



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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PRE REGISTRATION Announced Inspection

Inspection No: IN020682

Establishment ID No: 12209

Name of establishment: Home Treatment House

Date of inspection: 1 October 2014

Inspectors' names: Sharon McKnight and Karen Scarlett

1.0 GENERAL INFORMATION

Name/Type of home:	Home Treatment House
Address:	Old See House 603 Antrim Road Belfast BT14
Telephone number:	(028) 9504 4274
Registered organisation/Registered provider/Responsible individual:	Belfast Health and Social Care Trust Chief Executive Martin Dillon
Registered manager:	Domenica Gilroy
Person in charge of the home at the time of inspection:	Domenica Gilroy
Categories of care:	NH – MP NH – MP(E)
Number of registered places:	6
Number of patients accommodated on the day of inspection:	0
Scale of charges (per week):	No charge
Date and time of inspection:	1 October 2014 10 00 – 15 20 hours
Name of care inspector:	Sharon McKnight
Name of pharmaceutical inspector.	None present on this occasion
Name of estates inspector:	Colin Muldoon

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to register and inspect Nursing Homes. A minimum of two inspections per year are required and these may be announced or unannounced and may be undertaken at any time of the day or night.

An application had been submitted to the RQIA by the Belfast Health and social Care Trust to provide nursing care for 6 persons. This inspection focuses on compliance with the requirements of The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS minimum standards for nursing homes February 2008.

3.0 METHODS/PROCESS

The methods/process used in this inspection included the following:

- examination of records
- assessment of the environment
- discussion with management team
- evaluation and feedback.

4.0 PROFILE OF HOME

The Home Treatment House is a purpose build, two storey facility situated at 603 Antrim Road, Belfast, BT14. The home is operated and managed by Belfast health and Social Care Trust (BHSCT).

The home offers bright and spacious accommodation for a maximum of 6 patients who require acute mental health services and who are under the care of the Belfast Trust Home Treatment Service.

Registration has been applied for the following categories of care:

NH – MP - Mental Disorder excluding learning disability or dementia

NH – MP(E) - Mental Disorder excluding learning disability or dementia over 65

The bedrooms provided are all single rooms with en suite shower and toilet facilities. Each bedroom has been furnished with a single bed and a range of furniture providing storage for patients' personal possessions. Overhead and subtle optional lighting has been provided. There are two bedrooms on the ground floor to facilitate patients with a physical disability.

There is an assisted bathroom on the ground floor of the home, ensuring that bathing facilities are available for patients if they wish. Communal toilets are located throughout the home.

There is an open plan living/dining area on the ground floor. There is a domestic style kitchen adjacent to the dining area for patients who wish to prepare drinks and snacks.

Patients can access the enclosed garden from the living area. The enclosed garden includes a smoking area.

Car parking is available for patients and visitors.

Ms Domenica Gilroy is the home manager. Registration of the manager, with RQIA, has been applied for.

5.0 SUMMARY

This pre-registration inspection was carried out by the care inspector for the home Sharon McKnight, accompanied by Karen Scarlett, inspector and Jacqueline Sampson, registration administrator with RQIA. Colin Muldoon, estates inspector, also conducted a pre-registration estates inspection parallel to this inspection with the report submitted separately. The inspection was completed on 1 October 2014 from 10 00 to 15 20 hours.

The inspectors were welcomed into the home by Ms Domenica Gilroy, home manager, Ms Agnes Dee, operations manager and Mr Michael Kelly, project manager.

Feedback was provided to this management team, from both care and estates inspectors, during, and at the conclusion of the inspection.

During the course of the inspection the inspectors discussed operational issues with the management team, reviewed records and carried out a general inspection of the home to assess the environment.

Conclusion

The inspectors concluded that the staff team had received an induction to the environment of the home and to the role of RQIA as the statutory regulator. It was good to note that the training needs of the staff had been reviewed in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 and that staff had received training in preparation for the service being registered. The home manager was knowledgeable regarding the management of a nursing home and her regulatory responsibility.

The environment of the home offers bright, spacious accommodation for patients. The standard of furniture, soft furnishing, colour schemes and décor throughout the home was commended by the inspectors. The provision, design and outdoor furniture provided in the enclosed garden was also to a high standard and added to the overall quality of the environment.

Areas for improvement were identified with the viewing panels in the bedroom doors and the maintenance of staff training records. There was one requirement and one recommendations issued as a result of this inspection.

Outstanding issues with regard to care and estates, which required addressing prior to registration, were identified and discussed with the management team throughout the inspection and during feedback at the conclusion of the inspection. Initial confirmation of the action taken in regard to the care issues was received from the home manager on 3 October 2014 with an update provided by the project manager on 6 November 2014.

Following the inspection there was ongoing contact and discussion with BHSC and RQIA estates officers with regard to outstanding estate issues. On 7 November 2014, RQIA were pleased to confirm that registration of the Home Treatment House with RQIA was approved and that the admission of patients could proceed.

The inspectors would like to thank the management team and staff, on duty in the home, for their hospitality and discussion during the inspection and registration process.

6.0 INSPECTION FINDINGS

6.1 Statement of purpose and patient guide

The home manager confirmed that the home's statement of purpose would be available upon request and that a copy of the patient guide would be provided for all patients as part of the admission process.

A copy of the statement of purpose and patient guide was submitted to the RQIA prior to the pre-registration visit and discussed with the management team during the inspection. Review of both documents evidenced that they were compliant with The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Management of the home

Ms Domenica Gilroy has been appointed as the manager of the home. Application for registration with RQIA has been applied for and will be processed in due course. Ms Gilroy is a registered mental health nurse and has been a member of the Community Home Treatment Team prior to taking up post of home manager.

It was confirmed that Ms Dee, operations manager, would visit the home on a regular basis to provide support for the home manager and to carry out legislative visits on behalf of the responsible person in accordance with Regulation 29 of the Nursing Homes Regulations (NI) 2005.

The home provides accommodation for a total of 8 patients. Currently BHSCT have made application to register 6 beds. Discussion took place with the home manager regarding the registration process. The home manager was fully aware that the other two beds could not be occupied until the successful completion of a further application to RQIA to register them.

6.3 Staffing

The home manager informed the inspectors that staff, including permanent and bank staff, were already in post with one registered nurse recruited and waiting to commence employment.

The proposed staffing for the home is :

08 -00 – 20 00 hours 1 registered nurse 1 support worker
20 00 – 08 00 hours 1 registered nurse 1 support worker

The proposed staffing levels were in keeping with the RQIA staffing guidance for nursing homes, June 2009.

Housekeeping support will be provided by 1 member of ancillary staff 08 00 to 18 00 hours seven days a week. The inspectors discussed with the management team how duties will be allocated in keeping with good infection and prevention practice and food hygiene. The home manager confirmed that there would be designated times throughout

the shift for each role. The home manager further confirmed that the allocation of staff had been shared with Environmental Health.

6.4 Staff induction and training

The home manager informed the inspectors that a preliminary induction to the home was completed with staff in April 2014. The induction programme included orientation to the layout of the building, review of the statement of purpose, patient guide and an awareness of the role of RQIA, the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards.

The inspectors reviewed the training records which evidenced that staff had completed emergency first aid at work, food safety in catering and fire warden training. Certificates of attendance were available in the home.

All staff currently employed have also completed the Management of Potential Aggression (MAPA) personal safety and disengagement module. Mandatory annual updates will be provided by the BHSCT. The home manager informed the inspectors that staff are also required to complete the mandatory training identified by BHSCT. The training matrix and staff compliance was available in the home.

The training records in the home contained the names of those staff who attended the training. It is recommended that staff training records are further developed to include:

- the signatures of those attending the training
- the date of the training
- the name and qualification of the trainer or the training agency
- content of training.

6.5 Policies

The inspectors discussed the policies for the service and were informed that the BHSCT policies were available on the Trust's intranet. The inspectors reviewed the policies for the safeguarding of vulnerable adults (SOVA) which was reflective of legislation, current DHSSPS guidance, regional protocols and local procedures issued by the Health and Social Care Trusts (HSCT). The inspectors noted that the home manager had reviewed the BHSCT policies, identified any operational differences and produced procedural guidance for staff within the home. For example the home manager had reviewed the policy for patients who are missing without leave to accurately reflect the action required to be taken given the operational differences in the Home Treatment House to that of a hospital setting. This was commended by the inspectors.

6.6 Environment

The home offers bright and spacious accommodation for a total of 8 patients although, as previously discussed, this registration application is to register six beds. Bedroom accommodation is available on both floors of the home. The two bedrooms on the ground floor are designed for patients with a physical disability. There are six bedrooms located on the first floor. Each bedroom has been furnished with a single bed and a range of furniture providing storage for patients' personal possessions, including lockable storage space. Overhead and subtle optional lighting have been provided.

Vista panels to allow staff, to discreetly observe patients were fitted to each bedroom door. The vista panels could be closed from within the room but there was also a mechanism on the outer door to open the viewing panel. There was no control mechanism fitted to the outer door meaning anyone could open the panel and see into the bedroom. This was discussed during the inspection and it was agreed that the current opening mechanism would be replaced by a lockable device, accessible only by staff. RQIA were informed by electronic mail on 10 October 2014 that appropriate locking systems had been ordered and, that in the interim, the current vision panels had been covered with frosted transfers. It is required that the registered person shall make suitable arrangements to ensure that the nursing home is conducted in a manner which respects the privacy and dignity of patients. Therefore it required that appropriate locking systems, accessible only by staff, are fitted to the vista viewing panels.

Each bedroom offers ensuite shower and toilet facilities. The inspectors noted that on entering one of the ensuite rooms the floor was wet. On discussion the inspectors were informed that if a shower had not been used in a 24 hour period then the water system automatically flushed. This self-flushing was a feature of legionellae management prevention plan. There was no signage displayed on the door to the ensuite to alert people to the risk of the automatic flush or that the floor may be wet. This was discussed with the management team during the inspection and during the feedback session at the conclusion of the inspection. The home manager confirmed on 10 October 2014, via electronic mail, that signage had been displayed on the entrance door of the ensuites alerting people to the self-cleansing function of the shower and the potential for wet floors.

There is an open plan living/dining area on the ground floor. This open plan living space is furnished with a range of arm chairs, settees, dining table and chairs and a television. Patients can access the enclosed garden from the living area. The enclosed garden includes a smoking area.

A smaller quiet room is located beside the dining area with internet access for patients. There are patio doors which provided further access to the enclosed garden from this room. The inspectors observed that the blinds fitted had long cord pulls which were potential ligature risks. This was discussed with the management team during the inspection and during the feedback session at the conclusion of the inspection and it was agreed that the blind cords would be replaced. The project manager confirmed on 6 November 2014, via electronic mail, that replacement blinds with a spring loaded action and no cord attachments had been fitted.

A nurse call system which services all patient areas has been provided in the home.

The standard of furniture, soft furnishing, colour schemes and décor throughout the home was commended by the inspectors.

There is a service area, accessible only by relevant staff, where the kitchen, domestic store and staff changing rooms are located. The kitchen is fully fitted for the provision of meals to the home. A heated trolley, for the transporting of meals to the dining area has been provided. There is a domestic style kitchen adjacent to the dining area for patients who wish to prepare drinks and snacks.

A store for the storage of cleaning equipment is also located in the service area. It was confirmed by the management team that the equipment in the cleaning store was for the sole use of the Home Treatment House. The store contained a trolley with colour coded mops, buckets, a range of disposable clothes and cleaning products. A sink and separate hand washing facilities were also available in the cleaning store.

There is an access door to the adjacent resource centre from the service corridor. Access to the service area was discussed at length with the management team who confirmed that access to the service area and Home Treatment House was restricted by electronic card readers. Only staff who were employed in the Home Treatment House would have the appropriate access clearance. However on the day of inspection the inspectors observed that the restricted access mechanisms had been deactivated. This was discussed with the management team during the inspection and during the feedback session at the conclusion of the inspection and it was agreed that electronic card readers, which provide the restricted access, must be activated prior to registration. The project manager confirmed to RQIA, by electronic mail, on 6 November 2014 that the access control system had been fully operational since 10 October 2014.

Laundry services were fully equipped for the size of the home. The laundry included facilities for patients to wash, dry and iron their own clothes as well as industrial washing machines for general household laundry.

6.7 Records

Care records included the following documents;

- pre admission assessment
- admission assessment of needs
- care plans
- relevant risk assessments
- daily record of delivery of care

Discussion took place regarding the format of care records for nursing and residential units; as the care needs for each group of people have very different focuses. For example, residential care plans should not include nursing risk assessments such as Braden as these require nurses to carry out the assessment. The management team said they would consider this example and discuss the topic further before a final decision was made.



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Quality Improvement Plan

Home Treatment House

Pre-Registration Announced Inspection

1 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Domenica Gilroy, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

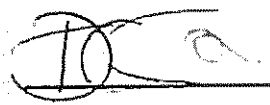
Statutory Requirements This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	13(8)(a)	<p>It is required that the registered person shall make suitable arrangements to ensure that the nursing home is conducted in a manner which respects the privacy and dignity of patients.</p> <p>It is required that appropriate locking systems, accessible only by staff, are fitted to the vista viewing panels.</p> <p>RQIA are to be notified when the appropriate locks have been fitted.</p> <p>Ref section 6, 6.6</p>	One	<p>The Vista viewing panels have been removed & replaced with vista viewing panel that cannot be opened by anyone who does not have some authority to do so</p> <p>Complete.</p>	Two months

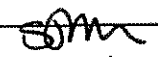
Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	28.6	<p>It is recommended that staff training records are further developed to include:</p> <ul style="list-style-type: none"> • the signatures of those attending the training • the date of the training • the name and qualification of the trainer or the training agency • content of training. <p>Ref section 6, 6.4</p>	One	The Registered Manager has reviewed & updated the Home's the Staff training records to meet recommendation.	From the date of inspection

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: 
 NAME: M DILLON
 Registered Provider
 DATE 4.12.14.

SIGNED: 
 NAME: D. GILROY
 Registered Manager
 DATE 27.11.14.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	 SHARON MCKEEN	4-3-15
Further information requested from provider			