



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 23 September 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.

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 registered nursing home which provides care for up to 33 patients.

3.0 Service details

Organisation/Registered Provider: Nicholson House Responsible Individual(s): Ruth Mary Johnston Joseph Andrew Johnston	Registered Manager and date registered: Ruth Mary Johnston 1 April 2005
Person in charge at the time of inspection: Pauline Adair – Nurse in charge	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 unannounced inspection took place on 23 September 2019 from 09.20 to 16.20 hours.

This inspection was undertaken by the 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.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, training and development, adult safeguarding, the environment, management of nutrition and pressure care, wound care, management of complaints and with quality improvement. Further good practice was found in relation to the delivery of compassionate care, communication between staff, patients and other key stake holders and with maintaining good working relationships.

Areas requiring improvement were identified in relation to the management of restrictive practice, storage of thickening agents and with the decontamination of hoist slings between patient use. An area for improvement in relation to meal choice has been stated for the second time.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*3

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

Details of the Quality Improvement Plan (QIP) were discussed with Pauline Adair, nurse in charge, 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 9 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care and estates issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 23 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- a sample of daily patient care charts including food and fluid intake charts, bowel management and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from April 2019
- RQIA registration certificate.

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

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

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: Second time	The registered person shall ensure good practice guidance is adhered to with regard to post falls management.	Met
	Action taken as confirmed during the inspection: A review of patient care records following a fall evidenced that the appropriate records were updated and the appropriate actions had been taken.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A system was evident to ensure that nursing and care staff received two recorded supervisions annually.	
Area for improvement 2 Ref: Standard 12 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: A review of the daily menu displayed on the wall of the dining room offered choice of meal. However, discussion with patients and staff and review of the menu confirmed that meal choice was not consistently offered. This area for improvement has been partially met and has been stated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 23 September 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home. Staff confirmed that they were encouraged by the home's management to request additional training which would be pertinent to their role. Compliance with training was monitored monthly on a training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion. Staff confirmed that they received an annual appraisal and regular supervisions. A matrix was maintained to ensure that staff received at minimum two supervisions per year. An area for improvement in this regard has now been met.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the manager and a review of accident records evidenced that falls in the home had been managed in accordance with best practice. Falls risk assessments and care plans had been developed and updated regularly or following a fall. Accident records had been maintained appropriately. An area for improvement in this regard has now been met.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Bedrooms and communal rooms were maintained clean and tidy. Compliance with best practice on infection prevention and control had been well maintained. However, a system was not evident to ensure that communal hoist slings were decontaminated between patient use. This was discussed with the manager and identified as an area for improvement. There were no malodours detected in the home. Appropriate doors had been locked to promote patient safety.

During the review of the environment, thickening agents were observed accessible to patients in two unsupervised areas of the home. This was discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, training, adult safeguarding and with the home's environment.

Areas for improvement

Areas for improvement were identified in relation to decontamination of hoist slings and with access to thickening agents.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

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 them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Patients and representatives spoken with also expressed their confidence in raising concerns with the home's staff and/or management.

The manager confirmed that the home was involved in monthly meetings between September and June with staff from 10 other care homes via a video link hub. This was known as the 'ECHO project' and involved care presentations and the sharing of opinions and ideas. An expert was available during each presentation which included topics such as diabetes management, end of life care and ethical issues. This engagement was commended.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience. Lunch commenced at 12.15 hours. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. The menu offered a choice of meal for lunch, though; patients and staff confirmed that a choice of meal was not consistently available. An area for improvement in this regard has been stated for the second time. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. One patient's request to have their meal later in the day was respected. A range of drinks was served with the meal. Food taken outside of the dining room was covered on transfer. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised. Patients consulted confirmed that they had enjoyed their meal.

Patients’ risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed one patient’s wound care records. A clear wound care plan was evident within the patient’s care records to guide the dressing regime and management of the wound. The care plan reflected the recommendations of an attending podiatrist. Records of repositioning had been maintained where appropriate.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient’s care records of an initial assessment completed to ensure safe use. However, shortfalls on the management of restrictive practices in the home were identified and an area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to nutrition, pressure and wound management and with communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified in relation to the management of restrictive practices. An area for improvement in relation to meal choice has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 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.

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. Patients chose where to sit during the day in their bedroom, the dining room or one of the lounges. Staff knocked on patients’ doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be both caring and timely.

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

- “... The kindness and care you took of him was simply lovely and I know he was very content and enjoying the company and craic and lovely home cooked food.”
- “... Thank you for being so dedicated and such a good staff team. We felt more at ease when mum lived at Nicholson House.”
- “Our family would like to thank you all most sincerely for the unfailing care and attention given to All your efforts and patience on his behalf have been much appreciated.”

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Nicholson House was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “This place is A 1. The staff are very good.”
- “The home is very good. I have no complaints.”
- “Very good here.”
- “They are very kind here.”
- “The staff are like family here. Can’t do enough for you.”
- “It is lovely here.”
- “They (the staff) are really very good to you here.”

One patient shared concerns during the inspection. The concerns were shared with the nurse in charge who discussed them with the patient and their visitors.

Patients and staff spoke positively of the provision of activities in the home. During the inspection, patients and staff were observed enjoying an external musical entertainer providing song and dance in the home. A programme of activities was displayed at the entrance to the home. Information was also available of upcoming dates and times of gospel meetings for patients to attend if they wished.

Two patients’ visitors were consulted during the inspection. Patient representatives’ questionnaires were left for completion. One was returned. The respondent indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led. Patients’ representatives consulted during the inspection commented:

- “The staff are very pleasant. They keep us informed. We are made to feel welcome in the home.”
- “This nursing home is a credit to the industry.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “I love it here. Enjoy the patients being happy.”
- “It’s lovely.”
- “I really do love it here.”
- “I love it. It’s an absolutely amazing home.”
- “I love it.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and infection prevention and control. We reviewed the care plan audits. Auditing records evidenced the actions taken in response to any shortfalls that were identified and reflected how this information was shared with staff.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals. Action plans were included within the monthly reports.

Discussion with the 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 the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	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 Pauline Adair, nurse in charge, 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 14 (5) (6)</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2019</p>	<p>The registered person shall ensure the management of restrictive practice is in accordance with legislation and that this is reflected within staff knowledge and record keeping.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Restrictive practice documentation to be reviewed and staff knowledge updated to reflect reviewed documentation</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 12</p> <p>Stated: Second time</p> <p>To be completed by: 23 October 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: 6.2 and 6.5</p>
	<p>Response by registered person detailing the actions taken: Residents are offered an alternative choice at mealtimes however improvement will be made to improved documentation of this to ensure consistency.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that communal slings in the home are decontaminated between patient use.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Review of infection control measures for patient slings will be carried out.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Thickening agents will be stored appropriately.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care