

# Inspection Report

18 January 2022



## Nicholson House

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Nicholson House Lisburn Ltd	<b>Registered Manager:</b> Mrs Ruth Mary Johnston
<b>Responsible Individual:</b> Mr Leon Desmond Loughran	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Ruth Mary Johnston	<b>Number of registered places:</b> 33
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 33 patients. Patients' bedrooms are located over two floors and patients have access to communal dining and dayrooms.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 January 2022 from 9.20am to 4.20pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

A new provider had taken over the running of the home. On 23 November 2021, Mr Leon Loughran was registered as the new responsible individual for Nicholson House. Mrs Ruth Johnston remains as registered manager.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. 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 and staff are included in the main body of this report.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

An area for improvement was identified in relation to deprivation of liberty care planning. Areas for improvement in relation to patient involvement in decisions regarding daily life in the home, activity provision and meal choice have been stated for a second time at this inspection.

RQIA was assured that the delivery of care and service provided in Nicholson House was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the manager 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 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 the manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

During the inspection we consulted with 12 patients, six staff and one relative. Patients spoke positively on the care that they received and with their interactions with staff describing staff as 'very nice' and 'attentive'. Patients also complimented the food in the home. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. Staff confirmed that they felt well supported by the manager and also confirmed that there was a good relationship with the management team. The relative spoke highly of the care provision in the home describing the care as, "Genuine care".

There were no questionnaire responses and we received one response from the staff online survey indicating that they were very satisfied in the care provision and leadership in the home.

#### 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 1 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 13(7)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been met.	
<b>Area for improvement 2</b> Ref: Regulation 14(2)(a)  <b>Stated:</b> First time	The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Doors leading to rooms containing hazards had been appropriately locked.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39.4  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of training records evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 7.1  <b>Stated:</b> First 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.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.4.  This area for improvement has not been met and has been stated for the second time.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	The registered person shall ensure that activities which are positive and meaningful to patients are provided and timetabled on a daily basis.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.4.  This area for improvement has not been fully met and has been stated for the second time.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 12.13 <b>Stated:</b> First time	The registered person shall ensure that a choice of main course is available at each mealtime and this is clearly documented.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.2.  This area for improvement has not been met and has been stated for the second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post.

All staff were provided with a comprehensive induction programme to prepare them for working with the patients. Staff confirmed that they knew and understood one another's roles in the home. There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted agreed that patients' needs were met with the number and skill mix of staff on duty. Patients spoke highly on the care that they received.

Staff said there was good teamwork in the home and felt that they communicated well with each other. One staff commented, "Here we work as one home; not two floors". Others described the teamwork as 'exceptional' and 'excellent'. Staff were observed to work and communicate well together throughout the inspection.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty. Any nurse designated to take charge of the home first completed a 'nurse in charge competency and capability assessment' to prepare them for the role.

Patients confirmed that they would have no issues on raising any concerns that they may have to staff. It was observed during the inspection that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering; discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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. Patients' care records were held confidentially.

Where a patient was at risk of falling, a care plan was in place to direct staff in how to manage this area of care. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. Since the takeover by the new provider, a new accident recording system had been implemented.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Records of position changes had been recorded well, however, on occasion was recorded as 'repositioned' not identifying the position that the patient had been repositioned to. This was discussed with the manager who agreed to address this with staff. There was evidence of skin checks on the patients' skin condition at the time of repositioning. Risk assessments had been completed to determine if patients were at risk of skin breakdown. Where a risk was identified, a care plan was in place to guide staff in the management of the risk.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. Nutritional risk assessments were carried out monthly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Patients did not have a choice of meal identified on the home's menu. While patients' were offered alternatives if they did not like the meal on the menu, an area for improvement made at the previous care inspection has now been stated for a second time to ensure that they can

receive a choice of meal. Patients were complimentary on the quality of the food. Food served appeared nutritious and appetising. A system was in place to ensure that each patient's nutritional requirements had been communicated to all relevant staff. The dining room was well supervised by staff who were wearing the appropriate PPE and took the opportunity for hand hygiene at the appropriate times. A range of drinks were served with the meal.

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.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff. Staff took lateral flow tests prior to coming on duty. Environmental infection prevention and control audits had been conducted monthly.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE) and wash their hands on entry. Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients, who could, could choose what they wore and what they preferred to eat.

Patients confirmed that there was a recent lack of structured activities in the home. Many patients had their own televisions in their bedrooms and there was access to televisions and music in dayrooms. Care staff advised that they would conduct activities when they could, although, also confirmed that this could be difficult due to workload commitments. Recently



completed activities had not been recorded. This was discussed with the manager and an area for improvement identified at the previous inspection was stated for a second time.

Patients' input into the day to day running of the home could not be evidenced during the inspection. Patient meetings had not taken place. An area for improvement in this regard has been stated for a second time.

Visiting arrangements were in place in line with the Department of Health guidelines. There were 10 care partner arrangements in place in the home. Care partner agreement forms had been completed for each care partner to identify when, where and what care could be provided. Both the visiting and care partner arrangements were in place with positive physical and mental wellbeing benefits to the patients.

### 5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Mrs Ruth Johnston has been the registered manager of the home from 1 April 2005 and on 23 November 2021, Mr Leon Loughran was registered as the new responsible individual (RI). Staff informed that they have met with the new provider and found him approachable and pleasant. A new ordering system and new documentation for complaints and accident/incident recording had been implemented since the new RI came into post with positive outcomes. Discussion with the manager and staff confirmed that there were good working relationships between staff and the management team in the home.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff confirmed that the management team were approachable and would listen to them when they brought any concerns to their attention.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, wound care, antibiotic usage, restrictive practice, staff registrations, complaints, health and safety and staff training. 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 was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. A complaint's file was maintained. There were no ongoing or recent complaints received in the home. A compliments book had also been maintained. All learning from previous complaints and any compliments received had been shared with staff.

The home was visited each month by a representative of the registered provider 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

Review of staff training records confirmed that all staff completed adult safeguarding training. Staff told us they were confident about reporting any concerns about patients' safety.

Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

## 7.0 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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\*The total number of areas for improvement includes three that have been stated for a second time.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 7.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 March 2022	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.  Ref: 5.1 and 5.2.4  <b>Response by registered person detailing the actions taken:</b> Patient meetings are scheduled to be held on a regular basis to receive input and feedback from patients into the activities organised by the home held in the home.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 28 February 2022	The registered person shall ensure that activities which are positive and meaningful to patients are provided and timetabled on a daily basis.  Ref: 5.1 and 5.2.4  <b>Response by registered person detailing the actions taken:</b> The provision of activities has been reviewed with a more structured and timetabled format put in place, with patient involvement and enjoyment documented on an ongoing basis

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 February 2022</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: 5.1 and 5.2.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2022</p>	<p><b>Response by registered person detailing the actions taken:</b> Whilst patient main course meals choice were in place previously this has now been clearly recorded on the home's menus</p> <p>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.</p> <p>Care planning should also demonstrate how patients, where appropriate, can leave the home when they wish.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Care plan reference in relation to patient access to and from the home has been included for the appropriate patients</p>

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



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