



# Unannounced Care Inspection Report 24 July 2018



## Nicholson House

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

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Assurance, Challenge and Improvement in Health and Social Care

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

## 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

<b>Organisation/Registered Provider:</b> Nicholson House  <b>Responsible Individual(s):</b> Joseph Andrew Johnston Ruth Mary Johnston	<b>Registered Manager:</b> Ruth Mary Johnston
<b>Person in charge at the time of inspection:</b> Ruth Mary Johnston	<b>Date manager registered:</b> 1 April 2005
<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 registered places:</b> 33

### 4.0 Inspection summary

An unannounced inspection took place on 24 July 2018 from 09.25 to 17.00 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 staff induction, training and development, the home's general environment, record keeping, teamwork and communication between residents, staff and other key stakeholders. Further good practice was found in relation to governance arrangements, management of incidents, quality improvement, maintaining good working relationships and in the culture and ethos of the home with dignity and privacy, listening to and valuing patients and their representatives.

Areas were identified for improvement under regulation in relation to accident management, compliance with control of substances hazardous to health (COSHH) legislation and with maintaining a record of visitors to the home. Areas were identified for improvement under standards in relation to staffing arrangements, safeguarding and safe use of equipment. An area for improvement made at the previous care inspection in relation to falls management was reviewed and has been subsumed into a new area for improvement under regulation; this is referenced further in sections 6.2 and 6.4.

Patients described living in the home in positive terms. 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 taking 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
<b>Total number of areas for improvement</b>	*3	3

\*An area for improvement made at the previous care inspection under standards has been subsumed into an area for improvement under regulation at this inspection.

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 30 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2018. 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

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 12 patients, six staff and four patients' representatives. A poster was displayed at a staffing 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 10 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:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 16 July 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- 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 30 January 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection 30 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time	The registered person shall ensure the completion and recording of CNS observations following a potential and/or actual head injury.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of accident records pertaining to two separate falls in the home evidenced that this area for improvement has not been met. See section 6.4 for further information.  This area for improvement has not been met and has now been subsumed into an area for improvement under regulation in relation to the management of a patient following a fall.	

## 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 16 July 2018 evidenced that the planned staffing levels were adhered to. Two staff consulted were of the opinion that the staffing levels were inadequate and negatively affected the delivery of care in respect of nutrition as breakfasts were regularly given late. Patients were observed being assisted with their breakfast up to 11.00 hours on the day of inspection. The lunchtime meal commenced at 12.30 hours which resulted in the potential that some patients may not have felt ready for this meal. Registered nurses were also concerned at reduced registered nursing hours on Sundays compared with all other days. These concerns were discussed with the registered manager and identified as an area for improvement under standards.

Patients and patient representatives consulted with did not raise any concerns in relation to the staffing arrangements in the home.

A review of a newly recruited staff member's personnel file evidenced that a physical and mental health assessment record had not been completed for this staff member. This was discussed with the registered manager and evidence sent to RQIA following the inspection confirmed that physical and mental health assessments are now being completed for all new staff recruited to the home. Recruitment records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff confirmed that supernumerary hours were allocated to new staff to allow them to work alongside a more experienced staff member to become familiar with the home's policies and procedures. The registered manager confirmed that the number of supernumerary hours allocated to new staff were dependent on the staff member's abilities. This was seen as good practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards, 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. There was evidence that three monthly training audits were conducted in the home to identify compliance with training and the reason why any scheduled training was not attended.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. However, staff demonstrated an inadequate understanding with regards to the process for out of hours reporting of incidents. This was discussed with the registered manager and identified as an area for improvement under standards. An adult safeguarding champion had been identified and had attended training pertinent to this role. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home.

We reviewed accidents/incidents records since the previous care inspection in comparison with 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. However, two separate accident records reviewed did not demonstrate that the appropriate actions had been taken following falls where the patient had the potential of a head injury. On both occasions, neurological observations had not been monitored appropriately. An area for improvement made in this regard at the previous care inspection has now been subsumed into an area for improvement under regulation. While a report was completed in the home's accident book following the falls, the patient's falls care plan and/or falls risk assessment had not been updated. This was discussed with the registered manager and identified as an area for improvement under 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. This information was also reviewed as part of the responsible individual's monthly

monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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. Patients and staff spoken with were complimentary in respect of the home's environment. One patient's representative commented positively on the cleanliness of the home. Fire exits and corridors were observed to be clear of clutter and obstruction. A review of the laundry room evidenced deficits on surface areas. Evidence sent to RQIA following the inspection confirmed that all surface areas within the laundry room had been completely refurbished and that isolated issues with compliance in best practice on infection prevention and control had been appropriately managed. Infection rates were monitored in the home on each individual patient including symptoms, source and treatment.

During the review of the environment, two areas containing chemicals, which could be harmful to patients, were observed to be accessible to patients. This was discussed with the registered manager and an area for improvement was identified under regulation to ensure compliance with COSHH legislation.

The pressure settings on two mattresses reviewed were observed to have been incorrectly set in accordance with the patients' weights. An incorrect setting can increase the risk of pressure damage to a patient's skin. This was discussed with the registered manager and identified as an area for improvement under standards. Assurances were provided by the registered manager that pressure settings on mattresses would be reviewed with immediate effect.

It was observed that a visitors' sign in book at reception had not been recorded in since 27 April 2018 to keep a record of people entering and exiting the building. This was discussed with the registered manager and identified as an area for improvement.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training and development and with the home's general environment.

### **Areas for improvement**

Areas were identified for improvement under regulation in relation to accident management, compliance with COSHH legislation and with maintaining a record of visitors to the home.

Areas were identified for improvement under standards in relation to staffing arrangements safeguarding and safe use of equipment.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	3



## 6.5 Is care effective?

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

Review of three patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, patients' weights and wound care. Care records contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained. However, repositioning records did not make reference to skin checks during repositioning. Evidence of skin checks was also not recorded within the daily evaluation of the patient reviewed. This was discussed with the registered manager who agreed to review and action the recording of skin checks. This will be reviewed at a subsequent care inspection.

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 included, "We all work very well together as a team" and "We all get on well; it doesn't matter where you are allocated to work, we help each other out." Staff also 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 open and approachable day or night..." and that "...their door is always open."

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

Patient and 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 risk assessment, teamwork and communication between residents, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 09.25 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. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. 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. Staff were also aware of the requirements regarding patient information and patient confidentiality.

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.

The serving of lunch was observed in the dining room. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from dining area. 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. The potential for patients' lunch time dining experience to be impacted by the delayed serving of breakfast is discussed in section 6.4.

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

- "Please accept my sincere thanks for your compassion and care to ... . It was very evident that she was comfortable and her needs taken care off day and night."
- "I just wanted to say just how much we appreciated the exceptional care and kindness you showed to my mum."

Consultation with 12 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.

Patient comments:

- “It is an excellent home. The food is first class.”
- “I am very comfortable here.”
- “Very very good. Just ask and you get.”
- “It is very good. They [the staff] are very nice people.”
- “I am very happy living here.”
- “It’s very good here. The staff are excellent.”

Four patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned. Some patient representatives’ comments were as follows:

- “The care delivered in this home is first class.”
- “There is genuine care delivered here. The staff are great. The home is very clean.”
- “I would give this home 12 out of 10. It is a home from home. I’m very happy with the care.”
- “It is great here. The staff never change. Care is great.”

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 wouldn’t work or move anywhere else.”
- “I do love my job.”
- “It is brilliant to come to work.”
- “Residents always come first. We treat them as our own mother or father.”
- “They [the patients] are like family to us.”
- “There’s no way I would move from here. All the other staff are fantastic.”

Any comments from patients, patient representatives and staff in returned questionnaires 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, maintaining the dignity and privacy of patients, listening to and valuing patients and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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, infection prevention and control practices and care records. In addition, robust measures were also in place to provide the registered manager with an overview of the management of infections occurring in the home.

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, staff and Trust representatives.

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 maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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><b>Area for improvement 1</b></p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Sections 6.2 and 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Post falls management reviewed and updated guidance written to inform all nursing staff. Manager will keep under review.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals in the home are stored in accordance with COSHH legislation.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All chemicals securely stored.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2018</p>	<p>The registered person shall ensure that a record is maintained of all visitors to the home.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Visitors encouraged to sign in on arrival in visitors book.</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><b>Area for improvement 1</b></p> <p>Ref: Standard 41 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2018</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staffing levels reviewed monthly.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13 Criteria (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 August 2018</p>	<p>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.</p> <p>Ref: Section 6.4</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff made aware of safeguarding reporting protocols in line with policies.</p> <p><b>Response by registered person detailing the actions taken:</b> Correct weight settings applied with immedaite effect.</p>

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



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