



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 30 January 2020



Nicholson House

Type of Service: Nursing Home
Address: 8 Antrim Road, Lisburn, BT28 3DH
Tel No: 02892674126
Inspector: Caroline Rix

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 Individuals: Ruth Mary Johnston Joseph Andrew Johnston	Registered Manager and date registered: Ruth Johnston 1 April 2005
Person in charge at the time of inspection: Deputy manager	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: 31

4.0 Inspection summary

An unannounced inspection took place on 30 January 2020 from 09.40 hours to 15.10 hours.

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, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

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 surrounding and in their interactions with others and with staff.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the deputy manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 23 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 September 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, registration information, and any other written or verbal information received.

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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; one questionnaire was returned and indicated that they were 'satisfied' the care was safe and compassionate, but 'not satisfied' that the care was effective or well led. No additional information or comments were included.

A poster was provided for staff detailing how they could complete an electronic questionnaire; two received by RQIA and indicated that they were 'very satisfied' care was safe, effective, compassionate and well led. Comments noted as follows;

- 'Great place to work'
- 'Very dedicated staff team committed to residents care.'

Feedback from staff and patient/relative surveys was provided to the manager following the inspection for review.

The following records were examined during the inspection:

- duty rota for all staff from 20 January to 16 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident, accident and notification records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- monthly quality monitoring reports for November and December 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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(s)

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 14 (5) (6) Stated: First time	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.	Met

	<p>Action taken as confirmed during the inspection: The inspector reviewed records that verified patients care plans and risk assessments included information regarding management of individual restrictive practice. Staff training included this subject and those spoken with had a clear understanding of their role and responsibility in this area.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 12 Stated: Second time</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>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector reviewed records and discussed meal choices with the cook that confirmed alternative meal choices were available and had been selected by patients.</p>	
<p>Area for improvement 2 Ref: Standard 46.2 Stated: First time</p>	<p>The registered person shall ensure that communal slings in the home are decontaminated between patient uses.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector observed the decontamination of communal hoist slings between patients as satisfactory.</p>	
<p>Area for improvement 3 Ref: Standard 30 Stated: First time</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>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector confirmed that thickening agents were stored appropriately and not accessible to patients at any time.</p>	

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 planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. We also sought staff opinion on staffing via the online survey; responses indicated they felt sufficient number of staff were employed to meet the patients' needs.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; the response indicated that there was enough staff.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The home's staff recruitment process was discussed with the deputy manager who was knowledgeable in relation to safe recruitment practices. The deputy manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and a review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with any potential safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The deputy manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due. Staff indicated that additional training on patient specific care needs had also been provided, as required, for example; peg tube care.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control and making a complaint. A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Review of three patient's care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required and were regularly reviewed and shared with catering staff.

Feedback from patients' included the following comments:

- "I like it here just fine. I am well looked after here, and my family visit me often enough."
- "I think here is a home from home, but never the same. I have all the help I need."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- "The care is definitely very good. I enjoy my work, which is busy and rewarding. Our residents have their choices listened to and respected."
- "Team work is very good here and that is partly why it is so rewarding. We have good training to be able to do our job to the best standard."

The inspector observed the serving of lunch in the upstairs dining room. The menu choices were displayed and patients' choices had been sought in advance. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids as necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients' likes and dislike. Staff assisted patients as required and independent eating was encouraged. A relative was also assisting a patient with their meal.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients' food and fluid intake was maintained; records reviewed were up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 inspector spoke with two patients about their experience of living in Nicholson House. Patients were complimentary about life in the home, they commented:

- “I am happy living here. The staff are good to me and I am comfortable.”
- “I think living here is ok. The food is good, I like everything that is offered and make my choices, but I don’t eat a lot nowadays as not often hungry.”
- “I can talk to any of the staff or the nurse if not happy with anything.”

Relatives spoken with during the inspection commented;

- “We couldn’t ask for better care. The staff are all kind and caring. Never had any problems, but the family could speak to the nurse or manager and am confident any problem would be sorted out.”
- “Myself or my sister visit every day and we are delighted with the care provided to our relative. The nurses keep us up to date with every little change and we have open communications. I feel the care is so good because the staff don’t change very often, so they get to know each person’s needs very well.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well and it is like a big family here.” Staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

Patients and relatives spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- “God bless you as you continue loving and caring for those who are nearing ‘home’. Xxx (patient) has now been ‘called home’ to God and Nicholson House was a lovely place to be prepared for that. Thank you.’
- ‘On behalf of our family, thank you so much for your care and attendance to our mother. You cared for her when we couldn’t, we soon realised she was in the best place.’

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the deputy manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received in the last year, with none since the last inspection in September 2019, and found they had been investigated and managed appropriately and resolved.

Monthly quality monitoring reports were reviewed for November and December 2019. These reports had been completed by the responsible person and were appropriately detailed with a wide range of information included and an action plan to address any issues identified. The records indicated engagement with staff, patients, and where appropriate their representatives. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, care records, environmental matters and complaints.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role. Comments included:

- “It’s good here; the training is good and the nurses and manager are very approachable.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager. We know we are providing good care here and hand on heart can say we do a good job.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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