Unannounced Follow Up Care Inspection Report
30 January 2018

Nicholson House

Type of Service: Nursing Home (NH)
Address: 8 Antrim Road, Lisburn, BT28 3DH
Tel no: 028 9267 4126
Inspector: Sharon Loane & Kieran McCormick

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

Organisation/Registered Provider: Nicholson House **Responsible Individuals:** Ruth Mary Johnston Joseph Andrew Johnston	**Registered Manager:** Ruth Mary Johnston
Person in charge at the time of inspection Pauline Adair - Deputy Manager	**Date manager registered:** 1 April 2005
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 registered places:** 33

4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 10.00 to 16.00 hours.

This inspection was undertaken to determine what progress had been made in addressing the areas for improvement identified during the previous care inspection on14 September 2017, to re-assess the homes level of compliance with legislative requirements and the DHSSP's Care Standards for Nursing Homes 2015 and to determine if the home was delivery safe, effective and compassionate care and if the service was led.

A review of records, discussion with the deputy manager and staff and observations of care delivery evidenced that all of the areas for improvement made as a result of the previous inspection had been complied with.

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.

The following areas were examined during the inspection:

- care practices and care records
- meals and mealtimes
- environment
- consultation

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 and in their interactions with staff.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Pauline Adair, deputy 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 14 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 14 September 2017.

Following the inspection, the registered persons were required to attend two separate meetings at RQIA. Firstly, a meeting was held with the intention of issuing a failure to comply notice in relation to recruitment processes. Additional findings in regards to the deployment of staff; care and record keeping issues were discussed at a serious concerns meeting. Both meetings were held 21 September 2017 at RQIA.

Following a review of an action plan and discussion with the registered persons at the intention meeting RQIA were fully assured that the actions had been embedded into practice and a decision was made not to issue the failure to comply notice.

As previously discussed, a serious concerns meeting was also held on the same date to discuss additional inspection findings. Again, following discussion and assurances provided and given that no concerns had been identified at previous inspections, RQIA agreed to give Nicholson House a period of time in which to implement the actions and make necessary improvements required in the areas discussed.

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 submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- the action plan submitted following the previous care inspection
- pre inspection assessment audit

During this inspection, care delivery and care practices were observed and a review of the general environment of the home was undertaken. We also spoke with seven patients individually and with others in small groups, two registered nurses, three care staff, the activities co-ordinator staff and five patient's representatives. Questionnaires were left in the home to obtain feedback from patients and their relatives. A poster was displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following information was examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- staffing arrangements in the home
- staff training records
- four patient care records
- a sample of accident and incident records
- a sample of governance audits
- records relating to adult safeguarding
- complaints
- monthly quality monitoring reports 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, partially met, or not met.

The findings of the inspection were provided to Pauline Adair, deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 September 2017

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

6.2 Review of areas for improvement from the last care inspection dated 14 September 2017

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 20 (1) (a) **Stated:** First time	The registered person shall ensure that the deployment of staffing in the home is reviewed in regards to the morning routine to ensure the delivery of care.	**Met**
	Action taken as confirmed during the inspection: A discussion with staff, a review of information and observations made at the time of this inspection evidenced that this area for improvement was met. Patients were observed being assisted to and responded to in a timely manner. Staff spoken with were satisfied that the current staffing arrangements and routines were sufficient and appropriate to meet the needs of the patients.	
Area for improvement 2 **Ref:** Regulation 21 (1) (b) Schedule 2 **Stated:** First time	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. A copy of the homes recruitment policy should be submitted with the returned QIP. Records should be available for inspection.	**Met**

	Action taken as confirmed during the inspection: A review of a personnel file for one staff member evidenced that staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and records were maintained. RQIA can also confirm that a copy of the homes recruitment policy was received.	
Area for improvement 3 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time	The registered person shall ensure that the treatment and care provided to each patient meets their individual needs and reflects any recommendations made by other healthcare professionals.	**Met**
	Action taken as confirmed during the inspection: A review of care records for four identified patients evidenced that this area for improvement was met. Please refer to section 6.3.1 for further details.	
Area for improvement 4 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure care records are developed, kept under review and updated in accordance with any changes in the patient's condition and reflect any recommendations made and/or treatment required by the general practitioner and multidisciplinary team.	**Met**
	Action taken as confirmed during the inspection: A review of four care records evidenced that the standard of record keeping and documentation had improved since the last care inspection. Audits of care records had been completed to ensure and drive the necessary improvements. There was evidence that where shortfalls had been identified care records had been re-audited to ensure actions had been completed. Please refer to section 6.3.1 for further details.	

Area for improvement 5 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 14 November 2017	The registered person shall ensure that robust governance / management arrangements are developed, implemented and maintained to assure the safe and effective delivery of care to patients and other services provided in the home.	**Met**
	Action taken as confirmed during the inspection: A discussion with the deputy manager and a review of information evidenced that systems had been developed and implemented since the last care inspection. A number of audits had been completed, these included; care records; accident and incidents. Actions plans had been developed for areas of improvement and /or required actions. There was also evidence that the areas for improvement had been re-audited to check compliance and quality assurance. Please refer to section 6.3.2 for further details.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 39 **Stated:** Second time	The registered provider should ensure that systems are in place to monitor and ensure staffs compliance with mandatory training requirements and other areas of training identified by the home.	**Met**
	Action taken as confirmed during the inspection: A training matrix for 2017/18 was available to evidence staffs compliance with their mandatory training requirements. Since the last inspection an analysis of training had been completed and improvement was evident for example; Fire Safety and Adult Safeguarding; 100% compliance and safe moving and handling 99 % compliance. Arrangements were in place that audits would be undertaken every three months to monitor and ensure staffs compliance in this area of practice. A training matrix for 2018/19 had been developed and was being maintained accordingly.	

Area for improvement 2 **Ref:** Standard 41 **Stated:** Second time	The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include: • The date of all meetings • The names of those attending • Minutes of discussions; and • Any actions agreed.	**Met**
	Action taken as confirmed during the inspection: A review of information evidenced that a schedule was available for meetings to be held at three monthly intervals. Since the last inspection, meetings have been held during September and October 2017 and January 2018. Records were maintained appropriately and there was evidence that the shortfalls identified at the last inspection had been discussed with all staff teams and the action plan in place to address same.	
Area for improvement 3 **Ref:** Standard 39 Criteria 1 **Stated:** First time	The registered person shall ensure that all new employees are provided with a structured orientation and induction for their roles and responsibilities. Records should be retained and available for inspection.	**Met**
	Action taken as confirmed during the inspection: A review of information held for one staff member evidenced that they had received an induction on the commencement of their employment.	
Area for improvement 4 **Ref:** Standard 44 Criteria 6 **Stated:** First time	The registered person shall ensure that the practice of using camera monitors is reviewed to ensure compliance with RQIA's guidance on the use of Overt Close Circuit Televisions (CCTV) and the Data Protection Act 1988.	**Met**
	Action taken as confirmed during the inspection: A policy in relation to the above was updated to reflect the above guidance.	

Area for improvement 5 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that patients who have made an active choice to rise early (prior to 7 am) are assisted to do so. These decisions must be in the patient's best interest. Care plans should be detailed to include the rationale for this practice and be reviewed at regular intervals.	**Met**
	Action taken as confirmed during the inspection: A discussion with the deputy manager confirmed that "best interest meetings" had been held in regards to early morning wakening/rising as deemed appropriate. A review of care records for an identified patient evidenced that this need had been appropriately met and records were maintained to reflect same.	
Area for improvement 6 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that meals and mealtimes are met in line with best practice guidance. Mealtimes are recognised as opportunities for social interaction and are organised in such a way so that it is appealing to patients. For example; dining tables set appropriately and the menu displayed.	**Met**
	Action taken as confirmed during the inspection: An observation of the lunch time meal experience evidenced that this area for improvement was met. Please refer to section 6.3. 3 for further details.	
Area for improvement 7 **Ref:** Standard 16 Criteria 11 **Stated:** First time	The registered person shall ensure that records are kept of all complaints and these include details of all communications with complaints; the result of any investigations; the action taken; whether or not the complainant were satisfied with the outcome; and how this level of satisfaction was determined.	**Met**
	Action taken as confirmed during the inspection: A review of information evidenced that records of any complaints received were maintained appropriately. There was also evidence that any learning derived from complaints received had been used to improve the quality of services.	

Area for improvement 8 **Ref:** Standard 35 Criteria 7 **Stated:** First time	The registered person shall ensure that monthly monitoring reports are developed to ensure that the organisation is being managed in accordance with legislation and minimum standards. These should focus on areas for improvement identified at this inspection.	**Met**
	Action taken as confirmed during the inspection: A review of monthly monitoring reports completed for October; November and December 2017 evidenced that reports were detailed and informative and included an action plan for areas of improvement identified. There was evidence that these actions had been reviewed to ensure compliance and drive quality improvement.	

6.3 Inspection findings

6.3.1 Care practices and care records

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with seven patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

A review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed and updated as required. Risk assessments informed the care planning process and both were reviewed as required. Overall the standard of record keeping and documentation had improved since the last inspection.

A review of two care records in relation to the management of wounds indicated that when a patient required wound care and or pressure care management appropriate actions were taken. These included wound assessment and care plans being updated on a regular basis. There was evidence that the care and treatment provided was reflective of that outlined in the care plan. Where applicable, specialist healthcare professionals were involved in prescribing care in relation to the management of wounds. Pressure relieving equipment was in place and being used appropriately.

A review of a third care record pertaining to the management of accident and incidents' including falls prevention was undertaken. The accident/incident forms were completed to a satisfactory standard and there was evidence within the daily progress notes that registered nurses had monitored the patients for any adverse effects following the falls. Falls risk assessments and care plans were updated. In the event of a patient sustaining an actual head injury or a potential head injury following a fall, CNS observations records were not completed consistently. This has been identified as an area for improvement under the standards.

A review of information evidenced that patients' weights were being monitored and recorded accordingly. Records reviewed identified any weight loss and/or gain and subsequent actions taken. A sample review of food and fluid intake charts evidenced that these had been completed appropriately. The information recorded included food and fluids offered and refused. There was evidence that food and fluids were offered at regular intervals. A comparison of information recorded within food and fluid charts and the daily progress notes confirmed the accuracy of the recordings across the two records in most instances. Entries recorded accurately reflected when food and fluid intake was satisfactory and/or inadequate; there was evidence that appropriate actions had been taken when intake was poor for example; communication with the General Practitioner and Dietician.

However, a review of a care record for one patient with a significant weight loss identified some inconsistencies. The information recorded in the patient's daily progress notes evidenced that that patient's food intake was satisfactory. However, weight monitoring information identified that the patient had a significant weight loss within a short timeframe. A discussion with the deputy manager indicated that the entries did not accurately reflect the patient's condition. The discrepancies identified in regards to this care record were rectified by information submitted to RQIA post inspection. Assurances were provided by the home that necessary actions had been taken to ensure the accuracy of information recorded.

A review of bowel management records and additional information evidenced that safe, effective care was being delivered in this area of practice. A sample review of daily progress notes evidenced that patients' bowel function was recorded appropriately and there was evidence that the information was being monitored by registered nurses and management.

Areas of good practice

Care records reviewed accurately reflected the needs of the patients and the outcome of care delivered was monitored and recorded.

Areas for improvement

An area for improvement under the standards has been identified in relation to the completion and recording of CNS observations following a potential and/or actual head injury.

Number of requirements	0	**Number of recommendations**	1

6.3.2 Governance arrangements

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. Since the last inspection there was evidence that the governance arrangements in place were more robust which resulted in positive outcomes for safe effective care and the operational management of the home. For example; quality monitoring systems were sufficiently robust to identify shortfalls and effective measure had been taken to drive improvements. These included but not limited to; care plan audits; home manager audits; wound care practice audits; and weight monitoring audits.

Discussion with the deputy manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of reports completed since the last inspection, evidenced that these were detailed and also the shortfalls identified at the last inspection had been reviewed and followed up appropriately.

Observations of patients evidenced that the home was operating within its registered categories of care.

Discussion with the deputy manager and review of the home's complaints record evidenced 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.

A review of notifications of incidents to RQIA since the last inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

Governance and management systems were in place to assure the safe delivery of quality care within nursing homes.

Areas for improvement

No areas for improvement were identified during the inspection

Number of requirements	0	**Number of recommendations**	0

6.3.3 Meals and mealtimes

The serving of the lunch was observed in both dining rooms. Patients were seated appropriately and tables were presented to a satisfactory standard providing a selection of condiments. The menu was on display and reflected the food served. Food choices were available to patients and staff confirmed their preferences at the point of serving. The food appeared nutritious and appetising. The mealtime was well managed and supervised. Staff provided encouragement to patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore appropriate aprons when serving or assisting with meals and patients wore clothing protectors as per their individual choice. Patients appeared to enjoy the mealtime experience. There was evidence of good practice throughout the mealtime experience.

Areas of good practice

The mealtime experience reflected the Care Standards for Nursing Homes, 2015.

Areas for improvement

No areas for improvement were identified during the inspection

Number of requirements	0	**Number of recommendations**	0

6.3.4 Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, tidy, well decorated and warm throughout. A number of sluice room doors had no locking mechanism. This was discussed during feedback and assurances were given that this would be addressed accordingly.

Areas of good practice

The premises are well maintained and suitable for their stated purpose.

Areas for improvement

No areas for improvement were identified during the inspection

Number of requirements	0	Number of recommendations	0

6.3.5 Consultation

During the inspection, we met with seven patients, three care staff, two registered nurses, the activities co-ordinator and five patient's representatives.

Staff

Staff spoken with were satisfied with the care delivered and other services provided in the home. Staff spoken with commented positively regarding the management and leadership of the home. One staff member submitted a response to the online survey; however the respondent did not fully complete all sections of the survey.

Patients

All patients spoken with during the inspection commented positively about the care they received and the management of the home.

Some comments included:

"the homemade soup is beautiful"
"it's a nice quiet place".

We also issued ten questionnaires to patients and relatives respectively. At the time of writing this report four questionnaires were returned by relatives within the timeframe specified. None were returned by patients. All of the respondents indicated that they were very satisfied with the care and services provided.

Additional comments included:

"Nicholson House is a credit to the profession"
"the staff are a great team and really care about the residents and their families"
"my father is in the home and he gets the best care I could ask for and also as a family we really appreciate the care that is given to him. They are so compassionate & caring towards him and management are second to none. I would recommend this home to anyone as I know they would get the best care ever. 100%."

Areas of good practice

There were examples of good practice observed throughout the inspection in relation to the culture and ethos of the home and patients' opinion of the care they were receiving.

Areas for improvement

No areas for improvement were identified during the inspection

Number of requirements	0	**Number of recommendations**	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, deputy 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 Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 4.8 **Stated:** First time **To be completed by:** 30 March 2018	The registered person shall ensure the completion and recording of CNS observations following a potential and/or actual head injury. Ref: Section 6.3.1
	Response by registered person detailing the actions taken: Completion and recording of CNS observations is usually carried out following a potential and/or actual head injury. All Nursing staff reminded of protocol and Manager shall monitor.

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 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews