



Unannounced Care Inspection Report 9 January 2019



Nicholson House

Type of Service: Nursing Home
Address: 8 Antrim Road, Lisburn, BT28 3DH
Tel No: 028 9267 4126
Inspector: Dermot Walsh

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is 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: Ruth Mary Johnston
Person in charge at the time of inspection: Ruth Mary Johnston	Date manager registered: 1 April 2005
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 registered places: 33

4.0 Inspection summary

An unannounced inspection took place on 9 January 2019 from 09.50 to 16.05 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, completion of staff appraisals, safeguarding, governance arrangements and the environment. Further good practice was found in relation to the delivery of compassionate care, teamwork and in how management maintained good working relationships.

Areas for improvement were made in relation to the management of a patient following a fall; the completion of staff supervisions and the recording of meal choices on menus.

Patients described living in the home in positive terms. Patients' comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	2

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ruth Johnston, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 17 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 December 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 14 patients, eight staff and six patients' representatives. A poster was displayed at a staff area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and ten for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 31 December 2018
- incident and accident records
- staff physical and mental health assessment template
- three patients' care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 December 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 24 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person shall ensure good practice guidance is adhered to with regard to post falls management.	Partially met
	Action taken as confirmed during the inspection: A review of two patients' accident records evidenced that this area for improvement had not been fully met. Please see section 6.4 for further information. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all chemicals in the home are stored in accordance with COSHH legislation.	Met
	Action taken as confirmed during the inspection: During a review of the environment, no chemicals were observed accessible to patients.	
Area for improvement 3 Ref: Regulation 19 (2) Stated: First time	The registered person shall ensure that a record is maintained of all visitors to the home.	Met
	Action taken as confirmed during the inspection: A visitors sign in book was available at the entrance to the home. The registered manager confirmed that they would continue to ensure all visitors to the home signed the book.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Criteria (1) (2) Stated: First time	The registered person shall ensure that staffing arrangements in the home are reviewed to ensure that at all times there are sufficient levels and skill mix to meet the assessed needs of patients.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, staff and patients; observation of practice and a review of the duty rota evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 13 Criteria (6) Stated: First time	The registered person shall ensure that robust arrangements are in place to help ensure that all relevant staff are aware of the safeguarding reporting protocols and procedures in line with departmental/home policy.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff evidenced that they were aware of the appropriate reporting procedures.	
Area for improvement 3 Ref: Standard 45 Stated: First time	The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patients' airwave mattresses.	Met
	Action taken as confirmed during the inspection: A random review of two patients' pressure mattress settings confirmed that these reflected the patients' weight.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 31 December 2018 evidenced that the planned staffing levels were adhered to.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

One patient's representative was concerned in relation to the staffing level in the evening time. The patient representative's concerns were passed to the registered manager for their review and action if appropriate.

Since the last care inspection there was evidence that a new template to record newly employed staffs' physical and mental health assessment had been developed. The registered manager confirmed that the assessments would be completed as part of the new employee's application process and maintained in staff personnel files.

Staff consulted confirmed that they had an annual appraisal conducted. There was also evidence that supervisions had been conducted with staff. However, there was no evidence that a system had been developed to ensure that staff in the home received two recorded supervisions per year, in accordance with standards. This was discussed with the registered manager and identified as an area for improvement. It was clear during consultation with staff that some staff were unfamiliar with the term 'supervision'. This information was also passed to the registered manager for their review and action if appropriate.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. A policy and procedure was available to guide staff. The registered manager confirmed that there were no recent or ongoing safeguarding concerns relating to the home.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 August 2018 in comparison to the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. We reviewed two patients’ care records in relation to the management of falls; one record was maintained as required and one was not. The second record evidenced that the patient had not been monitored, in accordance with practice guidelines following the fall and gaps were evident in documentation. Details were discussed with the registered manager and an area for improvement in this regard has been stated for a second time. Refer to section 6.2 for details.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Compliance with infection prevention and control measures was well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, completion of staff appraisals, staff knowledge of safeguarding procedures and the home’s general environment.

Areas for improvement

An area for improvement was made in relation to the completion of staff supervisions.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three patients’ care records regarding the management of falls and pressure area care. A pressure risk management assessment tool, Braden assessment tool, had been recorded and reviewed appropriately within all three patients’ care records reviewed. Care plans had been developed to guide care reflective of the patients’ assessments and a daily record was maintained to evidence the delivery of care.

Falls risk assessments were completed on admission and reviewed monthly. A care plan reflective of the assessment was developed and also reviewed monthly. However, as previously indicated in section 6.4, neither the falls risk assessment nor care plan had been updated following one patient’s unwitnessed fall and an area for improvement was made.

Supplementary care charts such as food and fluid intake records and bowel management records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff in relation to teamwork included; “Excellent” and “Everyone, regardless of role, always works well as a team and we always help each other out”.

Staff also stated that they felt valued and confirmed that if they had any concerns they could raise these with the registered manager or the nurse in charge. Staff commented that the home’s management were, “Very approachable”; “Always made time for staff” and “Always explained things clearly”.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and their representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between staff and patients and in relation to effective teamwork.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.50 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A notice displayed in the home evidenced the arrangements in place to meet patients’ religious and spiritual needs. A list of daily activities planned for patients was also displayed. Patients were observed to enjoy a visiting flute player during the inspection.

The serving of lunch was observed in the dining room on the ground floor. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal or they were seated in their preferred dining area. Food was plated in the kitchen and covered for transfer to the dining room. Food was served when patients were ready to eat or to be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience and spoke positively on the quality of the food.

A lunch menu was displayed on a noticeboard in the dining room which reflected the meal served. A review of the menu evidenced that patients were offered one meal option. Staff confirmed that alternative choices were always available from the kitchen on request. This was discussed with the registered manager and an area for improvement was made to include a second meal option on the menu to offer patients a choice of meal and if necessary still request an alternative option. A patient's representative consulted during the inspection expressed concern in relation to the evening meal provision. The patient representative's concerns were passed to the registered manager for their review and action if appropriate.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"... My mum would have wanted to recognise the care and genuine love shown to her while she lived at Nicholson House. My dad and I certainly appreciated everything you did for her and us."

Consultation with 14 patients individually, and with others in smaller groups, confirmed that living in Nicholson House was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments to the inspector included:

"It is very good here. The staff are very nice."

"It's very nice here and it is very well run."

"It is fine here. I think it is A1."

"It is very good here. The nurses are excellent."

"The food is extraordinary here."

"It's very nice. The food is very good."

"I find everything satisfactory."

Six patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned.

Some patient representatives' comments to the inspector included:

"The care is very good here and it is consistently good."

"My friend receives excellent care here."

"The staff are all very good but I would like to see a better standard of evening meal."

"We are very happy with the care provided here but would like to see more staff in the evening."

"I am very happy with the care provided here. I would recommend this home to anyone."

"We are very happy here."

Staff were asked to complete an online survey; we had one response within the timescale specified. The respondent indicated that they were very satisfied that the home was delivering safe, effective and compassionate care and that the home was well led.

Comments from eight staff consulted during the inspection included:

- “It really is like one big family here.”
- “I love it. It is brilliant here.”
- “It is really good here.”
- “It’s great.”
- “The manager always explains everything. Everyone in the team is important.”
- “I am really happy here.”
- “It really is home from home. It is not like coming to work.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, in maintaining the dignity and privacy of patients and in valuing patients and their representatives.

Areas for improvement

An area for improvement was identified in relation to offering at least two meal options on the menu.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last inspection there has been no change in management arrangements. A review of the duty rota clearly evidenced the registered manager’s hours and the capacity in which they were worked. Discussion with staff evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, complaints/compliments and on health and safety. .

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives and Trust representatives on request.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and in the maintaining of good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, registered 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

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Revised updated protocol for post falls management implemented. New monthly detailed additional audit of all post falls records introduced.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that a system is in place to ensure that registered nursing and care staff receive at least two recorded supervisions annually.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: System of audit process to be introduced to ensure nursing & care staff receive at least two recorded supervisions annually.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that an alternative meal choice is identified on the patients' menu to allow patients to have a choice of meal or to select another alternative if they wish.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Menus in process of being reviewed with cooks and choices will be reflected in these.</p>

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



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