The Regulation and Quality Improvement Authority

Inspection Report

28 July 2022

Nicholson House

Type of service: Nursing Home
Address: 8 Antrim Road, Lisburn, BT28 3DH
Telephone number: 028 9267 4126

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

1.0 Service information

Organisation/Registered Provider: Nicholson House Lisburn Ltd **Responsible Individual:** Mr Leon Desmond Loughran	**Registered Manager:** Mrs Pauline Adair – Not registered
Person in charge at the time of inspection: Mrs Pauline Adair	**Number of registered places:** 33
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 32
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 33 patients. Patients' bedrooms, lounges and dining rooms are located over both floors of the home. Patients have access to an enclosed outside patio area.	

2.0 Inspection summary

An unannounced inspection took place on 28 July 2022 from 9.45 am to 5.20 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was 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.

Staff were seen to treat the patients with respect and kindness. It was observed that there sufficient numbers of staff on duty to respond to the needs of patients in a timely way.

Areas requiring improvement were identified regarding monitoring of staffs' registration with the Northern Ireland Social Care Council, mandatory training compliance, ensuring there is a wound care plan, the dining experience, storage, provision of fire drills and staff appraisals.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing 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 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients who were able to discuss how they find life in the home were complimentary about staff and the care provided. Patients comments included "the staff are great, they are so helpful", "it is just lovely here", "lots of staff" and "I feel so lucky to have moved here". Patients who were less able to communicate their opinion of the home were observed to be content and settled in their interactions with staff.

Staff said they were mostly satisfied with staffing levels and enjoy their work. Two members of staff said that the recent change in manager arrangements has been slightly unsettling but teamwork was good and they supported each other. Staff comments included "teamwork is great", "we are all very happy to help out" and "it is a big family here"

Relatives spoken with were complimentary about the care, communication and the staff. Comments included “staff are great, very friendly”, “it’s a great place” and “we have no complaints, it is excellent”.

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

RQIA did not receive any completed questionnaires or responses to the on-line staff questionnaire.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 January 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 7.1 **Stated:** Second time	The registered person shall ensure systems are in place to promote patient involvement and participation in decisions about daily life in the home. This is in relation to regular patient meetings.	**Met**
	Action taken as confirmed during the inspection: Review of records of patients’ meetings evidenced that these are held monthly. There was evidence that patients’ opinions and suggestions regarding daily life in the home are regularly sought at these meetings.	
Area for improvement 2 **Ref**: Standard 11.1 **Stated:** Second time	The registered person shall ensure that activities which are positive and meaningful to patients are provided and timetabled on a daily basis.	**Met**
	Action taken as confirmed during the inspection: A daily activity schedule has been developed in the home and was available for review. Discussion with patients confirmed that they are consulted regarding activities and are	

	satisfied with activity provision.	
Area for improvement 3 **Ref**: Standard 12.13 **Stated:** Second time	The registered person shall ensure that a choice of main course is available at each mealtime and this is clearly documented.	**Met**
	Action taken as confirmed during the inspection: Review of records of meal choices and discussion with the cook confirmed that a choice of main course is available at each mealtime.	
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that patients have a care plan in place when their liberty is deprived. This is in reference to the locked door at the entrance to the home. Care planning should also demonstrate how patients, where appropriate, can leave the home when they wish.	**Met**
	Action taken as confirmed during the inspection: Relevant care records reviewed evidenced that care plans to reflect a deprivation of liberty or how patients can leave the home when they wish were in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Review of these records evidenced that NMC registrations were effectively monitored on a monthly basis. However, monitoring of staffs' NISCC registration status was not up to date; an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. It was positive to note that face to face training sessions were planned for relevant topics such as fire safety, safeguarding and moving and handling. However, not all staff were confident in how to use a new on-line mandatory training system which had recently been introduced. A significant number of staff required support to enable them to complete their required mandatory training; an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff said that staffing levels were mostly satisfactory and that they would help out in the event of, for example, short notice sick leave. The manager confirmed that staff were very willing to help out when required and that this was greatly appreciated.

Staff said that teamwork was good and there were systems in place between management and staff to communicate any changes.

Patients said that they felt well looked after and did not raise any concerns about staffing levels.

Patients' relatives said their loved ones were well looked after by the staff.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes.

Staff were seen to treat the patients with respect and kindness. It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

A sample of patients' care records were reviewed. Patients' needs were assessed 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. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients care records were held confidentially.

Care records were regularly signed off by staff as having been reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care plans reflected the patients' needs regarding, for example, pressure relieving mattresses. Repositioning records reviewed were reflective of the frequency recommended in patients' care plans.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails were in use where required. Those patients who were at risk from falls had relevant care plans in place. Review of records evidenced that neurological observations were completed and relevant care plans and risk assessments were updated in the event of a fall.

It was established that effective systems were in place to manage restrictive practices, for example, use of bedrails, and deprivation of liberty safeguards (DoLS) for patients.

A patient with a wound did not have a wound care plan in place; an area for improvement was identified. However, review of records evidenced that the wound was redressed following the recommendations made by the Tissue Viability Nurse (TVN) and an up to date wound chart was maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the range of support they required during the meal time from simple encouragement through to full assistance.

The dining experience was seen to be calm and unhurried. Staff supported patients to eat their meals in their preferred location in the home. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. Records were kept of what patients had to eat and drink daily.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. One care plan reviewed lacked some of the detail included in the SALT recommendations; this was brought to the attention of staff in order that the care plan could be updated.

It was established that patients were offered a choice of meals and records of these were maintained. The kitchen staff served the meals and used plate covers to ensure the food stayed warm. However, in order to identify which patient a meal was for staff had to remove the lids to check the food consistency and choice; there was no system in place to easily identify which individual patient the meal was for. No menu was on display in the ground floor dining room and the menu on display in the first floor dining room did not accurately reflect the food served at lunchtime. An area for improvement was identified regarding the dining experience.

It was positive to note that the weekly menus were being reviewed in order to ensure they were suitably varied. The cook said patients' opinions would be sought regarding menu choices and planning.

An audit of patients' weights was maintained and updated on a monthly basis to monitor weight loss or gain and any actions required as a result, for example, referral to the dietician or a fortified diet.

Patients said they enjoyed the food on offer and confirmed that alternatives choices were available if requested. Comments included "the food is very good", "I need a very plain diet and I get what I like" and "the food is lovely, just like I would make at home".

5.2.3 Management of the Environment and Infection Prevention and Control

Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, cushions and flowers. The main communal areas were attractively decorated and welcoming spaces for patients.

Storage rooms were tidy but it was observed that items were stored directly on the floor in some of the storage rooms reviewed. Items such as toiletries were also stored inappropriately on toilet cisterns and windowsills in en-suite bathrooms. An area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, review of the records of fire drills evidenced that not all staff had had an opportunity to participate in a recent fire drill; an area for improvement was identified.

There was a system in place to report any repairs required and up to date maintenance logs were maintained.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients and relatives said they were satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well presented and staff were seen to be attentive to their needs. Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding what they would like to eat, whereabouts they preferred to spend their time and the option to take part in activities or not.

There was a range of suitable and meaningful activities provided for patients by staff. The range of activities on offer each week included movement to music, reminiscing, morning prayer, arts and crafts and beauty treatments. Birthdays and holidays were celebrated. Entertainers and therapy dogs had visited the patients on recent occasions.

There was evidence that patients had been consulted regarding their views and opinions on daily life in home and a record of the monthly patients' meeting was maintained. A record of patients' social histories was obtained in order to help with identifying their hobbies and interests for activity planning. Activity logs were maintained and reviewed on a monthly basis.

Patients said that they felt staff listened to them and sorted out any concerns they might have. Patients also confirmed that they were provided with choices and options by staff. Comments included “plenty of activities”, “there is enough to do”, “they (the staff) are just great” and “I prefer to stay in my room but I am very content”.

As previously mentioned patients who were less able to communicate their views were observed to be content and settled. Staff were seen to provide patients with the care required in a kind caring and timely manner.

Relatives said that communication was very good and any concerns would be sorted out. One relative commented that we have “nice relationships with staff, very friendly”.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Pauline Adair has been the manager in the home since 21 June 2022. Mrs Adair confirmed that she plans to remain in the manager position until a new manager has been appointed at which stage she will return to her previous deputy manager role. It was confirmed that recruitment was underway for a new manager.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff commented positively about the manager and the support she provided. Two staff members said they felt the manager was not always readily accessible as she was so busy but they were able to draw support from the wider team when needed. The manager said she operated an open door policy for all and aimed to sort out any concerns as quickly as possible.

A supervision schedule was in place and records of supervision were maintained. An appraisal schedule was also in place however staff still required their annual appraisal; an area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that suitable systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that there was a system in place to manage complaints. The manager told us that complaints were taken seriously and the outcome was seen as an opportunity to for the team to learn and improve. Relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be well managed by the current manager.

There was a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. It was established that actions required following the home's most recent fire risk assessment had been completed; however, the monthly monitoring report had not been updated to reflect this. This was brought to the attention of the manager for information and appropriate action.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Pauline Adair, 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 20 (c)(ii) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that staffs' registration with NISCC is effectively monitored on a monthly basis. Ref: 5.2.1
	Response by registered person detailing the actions taken: Staff NISCC registrations will continue to be checked on a ongoing monthly basis going forward.
Area for improvement 2 **Ref:** Regulation 20 (c)(i) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that staff are provided with the relevant support and training to enable them to complete their required mandatory training on the on-line system which has been introduced to the home. Ref: 5.2.1
	Response by registered person detailing the actions taken: The home has reviewed its delivery of courses both face to face and online, and has processes of support in place to assist staff where required.

Area for improvement 3 **Ref:** Regulation 27 (4)(f) **Stated:** First time **To be completed by:** 28 September 2022 and ongoing	The registered person shall ensure that all staff participate in a fire drill on at least an annual basis. A record of the date and time of the drill and the staff who participated should be recorded in order to evidence that all staff have been provided with an opportunity to undertake suitable fire drill practice. Ref: 5.2.3
	Response by registered person detailing the actions taken: **Fire drills have been carried out on the 09.09.22 and 14.09.22 respectfully with full details of those who attended and details of the Fire Drill and its duration recorded. A programme is in place to ensure that all staff attend.**
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that where there is a wound a relevant and contemporaneous wound care plan is developed in accordance with NMC guidelines. Ref: 5.2.2
	Response by registered person detailing the actions taken: The patient with the omitted wound care plan has been reviewed and the wound care plan is now in place.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that there is an effective system in place to identify which individual patient each meal is for in order that patients are served the right consistency of food and their preferred menu choice. Additionally, an up to date menu, which includes the choices available, should be on display in a suitable format and location in each dining room. Ref: 5.2.2
	Response by registered person detailing the actions taken: A new system of identification of the individual patient meals without removing the lids has been put in place. Menu has been updated and is displayed in a suitable format in the dining room on both floors.
Area for improvement 3 **Ref:** Standard 43 **Stated:** First time **To be completed by:**	The registered person shall ensure that items are not stored inappropriately on the floor in storage rooms. Toiletries should not be stored on toilet cisterns. En-suite bathrooms should have appropriate shelving or storage units available. Ref: 5.2.2

With immediate effect	**Response by registered person detailing the actions taken:** **A programme of installation of bathroom cabinets has commenced with the majority in place for toiletries to be placed in.** **Memo sent out to all staff reminding them of the correct storage for all toiletries.**
Area for improvement 4 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 28 September 2022	The registered person shall ensure that all staff are provided with an annual appraisal to review their performance and to agree actions plans for further development where required. The manager should have sufficient time available to enable her to carry out annual appraisals. Ref: 5.2.5
	Response by registered person detailing the actions taken: **A schedule of annual appraisals is in place and has commenced.**

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