



Announced Care Inspection Report

1 March 2021



Nicholson House

Type of Service: Nursing Home (NH)
Address: 8 Antrim Road, Lisburn, BT28 3DH
Tel No: 028 9267 4126
Inspector: Debbie Wylie

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Nicholson House Responsible Individual(s): Joseph Andrew Johnston Ruth Mary Johnston	Registered Manager and date registered: Ruth Mary Johnston – 1 April 2005
Person in charge at the time of inspection: Ruth Mary Johnston	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: 33

4.0 Inspection summary

An announced inspection took place on 1 March 2021 from 10.00 to 13.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC) and personal protective equipment (PPE)
- care records
- quality of life for patients
- consultation with patients, patients' representatives and staff.

Patients consulted with were positive regarding their experience of living in Nicholson House. Those who could not verbally communicate were observed to be relaxed and settled in their surroundings.

The findings of this report will provide Nicholson House with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in Nicholson House which provides nursing care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ruth Johnston, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas from 25 January to 7 February 2021
- staff training records for 2020
- management/organisational structure of the home
- on call arrangements out of hours
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports for November and December 2020
- complaints analysis for 2020
- a selection of compliments records
- incident and accident records
- minutes of the last three patients' and staff meetings
- activity planner for January 2021
- menu for January 2021
- three patients' care records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent via email to the manager in advance of the inspection to obtain feedback from patients, patients' representatives and staff. Ten patients' questionnaires, ten patients' relatives/representatives questionnaires and ten staff questionnaires were sent via email for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also provided for patients, patients' representatives and staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via video technology with Ruth Johnston, manager.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

No further actions were required to be taken following the most recent inspection on 19 March 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

The manager confirmed that staffing levels in the home were maintained at a safe and effective level and were based on the dependency levels of patients in the home. The duty rotas reviewed from 25 January to 7 February 2021 also reflected that the planned staffing levels were adhered to. Staff spoken with told us staffing levels were sustained and they had no concerns.

We observed staff responding to the needs of patients in a timely manner and call bells were answered promptly. Patients spoken with told us that staff were available when needed.

Staff were knowledgeable about their roles and responsibilities and were able to describe the action to take if they had any concerns regarding patients' care or working practices. Staff were compassionate when discussing patients and the impact the current pandemic has had on life in the home.

Review of the mandatory training matrix for 2020 provided evidence that compliance rates for training were low for 2020. This was discussed with the manager who provided assurance that training had been identified as an area requiring action and this would be addressed. An area for improvement was made.

As part of the inspection process we asked patients, patient representatives and staff to provide comments on staffing levels via questionnaires. We received two staff responses and one relative's response indicating they had no concerns about staffing.

6.2.2 Management arrangements

The manager had not changed since the last care inspection. The manager confirmed that the home was operating within its registered categories of care. We reviewed an informative and comprehensive outline of the management arrangements in the home. Included was the management structure and staffing provision for the home.

Information was also provided giving details of the cover provision for the out-of-hours period. This included the contact details for management should they be required. Discussion with staff showed evidence that they were aware of the action to take out of hours should they require management support.

6.2.3 Governance systems

We reviewed the record of accidents and incidents in the home and found that these had been documented and managed appropriately.

A selection of audits of the working practices were reviewed and confirmed that regular audits were completed for falls, wounds, IPC, hand hygiene, care records and accidents and incidents which provided oversight of these areas.

The record of the monthly monitoring visit was provided for November and December. Where any issues were identified an action plan was in place, however, a number of actions were carried forward to the next report. This was discussed with the manager who agreed to ensure actions were completed in a timely manner. This will be reviewed at the next inspection.

An area for visiting had been erected in the dining room of the home on a temporary basis. This was discussed with the manager and following the inspection was discussed with the estates inspector. The estates inspector agreed to keep this temporary visiting area under review.

Care partners documentation was provided and demonstrated that the policy and procedure in place endorsed the DOH guidelines. Care partners were provided for patients following a risk assessment and when a need was identified.

The record of complaint for the home showed that the complaints procedure was followed and documented providing evidence that complaints were investigated and responded appropriately.

6.2.4 Infection prevention and control (IPC) and personal protective equipment (PPE)

At the entrance of the home visitors were required to complete a health declaration and temperature check. Hand sanitising gel and PPE were in place and available for use. A poster informing visitors to the home that an RQIA inspection was taking place was visible from the front door.

Discussion with three staff provided evidence of a good knowledge of use of PPE and the cleaning completed daily throughout the COVID-19 pandemic. We observed two hoists and slings stored in bathrooms and boxes of supplies on the floor of a storage room. This was discussed with the manager and an area for improvement was made.

The door to the lift maintenance area was noted to be unlocked allowing access for patients. This was discussed with the manager who locked the door immediately. An area for improvement was made.

6.2.5 Care records

Nutritional care records for three patients were provided for inspection. Where required care plans and risk assessments were in place for nutritional care, weight management, choking risk and oral health care. The records were patient centred and informative in relation to individual care needs.

Contact with other health care professionals such as the dietician was evident in patient records and provided information regarding dietary supplement prescriptions and recommendations, however, not all patients had documentation for up to date dental reviews.

This was discussed with the manager and is to be put in place. This will be reviewed at the next inspection.

6.2.6 Quality of life for patients

The home was welcoming and tastefully decorated. During a virtual tour using video technology we saw that communal rooms including the lounge, dining room and corridors were clean and tidy. Patients own bedrooms were attractively presented and displayed lovely items of patients own personal memorabilia.

We observed patients to be dressed in clean clothing and attention had been paid to personal grooming. Patients appeared relaxed and settled in the lounge or their own bedrooms.

We discussed what provision was in place to allow an opportunity for patients to be involved regularly in decision about life in the home. There were no patients meetings carried out to allow for discussion and requests to be made from patients. This was discussed with the manager and an area for improvement was made.

A range of activities were provided in the home including reminiscence therapy, hairdressing, nail painting, movement to music, singing and hand massage. Activities were only provided intermittently three to five days per week. This was discussed with the manager who agreed to put activities in place daily for patients. An area for improvement was made.

The lunch meal was observed and was served to patients in the dining rooms or if preferred in the lounge or their own bedrooms. Patients were seated at tables to allow for social distancing to be maintained. Tables were tidy with condiments for patients use. Staff were available in sufficient numbers to ensure patients received their meal in a timely manner. The meal served appeared nutritious and patients described the food as warm and tasty. There were choices of drinks available to meet patients' preference. A menu board was visible for patients and easy to understand. There was no choice of main course available on the menu board or the two week rotating menu and no choice of alternatives were documented. This was discussed with the manager and an area for improvement was made.

Staff and patients chatted about daily life throughout the meal. Patients told us:

- "The food is warm and lovely."
- "We are well catered for."
- "There are plenty of them (staff) to look after us."
- "It's a very nice lunch."

6.2.7 Consultation with patients, patients' representatives and staff

The home was notified of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent via email to the home at this time. The pack included an inspection poster which was displayed in the home for patients and emailed to patients' relatives to inform them of contact number and an email address by which they could contact RQIA to provide feedback on the care provision in the home. We did not receive feedback via telephone or email.

We also provided the home with posters for patients, patients' relatives and staff to complete an online survey regarding the care provision in the home. We received three completed questionnaires all of which confirmed that they were very satisfied that care was safe, compassionate, effective and well led.

Comments from staff and patients spoken with during the inspection included:

- “I have a nice cosy room.”
- “I like living here.”
- “I have a visitor on Tuesdays.”
- “The manager goes above and beyond to support us.”
- “The staff are like family.”
- “I always have a smile on my face here.”

A record of compliments received by the home was retained and share with staff. Some of the compliments included:

- “Can’t begin to thank you for looking after my relative. You are my heroes.”
- “I don’t know what we would have done without your professional dedications and sheer hard work.”

Areas for improvement

Areas for improvement included: staff training, IPC, health and safety, patient involvement, activities and the menu choice.

	Regulations	Standards
Total number of areas for improvement	2	4

6.3 Conclusion

The home was clean and tidy and patients were settled and relaxed in the lounges or their own bedrooms. Feedback about the care in the home was positive.

Staff were knowledgeable about patients’ individual care needs and preferences. Staff were complimentary about the support from the manager.

The areas identified for improvement will be addressed through the QIP.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ruth Johnston, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure that equipment, including hoists and slings are not stored in bathrooms and boxes are not stored on floors in storage rooms.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Equipment and storage areas reviewed</p>
Area for improvement 2 Ref: Regulation 14(2)(a) Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Lift room kept locked</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 39.4 Stated: First time To be completed by: 30 March 2021	<p>The registered person shall ensure the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Mandatory training ongoing and Training programme in place.</p>
Area for improvement 2 Ref: Standard 7.1 Stated: First time To be completed by: immediately from the date of inspection	<p>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.</p> <p>Ref: 6.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Feedback from Residents questionnaires and Residents met with regularly</p>

<p>Area for improvement 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2021</p>	<p>The registered person shall ensure that activities which are positive and meaningful to patients are provided and timetabled on a daily basis.</p> <p>Ref: 6.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Activity programme in place and on notice boards</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that a choice of main course is available at each mealtime and this is clearly documented.</p> <p>Ref: 6.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Choice available at all meal times. Documentation will be updated to reflect choices.</p>

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



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