3.3.2 Response by registered person detailing the actions taken: The form used to record bedrail checks has been adjusted and is monitored.

Area for improvement 4 Ref: Standard 12.13 Stated: Second time To be completed by: 2 June 2026	The registered person shall ensure that menus offer patients a choice at mealtimes. Ref: 2.0 and 3.3.2 Response by registered person detailing the actions taken: Menus have been reviewed and choices are available at all mealtimes
Area for improvement 5 Ref: Standard 44.8 Stated: Second time To be completed by: 2 August 2026	The responsible person shall ensure that a Legionella Risk Assessment is in place and records kept of measures in place for the control of legionella bacteria in the homes hot and cold water system. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: In place and ongoing
Area for improvement 6 Ref: Standard 44.8 Stated: First time To be completed by: 2 August 2026	The Registered Person shall ensure that window openings are controlled to a safe point of opening of no more than 100mm and cannot be overridden by patients. Ref: 3.3.4 Response by registered person detailing the actions taken: All windows checked and adjustments made to meet requirements

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