

Inspection Report

14 March 2024



Nicholson House

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Nicholson House Lisburn Ltd	Registered Manager: Ms Amanda McAloon
Responsible Individual: Mr Leon Desmond Loughran	Date registered: 22 August 2023
Person in charge at the time of inspection: Ms Amanda McAloon, Manager	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 14 March 2024 from 10.00 am to 5.00 pm by a care inspector.

The inspection focused on the progress with all areas for improvement identified during 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 throughout the inspection in relation to care delivery and the environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

A new area for improvement was identified in relation to recruitment. The total number of areas for improvement includes two which are carried forward for review at the next inspection.

The home was found to be clean, tidy, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner.

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.

Comments received from patients, patients' representatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 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 was observed and how staff went about their work.

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 Ms Amanda McAloon, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff spoken with provided positive feedback about Nicholson House. Patients said that they felt well cared for, enjoyed the food and that staff were attentive and kind. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff said they enjoyed working in the home, were committed to the patients, cared about them and strived to provide the best care they could. Staff told us that the home was settled, the manager was approachable and that they felt supported in their role.

Following the inspection we received seven completed questionnaires indicating they were satisfied or very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

The following comments were recorded:

‘The care is of a high standard. Everyone is so nice.’

‘Nicholson House came at the right time. The change in him was noticeable. Clean and shaved each visit. Staff great with him. Room clean. His family are reassured he is being well looked after.’

Relatives spoken with were mainly positive in regard to the service provided in Nicholson House. Responses and comments were shared with the manager who provided assurance that this information would be reviewed and actioned as appropriate.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

5.0 The inspection

An unannounced inspection took place on 12 December 2023 and on 14 December 2023. The inspection was completed by a pharmacist and a finance inspector and focused on medicines management and patients’ finances within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management and the management of patients’ finances.

One area for improvement identified at the last care inspection has been carried forward and one area for improvement has been stated for a second time. One new area for improvement has been identified in relation to monitoring the temperature of medicine storage areas.

With regards to finance, no new areas for improvement were identified at the inspection on 14 December 2023.

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 12 & 14 December 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) (a) Stated: Second time	The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients.	Carried forward to the next inspection
	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.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 21 Stated: First time	The registered person shall ensure that where required, choking risk assessments are completed. Care plans will be reviewed in line with the outcomes of a choking risk assessments.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that the temperature of the medicines storage areas is monitored and recorded daily. Corrective action should be taken if temperatures outside the required range are observed.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, evidence was unavailable to review regarding full employment history and that reasons for leaving previous employment and gaps in employment history had been fully explored and explanations recorded during the recruitment process. While a second reference had been obtained, a reference from the most recent employer was unavailable to view. This was discussed with the manager and an area for improvement was identified.

Staff said that they worked well together and that they supported each other on their roles. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. This was evidenced by records viewed regarding the home's assessment of patient dependency levels to determine staffing requirements. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, dysphagia awareness, control of substances hazardous to health (COSHH), health and safety, infection prevention and control (IPC) and fire safety. The manager confirmed that staff training is kept under review. Staff members commented positively regarding the support from the manager following the recent introduction of a new online training platform.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Records confirmed that all staff had completed (DoLS) level 2 training.

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, Ms Amanda McAloon was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences.

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. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding nutrition and patients who were assessed to be at risk of choking were reviewed and evidenced that the patients' needs were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Patient call systems were noted to be answered promptly by staff.

Equipment used by patients such as wheelchairs and walking aids were noted to be effectively cleaned.

The treatment room, kitchen and cleaning store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. There was a range of individual and group activities provided for patients by staff. The manager advised that patients had enjoyed a recent Mother's Day Event.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. Ms Amanda McAloon has managed the home since 14 November 2022. Staff were able to identify the person in charge of the home in the absence of the manager. Staff commented positively about the manager and described her as supportive, approachable and responsive to any issues that were brought to her attention.

Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

The manager confirmed that staff supervisions and appraisals had commenced for 2024 and advised that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty and regarding medicine management.

A sample of patients' files evidenced that a property record was in place. The manager confirmed that a new electronic system for recording the reconciliation of patients' personal possessions is in place and is checked, at least quarterly, and signed by two members of staff.

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

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Review of complaints evidenced they were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Review of records evidenced that staff meetings were held on a regular basis. Minutes of these meetings were available. The manager confirmed that a patient and relative meeting has been scheduled for the near future.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

*the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda McAloon, Registered 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 13 (4) (a) Stated: Second time To be completed: Immediate action required (12 December 2023)	The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients. Ref: 5.1
	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.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (12 December 2023)</p>	<p>The registered person shall ensure that the temperature of the medicines storage areas is monitored and recorded daily. Corrective action should be taken if temperatures outside the required range are observed.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (14 March 2024)</p>	<p>The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>This relates specifically to ensure that full employment history, reasons for leaving past employment and any gaps in employment records are explored and explanations recorded during the recruitment process. A reference from the most recent employer should be obtained.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The home's application form has been reviewed to ensure that all applicants enter the required employment information. Additionally a separate section of the interview sheet now includes prompts in relation to the exploring fully of past employment and any employment gaps identified. References from the employees last or current employer will continue to be sought.</p>

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