

Inspection Report

28 July 2023



Nicholson House

Type of service: Nursing Home
Address: 8 Antrim Road, Lisburn, BT28 3DH
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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: Not registered
Person in charge at the time of inspection: Ms Amanda McAloon	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
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 28 July 2023 from 09.25 am to 6.10 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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.

Areas for improvement were identified in relation to risk assessment and the secure storage of medicines.

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. The lunchtime meal was served to patients by staff in an unhurried, relaxed 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 a patient's relative spoken with provided positive feedback about Nicholson House. Patients told us that they felt well cared for; enjoyed the food, there was enough staff on duty if you need them and that staff were kind. A patient's relative told us they were very satisfied with the care provided by staff and they were confident any concerns would be addressed promptly.

Patients spoken with commented, "Staff and the manager are very good. I'm alright and have no concerns but if I had I could discuss them with the staff. I like my room and I'm comfortable." and "It's a good place to be."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Words cannot begin to express our deepest gratitude for the dedicated and compassionate care given to our Father during his stay at Nicholson House."

Staff spoken with were mainly positive in regard to the service provided in Nicholson House. Following the inspection, RQIA received a number of comments from staff via the staff feedback survey regarding the management support. RQIA wrote to the Responsible Individual, Mr Loughran, asking that he explore the issues raised by staff and provide a response to RQIA. A written response was received which details the actions management had taken in response to the issues raised.

Three questionnaires were received from patients' relatives. Comments were shared with the manager and the Responsible Individual, Mr Loughran after the inspection, asking that the issues raised by patients' relatives were explored and a response provided to RQIA. A written response was received which details the actions management had taken in response to the issues raised.

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 28 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (c)(ii) Stated: First time	The registered person shall ensure that staffs' registration with NISCC is effectively monitored on a monthly basis.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 20 (c)(i) Stated: First time	The registered person shall ensure that staff are provided with the relevant support and training to enable them to complete their required mandatory training on the on-line system which has been introduced to the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 27 (4)(f) Stated: First time	The registered person shall ensure that all staff participate in a fire drill on at least an annual basis. A record of the date and time of the drill and the staff who participated should be recorded in order to evidence that all staff have been provided with an opportunity to undertake suitable fire drill practice.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that where there is a wound a relevant a contemporaneous wound care plan is developed in accordance with NMC guidelines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that there is an effective system in place to identify which individual patient each meal is for in order that patients are served the right consistency of food and their preferred menu choice. Additionally, an up to date menu, which includes the choices available, should be on display in a suitable format and location in each dining room.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 43 Stated: First time	The registered person shall ensure that items are not stored inappropriately on the floor in storage rooms. Toiletries should not be stored on toilet cisterns. En-suite bathrooms should have appropriate shelving or storage units available.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 4 Ref: Standard 40 Stated: First time	The registered person shall ensure that all staff are provided with an annual appraisal to review their performance and to agree actions plans for further development where required. The manager should have sufficient time available to enable her to carry out annual appraisals.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said that they worked well together and that they supported each other in 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. 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 2023 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, dysphagia awareness, control of substances hazardous to health (COSHH), 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 staff had completed (DoLS) level 2 training and that trained staff had also completed (DoLS) level 3 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

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' 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 wound management were reviewed and evidenced that they 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. Care records were in place for patients at risk of choking; however, there was no evidence that choking risk assessments had been completed. This was discussed with the manager and an area of improvement was identified.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

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. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

We observed the serving of the lunchtime meal in the dining room on the first floor. Staff ensured that patients were comfortable throughout their meal. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

Patients told us that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

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.

Observation of equipment used by patients such as wheel chairs, walking aids and hoists evidenced that they were effectively cleaned.

The cleaning store was observed to be appropriately locked. However, on the first floor it was noted that a number of oxygen cylinders were stored on the floor in an unlocked bathroom cupboard. This was discussed with the manager and the registered nurse on duty. An area for improvement was identified.

On the ground floor, the treatment room door was observed to be unlocked and the registered nurse was not in the area. It was concerning that patients' supplements and medication stored on shelves could be easily accessed. This was discussed with the manager and the registered nurse on duty. An area for improvement was identified.

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. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

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.

Visiting arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

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. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as movement to music, bingo, games, reminiscence sessions, arts and crafts. Morning prayer is held each Sunday, for patients who wish to attend. Staff and patients told us they enjoyed attending a recent barbeque with musical entertainment provided by an outside entertainer.

Review of patients' activity records evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Comments recorded showed that patients enjoyed the activities they attended.

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 a 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.

As previously discussed, following the inspection RQIA received a number of comments from staff via the staff feedback survey which raised issues regarding management support. A written response was provided by the Responsible Individual in regard to the issues raised and RQIA were satisfied that he had taken appropriate action to address the staff comments.

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

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Records reviewed evidenced that staff supervisions and appraisals had commenced for 2023. The manager confirmed that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

A robust system was in place to ensure effective managerial oversight of nurse competency and capability assessments. Review of a selection 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.

Discussion with the 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 care plans, patient dependency levels to inform staffing levels, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene.

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.

We discussed the Annual Quality Assurance audit report. The manager confirmed a review was undertaken in June 2023 to evidenced that a governance system is operational which assures the quality of services and care available in the home. The manager advised that the report was almost complete and confirmed that reports are made available for patients and their representatives.

Systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Review of records evidenced that patient and staff meetings were held on a regular basis. Minutes of these meetings were available. The manager confirmed that a 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	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda McAloon, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall make suitable arrangements for the secure storage of oxygen cylinders.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: A secure and suitable storage area has now been sourced that is well ventilated. This is also easily accessible for nursing staff in an emergency and will be secured to the wall in a locked clinical store.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Medication is stored in a locked cupboard which only the nursing staff have access to. Since the Inspection nurses have undergone a supervision session with nurse management relating to the safe storage of medications, emphasising the requirement that the medication store MUST always be locked. Nurse Manager has also reviewed the medication policy with Nursing staff related to the safe storage of medicines.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A suitable Choking Risk Assessment has now been sourced and put in place for every resident. All nursing staff have been made aware that they must review this Risk assessment each month or more frequently if any deterioration is noted. Nursing staff have also been advised to ensure that Care Plans are reviewed in line with the outcome of the Risk Assessment.</p>

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