

Inspection Report

Name of Service: Nicholson House

Provider: Nicholson House Lisburn Ltd

Date of Inspection: 3 July 2025

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
<p>This home is a registered Nursing Home which provides general nursing care for up to 33 patients under and over 65 years of age, including patients with a terminal illness. Nicholson House also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years.</p> <p>Patients' bedrooms, lounges and dining rooms are located over both floors of the home. Patients have access to an enclosed outside patio area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 July 2025 from 09.40 am to 6.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 15 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to care delivery, record keeping and the patient dining experience. 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 and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

As a result of this inspection, two areas for improvement were assessed as having been addressed by the provider; two areas for improvement in relation to medicines management has been carried forward for review at the next inspection and two new areas for improvement were identified. Details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they 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, "I couldn't fault the staff as they're always about if I need them. The food is good as it's all home cooked. I don't have any issues but if I did I could discuss anything with the manager or the staff as they're approachable and I know that it would be sorted promptly" and "The staff are wonderful and I couldn't be better cared for. I'm looking forward to hearing the band that's coming to play".

A patient's relative spoken with said, "Mum's always well presented. She has settled in well and she's happy here. Mum said she enjoyed the recent pet therapy and that she's looking forward to the summer barbecue."

Staff confirmed that there were good working relationships; that the manager was approachable and they felt well supported in their role.

Following the inspection, we received four completed patients' representative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

Staff spoken with said there was good teamwork and that they felt well supported in their role.

The majority of staff spoken with were positive in regards to staffing levels and the service provided in the home. However, a staff member commented that staffing levels could be improved during the afternoon shift. The manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. This was evidenced by records viewed regarding the home's assessment of patient dependency levels to determine staffing requirements. The manager advised she would reassess the matter. This will be reviewed at the next inspection.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly. Patient call systems were noted to be answered promptly by staff.

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.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room on the first floor. The menu was displayed on the notice board, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as games, puzzles, arts and crafts.

Patients and patients' representative views and opinions about the quality of services and facilities in the home were sought via questionnaires. The result of the 2025 survey indicated positive comments regarding the standard of care in the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm 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.

On inspection of the ground floor, it was noted that there were large stains and a slight malodour coming from the carpet in an identified bedroom. This was discussed with the manager who advised deep cleaning of the area was ineffective. An area for improvement was identified.

Equipment used by patients such as toilet frames, hoists and shower chairs were seen to be effectively cleaned.

Treatment rooms, the kitchen and cleaning stores were noted to be appropriately locked. However, a number of cleaning products in identified bathrooms were observed to be accessible and not stored securely that could cause potential risk to the health and welfare of patients. 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.

3.3.5 Quality of Management Systems

Since the last inspection there has been no change in the management arrangements. Ms Amanda McAloon has managed the home since 22 August 2023.

Staff commented positively about the manager and described her as approachable and supportive.

Review 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. Staff were able to identify the person in charge of the home in the absence of the manager.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Records checked evidenced that staff meetings were held on a regular basis. Minutes of these meetings were available.

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

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	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: 2.0 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) (a) (c) Stated: First time To be completed by: From the date of inspection (3 July 2025)	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health. Ref: 3.3.4 Response by registered person detailing the actions taken: Chemicals are stored in a locked cupboard which only staff have access to. Since the inspection all staff have undergone one to one supervision sessions relating to the appropriate storage of Chemicals. Manager has also ensured that all staff COSHH training is completed and updated.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (12 December 2023)</p>	<p>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.</p> <p>Ref: 2.0</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2025</p>	<p>The registered person shall ensure that the building is kept clean and hygienic at all times in accordance with infection control best practice and is decorated to a standard acceptable for patients.</p> <p>This relates specifically to replacement flooring in an identified bedroom.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Since inspection new flooring has been purchased and has been proposed to be layed on the 5th September 2025.</p>

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