The Regulation and Quality Improvement Authority

Inspection Report

15 August 2024

Nicholson House

Type of service: Nursing
Address: 8 Antrim Road, Lisburn, BT28 3DH
Telephone number: 028 9267 4126

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Nicholson House Lisburn Ltd **Responsible Individual:** Mr Leon Desmond Loughran	**Registered Manager:** Ms Amanda McAloon **Date registered:** 22 August 2023
Person in charge at the time of inspection: Ms Amanda McAloon, 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:** 32
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 15 August 2024 from 09.30 am to 5.30 pm by a care inspector.

The inspection focused on the management and delivery of the patient dining experience 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 throughout the inspection in relation to the management and delivery of the lunchtime meal, staff knowledge of patients' nutritional needs and care delivery. 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.

Two new areas for improvement have been identified in relation to infection prevention and control (IPC) and the safe storage of oxygen, patients' supplements and thickening agents. The

total number of areas for improvement includes two which are carried forward for review at the next inspection.

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.

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, staff and a visiting professional 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, relatives, staff and a visiting professional provided positive feedback about Nicholson House. Patients said that they felt well cared for, enjoyed the food and that staff were respectful, attentive and available when they needed them. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff said they enjoyed working in the home and were committed to the patients. Staff told us that the manager was approachable and that they felt well supported in their role.

Following the inspection we received four completed questionnaires from relatives who indicated that they were satisfied the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

The following comments were recorded:

'In general the care is very good. Staff are friendly and attentive.'
'Mum said the care she receives is great and they are very gentle and supportive of her needs.'
'The staff speak to my Mother as an individual and show interest in meeting her needs.'
'Very homely. Nothing is too much bother. Food is great and meals adapted to suit. Any medical condition is dealt with very promptly.'

Comments from relatives were shared with the manager after the inspection.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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 14 March 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) (a) **Stated:** Second time	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.	**Carried forward to the next inspection**

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time	The registered person shall ensure that the temperature of the medicines storage areas is monitored and recorded daily. Corrective action should be taken if temperatures outside the required range are observed.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 **Ref:** Standard 38 **Stated:** First time	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements. This relates specifically to ensure that full employment history, reasons for leaving past employment and any gaps in employment records are explored and explanations recorded during the recruitment process. A reference from the most recent employer should be obtained.	**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

Safe staffing begins at the point of recruitment. It was noted that employment history, reasons for leaving past employment and any gaps in employment records were explored and explanations recorded during the recruitment process. There was evidence that a reference from the most recent employer had been obtained. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

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 by assessing patient dependency levels, 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 2024 evidenced that staff had completed on-line training regarding adult safeguarding, moving and handling, first aid, dysphagia awareness, food hygiene, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. The manager advised that basic life support training has been booked for the near future and she plans to arrange face to face training for staff regarding international dysphagia diet standardisation initiative (IDDSI).

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 showed that staff had completed deprivation of liberty safeguards (DoLS) level 2. The manager confirmed that trained staff have completed (DoLS) level 3.

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

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.

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' care records were held confidentially.

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 patients who are assessed as requiring a modified diet, patients at risk of choking and patients' weight were reviewed and evidenced that their needs were clearly

documented to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments had been completed; records were regularly reviewed and evaluated.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Supplementary records regarding food and fluid intake were noted to be well documented.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room on the ground floor. A safety pause to allow for consideration of the drinking and swallowing needs of individual patients was coordinated by the deputy manager and attended by staff prior to the serving of the meal. Staff had written information on each patients' dietary requirements and they confirmed they had access to IDDSI information. The daily menu was displayed on a white board showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered 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. It was noted that white aprons used for care delivery were also used for the delivery of the lunchtime meal. Staff spoken with confirmed that aprons had been changed for the meal service. This was discussed with the manager who checked the store and supplied a different colour of apron for staff to wear for the meal service in order to differentiate the care and mealtime services in accordance with good practice. Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various IDDSI levels of modified foods and demonstrated how to modify the consistency of drinks. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner.

Patients able to communicate indicated that they enjoyed their meal.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that 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. Patient call systems were noted to be answered promptly by staff.

Equipment used by patients such as hoists, shower chairs and wheelchairs were noted to be effectively cleaned.

On review of the home's environment, inappropriate storage of items and equipment such as a hoist, hoist slings and a wheelchair was observed in identified bathrooms. This was discussed with the manager and an area for improvement was identified.

Treatment rooms, the kitchen and the cleaning store were observed to be appropriately locked. However, two cupboards containing an agent used to thicken fluids for patients assessed as requiring modified diets and a store room containing oxygen cylinders and prescribed supplements for patients, was observed to be unlocked and unattended. This was discussed with the manager who addressed the matter immediately. 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.

Personal protective equipment (PPE), 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.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. 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. Patients said they looked forward to having their hair done by the hairdresser who visited during the inspection.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly 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 bingo, board games, arts and crafts. Patients and staff spoken with said they were looking forward to attending the summer barbecue with musical entertainment, that is planned for the weekend.

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 no 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 approachable and supportive.

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

The manager confirmed that staff supervisions and appraisals had commenced for 2024 and advised that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

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, complaints, accidents/incidents, speech and language therapist (SALT) recommendations, 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.

Review of complaints evidenced they were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint and were confident that any issues raised would be addressed promptly.

The manager confirmed that staff meetings were held on a regular basis and that a staff meeting and patient meeting has been scheduled for the near future. She advised that meetings with individual patients' relatives had been recently undertaken.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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*	2*

*the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda McAloon, Registered 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	
Area for improvement 1 **Ref:** Regulation 13 (4) (a) **Stated:** Second time **To be completed:** Immediate action required (12 December 2023)	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. Ref: 5.1 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Regulation 14 (2) (c) **Stated:** First time **To be completed by:** From the date of inspection 15 August 2024	The registered person shall ensure that dietary supplements, thickening agents and oxygen cylinders are stored safety, in order to minimise unnecessary risks to the health and safety of patients. Ref: 5.2.3 **Response by registered person detailing the actions taken:** The oxygen Cyclinder storage room and dietary supplement store has now been fitted with a keypad lock. Keypad cabinets have been purchased for staff to place thickening agents inside, to reduce the risk to health and safety of patients.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** Immediate action required (12 December 2023)	The registered person shall ensure that the temperature of the medicines storage areas is monitored and recorded daily. Corrective action should be taken if temperatures outside the required range are observed. Ref: 5.1 **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**

Area for improvement 2 **Ref:** Standard 46 **Stated:** First time	The registered person shall ensure that bathrooms are monitored to ensure that they remain free from inappropriate storage of items and equipment. Ref: 5.2.3
To be completed by: From the date of inspection 15 August 2024	**Response by registered person detailing the actions taken:** New hooks have now been placed in each bathroom and staff advised to ensure slings are placed on hooks after decontamination and use. This issue has been discussed at handover daily and staff have been advised that regular checks will be completed to ensure the bathrooms remain free from inappropriate items and equipment.

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