The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Nicholson House

Provider: Nicholson House Lisburn Ltd

Date of Inspection: 30 April 2026

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
Service Profile – This home is a registered nursing home which provides general nursing care for up to 33 patients. Nicholson House also provides care for patients living with a physical disability over and under the age of 65 years. 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 30 April 2026 from 9:35 am to 4:40 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 3 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection, two areas for improvement were assessed as having been addressed by the provider. Two areas for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, 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 told us they were happy with the care and services provided. Comments made included, "The staff are lovely, things are going really well" and "If I need help, staff give me a hand".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "The staff are very attentive, are more like friends," and, "The staff are very good".

One response was received from the staff online survey following the inspection. Comments received were shared with the management team for their consideration.

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 robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork, however, some staff raised concerns about staffing levels that at times it was not sufficient to meet the current needs of the patients accommodated; particularly during the morning shift. Observation of the morning routine evidenced that the manager and activity therapist assisted a number of patients at breakfast time. Staff confirmed that this occurred on a regular basis. Some patients were finishing their breakfast at 10:45am and lunch was then being served at 12:15pm. A tea round was offered in the afternoon, but not routinely in the morning. This was discussed with the manager and consideration should be given to the morning routine to allow a sufficient gap between meals to allow for patients to avail of a hot drink. An area for improvement was identified.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patient's needs, their daily routine wishes and preferences.

Staff 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. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. Records reviewed evidenced that there was no system in place to review the use of restrictive practice within the home. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

Residents who are less able to mobilise require special attention to their skin care. Examination of records for two identified patients confirmed that care plans in place did not include the recommended repositioning regime to direct staff on the delivery of this care. In addition,

review of repositioning records evidenced gaps in recording. An area for improvement was identified.

Wound care records were reviewed; one record reviewed evidenced that the recommended frequency of dressing changes was not detailed in the care plan and there was not a separate care plan in place for each wound to direct care. An area for improvement was identified.

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.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear 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 activity schedule was on display. Activities planned for the week included board games, flower arranging and music.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

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.

Daily records were kept of how each patient spent their day and the care and support provided by staff. However, some patients' records were not stored in a confidential manner and could be accessed by unauthorised persons. An area for improvement was identified.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of the environment evidenced that some patient equipment had not been effectively cleaned such as crash mats, raised toilet sets and fans. This was identified as an area for improvement.

An identified patient on the first floor told us that they found the temperature in their bedroom uncomfortably warm. There was no system in place to monitor temperatures within the bedroom and a number of fans were being used on the first floor. This was discussed with the manager and an area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment. Staff were observed to carry out hand hygiene at appropriate times, however, some staff were observed to have gel nails on; this can impede effective hand hygiene. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Amanda McAloon has been the manager in this home since 22 August 2023.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care, other services and staff practices was in place. However, in the environmental and hand hygiene audits, there were omissions in relation to whether deficits identified had been addressed. An area of improvement was identified.

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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. It was noted that not all notifiable accidents and incidents had been reported to RQIA. An area for improvement was identified.

Patients and their relatives said that they knew who to approach if they had a complaint.

Compliments received about the home were kept and shared with the staff team.

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*	9*

* the total number of areas for improvement include one regulation and one standard 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, 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:** (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 30 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that all notifiable accidents and incidents are reported to RQIA. Ref: 3.3.5
	Response by registered person detailing the actions taken: All notifiable incidents to be reported tp RQIA
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:** (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: 2.0
	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 41 **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall review the staffing arrangements in the home to ensure patients' needs are met. Consideration should be given to the morning working routines. Ref: 3.3.1
	Response by registered person detailing the actions taken: The staffing levels within the home have been reviewed with the morning working routine considered to allow for the offering of a morning 11am tea/coffee round for residents. Mealtimes have been adjusted slightly lunch will be served no earlier than 12.30 and evening meal served no eariler than 16.30hrs.
Area for improvement 3 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 31 May 2026	The registered person shall ensure that where a patient has been assessed as requiring repositioning that: repositioning is carried out in accordance with the care plan and records of repositioning are completed in full Ref: 3.3.2
	Response by registered person detailing the actions taken: After careful consideration it has been decided that the home will revert to paper documentation for care staff to ensure improved compliance in this area. There will be an increased level of auditing to monitor improvement.
Area for improvement 4 **Ref**: Standard 4.8 **Stated:** First time **To be completed by:** 31 May 2026	The registered person shall ensure that care plans for wound care are contemporaneous and accurately reflect the current needs of the patient. Each wound should have a separate care plan and evaluation. Ref: 3.3.2
	Response by registered person detailing the actions taken: Supervisions have been held with all nurses to ensure they are aware of what is expected in relation to wound care and to ensure they are aware of details required in care plan. the home manager will integrate this aspect in the monthly wound care audits.

Area for improvement 5 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that patients' confidential records are securely stored. Ref: 3.3.3
	Response by registered person detailing the actions taken: Documentation has been reassessed within the home and care staff have been advised of the need to securely store patient information. The homes policy on GDPR will be circulated to staff to familiarise themselves with and sign.
Area for improvement 6 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that a system is in place to ensure that patient equipment is effectively cleaned. Ref: 3.3.4
	Response by registered person detailing the actions taken: This task has been added to the nightly cleaning schedule for staff and will be discussed daily at handover to ensure compliance.
Area for improvement 7 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 31 May 2026	The registered person shall ensure that there is a system in place to monitor room temperatures; to ensure that the temperature in bedrooms, in particular, is suitable and comfortable for patients. Ref: 3.3.4
	Response by registered person detailing the actions taken: Thermometers will be placed in all bedrooms and temperatures will be recorded on a regular basis to ensure temperatures are comfortable for the homes residents.
Area for improvement 8 **Ref:** Standard 46.11 **Stated:** First time **To be completed by:** 31 May 2026	The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures. This is in relation to the use of gel nails and its impact on effective hand hygiene. Ref: 3.3.4
	Response by registered person detailing the actions taken: The policy and procedure in relation to IPC measures has been circulated for staff to read and sign. This has been discussed daily at handover and management have undertaken an increased level of audits in this area to ensure compliance.

Area for improvement 9 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 May 2026	The registered person shall ensure that audits include, where required, a clear action plan, the person responsible for completing the action and the appropriate follow up to ensure any identified actions are addressed and recorded. This is specifically in relation to environmental and hand hygiene audits. Ref: 3.3.5
	Response by registered person detailing the actions taken: Both hand hygiene and environmental audits have been ammended accordingly to ensure that were an area for improvement is identified, the corresponding action to address the issue is recorded with follow up noted.

Please ensure this document is completed in full and returned via the Web Portal

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