The Regulation and Quality Improvement Authority

Inspection Report

2 December 2021

Home Treatment House

Type of service: Nursing Home (NH)
Address: Old See House, 603 Antrim Road,
Belfast, BT15 4DX
Telephone number: 028 950 42873

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: Belfast Health and Social Care Trust (BHSCT) **Responsible Individual:** Dr Catherine Jack	**Registered Manager:** Ms Sharon Casement – Registration pending
Person in charge at the time of inspection: Ms Sharon Casement	**Number of registered places:** 6
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 4
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to six patients. Patients' bedrooms are located over two floors and patients have access to communal lounges, a dining area and a courtyard garden.	

2.0 Inspection summary

An unannounced inspection took place on 2 December 2021 from 9.45 am to 3.30 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patient spoke extremely positively about their experience of life in the home.

Staff were seen to treat the patients with respect and kindness.

It was positive to note that the areas for improvement identified at the last inspection were met and no new areas for improvement were identified as a result of this inspection. We found that care delivered in the home was safe, effective and compassionate and the home was well led by the manager.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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 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 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 and 'Tell Us' cards 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 and how staff went about their work was observed.

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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four patients and five staff.

Patients said that they were well cared for by the staff who were caring and thoughtful.

Staff said that they felt well supported and enjoyed working in the home.

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

We did not receive any completed questionnaires or responses to the on-line staff survey within the indicated timeframe following the inspection.

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 3 November 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 4 **Stated:** Second time	The registered person shall ensure that patients' care plans are reviewed in a meaningful and timely manner; the care plans should also evidence collaboration and agreement with patients with regard to the content of the care plan.	**Met**
	Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement had been met.	
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that risk assessments and care plans are current, individualised and reflective of identified needs. Additionally, staff should be adequately trained in developing care plans.	**Met**
	Action taken as confirmed during the inspection: Review of care records and training records and discussion with staff evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment files were not retained in the home but discussion with the manager evidenced that a robust system was in place to ensure staff were recruited correctly to protect patients. The manager confirmed that evidence of recruitment checks was reviewed prior to interview and also prior to employment commencing.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Review of records provided assurances that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored on a monthly basis.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training as due. Review of records showed that mandatory training comprised of a range of relevant topics, for example, adult safeguarding, human rights and infection prevention and control. The majority of courses were provided online and courses with practical elements were delivered face to face, for example, moving and handling and fire awareness. Staff said that they felt adequately trained to carry out their roles and responsibilities within the home.

Staff said that teamwork was good and that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Patients said that there were enough staff on duty and that they always had plenty of time for everybody in the home.

5.2.2 Care Delivery and Record Keeping

The manager told us that patients were admitted to the home on a voluntary basis and the usual length of admission was around three weeks, although this can vary depending on individual needs and circumstances. The home provides acute short term care and early intervention with the aim of preventing hospital admission.

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. All staff were encouraged to contribute during the handover in order to help the team develop a comprehensive plan for each patient's care delivery. Staff were seen to be skilled in communicating with the patients and to treat them with respect and understanding.

Staff told us that the care provided is individualised and person centred; patients tend to be fairly independent in their daily living needs but require additional support with their mental health needs. Care records included a range of relevant and contemporaneous risk assessments and care plans. Review of care records evidenced that these were regularly reviewed and updated as any changes occurred. The care records also evidenced consultation and discussion with patients regarding risk assessment and care planning.

Recommendations from the multi-disciplinary team (MDT), for example, consultants attached to the Home Treatment Community Team and the Speech and Language Therapist (SALT) were included in the care records. Staff said there were regular consultations with the MDT and patients would be involved in these.

Patients said that they felt well looked after and that nothing was too much trouble for the staff.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients had a choice of meals available to suit their dietary needs and preferences. The food on offer was varied and well presented.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

The mealtime was seen to be sociable and inclusive. Staff provided the required support to those patients who needed this in a discreet and unobtrusive manner. Staff demonstrated a flexible approach to mealtimes; patients were able to choose when to have their meals and snacks. Patients also said that they could make themselves drinks and snacks whenever they wanted to in the well-stocked kitchen. Staff recognised the importance of patients being able to maintain their independence with regard to food and drink preparation.

Patients said that they were provided with different options for meals and that the food was good.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that the home was warm, clean, tidy, well maintained and in good decorative order. Patients' bedrooms were clean and tidy although not overly personalised as stays tend to be short term. The manager said patients were welcome to bring in personal items and that an inventory of these was maintained.

Corridors and fire exits were clear of clutter and obstruction. The home's current fire risk assessment was provided to RQIA for review following the inspection. A record of staff training in fire safety measures was maintained. Anti-ligature fittings were in use in appropriate areas of the home.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients did not raise any concerns about the environment; they said the home was spotless.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. They said they got up and went to bed when they wanted and could make a cup of tea or a snack at any time, just like they would at home. Patients said that they enjoyed the activities provided in the home which had recently included making Christmas crafts and art classes. Coffee mornings were a regular feature of life in the home and staff said they would also order carry out food on occasions.

Patients said they really benefitted from one to one sessions with staff when they needed increased support. A staff member told us that they found cooking or baking with a patient to be a good therapeutic activity and that one to one sessions such as this provided an opportunity to get to know patients and allowed them to open up about issues which they might not discuss in a group setting.

Staff recognised the importance of therapeutic and meaningful activities for the patients to help them build up confidence and maintain their independence. Staff told us that they endeavour to provide a 'home from home' environment for patients who are generally fairly independent but require additional support with their mental health needs.

Patients were able to take trips out of the home, either independently or with staff, according to their assessed needs. The manager said that if patients went out independently they were asked to let staff know when they were going out and when they planned to be back and to ensure they had contact details for the home available at all times.

A record of patients' meetings was maintained and the manager said their feedback was welcomed in order to help improve the experience of life in the home. Patients' views had recently been obtained regarding the menu, plants for the garden and having more jigsaws and a radio available.

Patients spoke very highly of staff and the care and support they provided. They said communication was very good, they could go to any of the staff to discuss their worries or concerns and that staff were encouraging and helpful. Patients also said that they felt safe in the home, the atmosphere was calm and relaxed and that staff were caring and thoughtful and tried to lift their mood.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place as per the current guidance.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Sharon Casement has been the acting manager in this home since 5 October 2020 and has submitted an application to RQIA to be registered as the manager. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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 was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients said that they knew how to report any concerns and said they were confident that these would be sorted out.

The manager confirmed that there was a system in place to manage complaints and that the outcome of these was used as a learning opportunity to improve practices and/or the quality of services provided by the home.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

Staff said that they felt well supported, the manager was approachable and they enjoyed working in the home.

6.0 Quality Improvement Plan/Areas for Improvement

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

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