

Unannounced Care Inspection Report

3 November 2020



Home Treatment House

Type of Service: Nursing Home (NH)
Address: Old See House, 603 Antrim Road,
Belfast, BT15 4DX
Tel No: 028 95 042873
Inspectors: Julie Palmer & Cairn Magill

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care for up to six persons.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager and date registered: Sharon Casement – registration pending
Responsible Individual(s): Catherine Jack – registration pending	
Person in charge at the time of inspection: 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

4.0 Inspection summary

An unannounced care inspection took place on 3 November 2020 from 09.25 to 17.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with areas for improvement identified in the previous inspection.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevent and control (IPC) measures
- care delivery
- care records
- governance and management arrangements

Patients told us that staff were “very supportive” and also “helpful and caring”.

It was positive to note that all but one of the areas for improvement identified at the previous inspection had been met.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*2

*The total number of areas for improvement includes one under the standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Casement, manager, and Agnes Dee, Assistant Service Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with three patients and four staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 26 October to 8 November 2020
- staff training records
- staff supervision schedule
- a sample of governance audits
- Regulation 29 monthly quality monitoring reports
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- complaints and compliments records
- incident and accident records
- anti-ligature risk assessment
- two patients' care records
- the home's statement of purpose
- the current fire risk assessment
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 25 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: Second time	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that adequate precautions and best practice guidance in relation to fire safety had been embedded into practice.	
Area for improvement 2 Ref: Regulation 30 Stated: Second time	The registered person shall ensure that all notifiable incidents are reported to the Regulation and Quality Improvement Authority in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: Review of incident/accident records evidenced that notifiable incidents had been appropriately reported to RQIA.	

Area for improvement 3 Ref: Regulation 29 Stated: Second time	<p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of time bound action plans and a review of ongoing actions to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA</p> <p>Action taken as confirmed during the inspection: Review of a sample of monthly monitoring reports completed evidenced that time bound action plans were included to address identified deficits.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		
Area for improvement 1 Ref: Standard 35 Stated: Second time	<p>The registered person shall ensure that all accidents/incidents are reviewed and analysed on at least a monthly basis. There should be evidence of this information being used to quality assure patient care and help drive any required improvements to service delivery.</p> <p>Action taken as confirmed during the inspection: Review of the relevant records evidenced that a monthly analysis of accidents/incidents was undertaken.</p>	Met
Area for improvement 2 Ref: Standard 38 Stated: Second time		
	<p>The registered person shall ensure that a robust system is implemented and maintained to promote and make proper provision for monitoring the professional registration of all staff with the NMC and/or NISCC.</p> <p>Action taken as confirmed during the inspection: Review of the relevant records evidenced that a robust system to monitor registration of staff with the NMC or NISCC was in place.</p>	Met

Area for improvement 3 Ref: Standard 41 Stated: Second time	<p>The registered person shall ensure that the duty rota clearly identifies the manager’s working hours, making clear distinction between hours worked in either a managerial or clinical capacity.</p> <p>Action taken as confirmed during the inspection: Review of the duty rota evidenced that the manager’s working hours and pattern were clearly recorded.</p>	Met
Area for improvement 4 Ref: Standard 35 Stated: Second time	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, care records, IPC, medication and dining experience audits.</p> <p>Action taken as confirmed during the inspection: Review of a sample of governance audits relating to care records, IPC and medication, evidenced that these were completed regularly and contained action plans to address identified deficits. The dining experience was due to be reviewed as part of a patient experience visit to the home planned for later in the week of the inspection.</p>	
Area for improvement 5 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that a robust system is implemented and monitored which enables/evidences effective oversight by the manager of staff mandatory training.</p> <p>Action taken as confirmed during the inspection: Review of the relevant records evidenced that a staff training matrix was maintained to ensure the manager had oversight of training completed, due or expired, in order that action could be taken to ensure staff completed mandatory training as required.</p>	Met

Area for improvement 6 Ref: Standard 4 Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: Appraisal of two patients' care records evidenced that reviews of care plans were not consistently meaningful or timely. However, there was evidence of collaboration and agreement with patients. This area for improvement was partially met and will be stated for the second time.</p>	Partially met
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6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels are subject to regular review to ensure that the assessed needs of patients are met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Block booked agency staff are used to cover shifts if required. Staff and patients spoken with did not raise any concerns about staffing levels in the home.

Recruitment files were not retained in the home. The manager told us that that they review evidence of recruitment checks prior to conducting interviews to ensure that the necessary employment checks have been completed.

There was a system in place to monitor that staff are appropriately registered with the NMC or NISCC as required.

Staff commented positively about their role and teamwork in the home: they said:

- "This is a fabulous place to work; it's an excellent model of care."
- "We build up great relationships with patients in the home."
- "It is a nice team."
- "The two new team members are fantastic."
- "Everyone has to do a thorough induction."
- "We are given good support; it's a small team, there is always someone available."

Nurses who take charge in the home, in the absence of the manager, have completed competency and capability assessments. There is a system in place to monitor compliance with mandatory training.

Staff told us that if challenging incidents occur in the home additional support is provided by managers and colleagues and that good working relationships are maintained. The manager told us that it is a priority to ensure staff are well supported on an ongoing basis.

6.2.2 Personal Protective Equipment

Signage has been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE is readily available; a PPE station is set up in the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE.

The manager told us that the home has plenty of PPE available and stocks are regularly replenished. PPE stations were found to be well stocked throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to put on and take off their PPE correctly. Staffs' use of PPE is monitored through observations and audits. Staff confirmed that they have had sufficient supplies of PPE at all times.

6.2.3 The environment and infection prevent and control (IPC) measures

We reviewed the home's environment; this included observations of a sample of bedrooms, ensembles, bathrooms, lounges, the dining room, treatment room and storage areas. The home was found to be warm, clean, tidy and fresh smelling throughout. New furniture had been purchased since the last inspection and the home is attractively decorated throughout. Anti-ligature recommendations have been implemented regarding furnishings and fittings in the home. Fire exits and corridors were observed to be clear of clutter and obstruction.

Robust IPC measures are employed in the home; these reflect the regional guidance in this area. The manager told us that there is a system in place to ensure frequent touch points are regularly cleaned in addition to the normal cleaning schedule in the home. All visitors have a temperature check on arrival; patients and staff also have a twice daily temperature check recorded.

6.2.4 Care delivery

The manager told us that patients are admitted to the home on a voluntary basis and the usual length of admission is around three weeks. The home provides acute short term care and early intervention with the aim of preventing hospital admission.

The home was closed to admissions for a period of time during the COVID-19 pandemic. The manager told us that, prior to reopening and in order to facilitate the acute nature and short term duration of patients' admission to the home, COVID-19 testing arrangements were agreed with the Department of Health (DOH) and the Public Health Agency (PHA). A contingency plan is in place should a patient receive a positive COVID-19 test result. The manager told us that they would contact the PHA to discuss COVID-19 testing arrangements and ensure that these remain sufficient.

Patients spoken with commented positively about their experience of the care and support provided in the home; they said:

- "It's very supportive."
- "If you need someone to talk to staff are very willing to do that, they are helpful and caring."

- “The surroundings are nice.”
- “The food is lovely, really nice.”
- “They (staff) are all very nice.”
- “The food is unbelievable, beautiful and always a choice.”
- “I feel safe in here.”
- “The service is excellent, all staff lovely, the place is spotlessly clean.”

On admission patients are provided with a useful welcome pack; information includes, for example, COVID-19 arrangements, staffing, laundry arrangements, meals, visiting, the complaint's policy, advocacy centres and the patient's experience survey.

Staff told us that the care provided is person centred; the ethos is to provide a 'home from home' environment for patients who are generally fairly independent in their daily living activities but require additional support with their mental health needs. There is an emphasis on one to one support at present; group activities are unfortunately suspended as a result of COVID-19 and social distancing requirements. Patients are also provided with support from the multi-disciplinary team (MDT), for example, the occupational therapist (OT) and consultants attached to the Home Treatment community team. Therapies on offer include counselling, one to one activities and relaxation room sessions. Patients are provided with support to enable them to return to their own homes. Consultations with the MDT are conducted via video links if necessary due to COVID-19 restrictions.

There was a calm, settled and pleasant atmosphere in the home throughout the duration of the inspection; staff were seen to treat patients kindly and with compassion.

6.2.5 Care records

Pre-admission assessments are completed by the Home Treatment community team who liaise closely with the manager regarding potential admissions. The manager told us that due to COVID-19 restrictions this would continue to be the process but in future the manager or deputy manager will also be involved in carrying out pre-admission assessments.

We reviewed two patients' care records; individualised care plans had been developed to reflect the assessed needs and direct the care required and a daily record is maintained to evidence the delivery of care. However, we saw that care plans and risk assessments have not been developed to reflect all the identified care needs of the individual patients. Additionally, identified care plans reviewed also reflected behaviours that challenge which would have precluded admission to the home. However, discussion with staff evidenced that the care plan identified a past not a present issue; this was not apparent. We discussed the need for staff to ensure that risk assessments and care plans are current, individualised and reflective of identified needs; an area for improvement was identified. The manager told us that their own review of care plans has identified a training need for staff in this area and there are also plans to review the risk assessment and care planning templates in use in the home. Care plans reviewed also continue to lack meaningful and timely evaluation; this area for improvement will be stated for the second time.

We observed gaps in fluid intake recording for one identified patient; it was also not apparent why this patient's fluid intake was being monitored. We brought this to the attention of staff who agreed the record was not meaningful and that the relevant care plan would be reviewed to reflect the care required.

Staff did not record an inventory of patient's belongings on admission; this was brought to the attention of the manager for her information and action as required. We will review practices regarding inventory completion at a future inspection.

6.2.6 Governance and management arrangements.

As previously mentioned, the home was closed to admissions for a period of time during the current COVID-19 pandemic. RQIA was appropriately informed of closure and reopening arrangements.

Management arrangements have changed since the previous inspection; RQIA was appropriately notified. The manager was only recently in post but knowledgeably discussed the home's admission criteria, governance arrangements and the support provided for patients and staff.

A supervision and appraisal schedule is in place in the home. A record of staff meetings is maintained.

Review of records evidenced that there are systems in place to manage complaints and to ensure that RQIA are appropriately notified of accidents/incidents that occur in the home.

A record of compliments and thank you cards received is maintained; comments included:

- "Thanks for all the help I received."
- "One to one sessions have been a great help to my recovery."
- "Thank you for all your support and kindness."

A sample of governance audits reviewed evidenced that management maintain a good level of oversight in the home. The audits reviewed contained clear action plans where deficits had been identified. A monthly accident/incident analysis is completed to determine if there are any trends or patterns emerging. A current fire risk assessment is available in the home.

Monthly monitoring reports reviewed include relevant information, the views of patients and staff and a clear action plan.

The home's statement of purpose and patient guide require review to reflect the new management arrangements; this was brought to the attention of the manager for information and appropriate action.

The manager told us that potential admissions are discussed at the daily team meeting and that the home's staff work closely with the Home Treatment community team to promote positive outcomes for patients.

Areas of good practice

Areas of good practice were identified in relation to staffing, use and availability of PPE, the cleanliness of the home and IPC measures, the ethos of the home, staff treating patients with compassion and the governance and management arrangements.

Areas for improvement

An additional area for improvement was identified in relation to the completion of effective risk assessments and care plans for patients and ensuring staff receive training in this area.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Patients in the home were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to be helpful and supportive to patients and to treat them with kindness and compassion.

The home was clean, tidy and well maintained with plentiful supplies of PPE which staff were seen to use appropriately.

Following the inspection the manager informed RQIA that they had contacted the PHA to discuss the current COVID-19 testing arrangements in the home and PHA confirmed their agreement that the current arrangements remain sufficient.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Casement, manager, and Agnes Dee, assistant service manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 6.1& 6.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Trust Response The Registered Manager has revised care plan template within the facility. This now incorporates headings to provide a guide for staff. The audit tool used to audit the standard of care plans has also been reviewed and updated. It now includes a comment/action section for Named Nurses to action. Care plan audits have been increased from monthly to weekly. Nursing staff have been advised to plan and book meetings with their named patient to ensure that dedicated time is spent reviewing their care plan. Nursing staff continue to sign care plans with their named patient to evidence collaboration and agreement with regards to the care plan.</p> <p>Trust Action Staff will be provided with additional support in relation to the completion of care plans by the allocated Nurse Development Lead to ensure that these are more patient centred and robust.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Trust Response The Home Treatment House uses the Brief Risk Screening Tool/Safety Assessment or Comprehensive Risk Assessment as per the regional guidance on the assessment and management of risk. These documents will be commenced on initial assessment by the Home Treatment Team and will identify any risk/safety issues.</p>

	<p>Trust Action</p> <p>Where necessary, a further risk assessment using the Belfast Trust general risk assessment tool will be completed to address a risk. Generic risk assessments already completed for the Home Treatment House will be individualised where possible. These will be added to the patient's care plan and file to alert specific areas of concern. Any historical patient information will be identified as such and will not be reflected in the patient's current care plan.</p>
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****Please ensure this document is completed in full and returned via Web Portal****



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