

Unannounced Care Inspection Report 6 January 2017



Home Treatment House

Type of Service: Nursing

Address: Old See House, 603 Antrim Road, Belfast, BT15 4DX.

Tel No: 02895042873

Inspector: Sharon McKnight

www.rqia.org.uk

1.0 Summary

An unannounced inspection of Home Treatment House took place on 6 January 2017 from 11:50 hours to 15:15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

On the day of inspection the patient and staff spoken with commented positively with regard to care delivery. Discussion with the acting manager and a review of records evidenced that both of the requirements and two of the four recommendations made as a result of the previous inspection have been met. Recommendations, with regard to the accurate recording of the staff duty rota and staff records, have been stated for a second time. Following a review of the monthly monitoring reports a recommendation was made to ensure that any the issues identified should be reviewed during the subsequent visit and the progress commented on within the report.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3*

*Two of the recommendations were made as a result of the previous inspection and are now stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kevin Mackel, acting 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.

1.2 Actions/enforcement taken following the most recent finance inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 18 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust Martin Joseph Dillon	Registered manager: Temporary management arrangements are in place.
Person in charge of the home at the time of inspection: Kevin Mackle, manager.	Date manager registered: 25 November 2014.
Categories of care: NH-MP, NH-MP(E)	Number of registered places: 6.

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with one patient, two registered nurses and one healthcare assistant. Questionnaires were also provided for patients, relatives and staff and a request made that they were returned within one week of the inspection date.

The following information was examined during the inspection:

- staff duty roster for week commencing 2 January 2017
- reports of the monthly quality monitoring visits
- one staff induction record.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 October 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

Following discussion with the finance inspector it was agreed we would review the progress made with the recommendation stated regarding patients' personal possessions/property. Staff spoken with were aware that patients should have the opportunity to have their personal possessions' recorded as part of the admission process to the home and that where a patient

did not wish to have their possessions recorded this should also be recorded. Documentation was in place to record the property brought in by each patient if they choose to do so. Staff reported that this process would be introduced to patients in the next few days. We were assured that the service was working towards complying with the stated recommendation.

4.2 Review of requirements and recommendations from the last care inspection dated 15 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12(1)(b) Stated: First time	<p>The registered person must ensure that referrals are made to the relevant adult safeguarding team without delay in keeping with DHSSPS Adult Safeguarding, Prevention and Protection in Partnership, April 2015.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There has been a change in management since the previous inspection. The current manager was knowledgeable regarding the referral processes and the importance of ensuring that referrals were made without delay.</p> <p>The acting manager confirmed that there have been no referrals made to the adult safeguarding team since the previous inspection. Through discussion with the acting manager we were assured that these processes would be adhered to in the event of having to make a referral. This requirement has been met.</p>	
Requirement 2 Ref: Regulation 30(1)(d) Stated: First time	<p>The registered provider must ensure that RQIA are notified without delay of all safeguarding disclosures.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The acting manager explained that, as part of their induction, they were informed of what was required to be notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005; this induction including safeguarding disclosures.</p> <p>The acting manager confirmed that there have been no safeguarding disclosures made since the previous inspection. Through discussion with</p>	

	<p>them we were assured that they understood the requirement to notify RQIA in the event of receiving a disclosure. This requirement has been met.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The responsible person must ensure that an unannounced visit is undertaken monthly to monitor the quality of services provided and prepare a written report on the conduct of the home. A copy of the report must be maintained in the home.</p> <p>Action taken as confirmed during the inspection:</p> <p>The acting manager confirmed that a rota had been put in place to ensure that an unannounced monitoring visit was completed monthly. The reports of the monthly monitoring visits undertaken from September to December 2016 were available in the home. This requirement has been met.</p> <p>We noted that issues identified during the monthly monitoring visit were not reviewed at the subsequent visit and there was no evidence to substantiate if they had been addressed. A recommendation was made that the issues identified during the monthly monitoring visits should be reviewed during the next visit and the progress commented on in the report.</p>	<p>Met</p>
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The staff duty rota should be an accurate record of staff working over a 24 hour period.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the staff duty rota for the two week period 19 December 2016 to 1 January 2017 did not accurately reflect the staff working over a 24 hour period. There were a number of shifts where no staff were recorded to work.</p> <p>We were able to establish, through discussion with the acting manager, that staffing levels had been appropriately maintained and the rota for week commencing 2 January 2017 did accurately reflect the staff on duty. However, it was evident that the duty rotas were not consistently maintained in accordance with DHSSPS minimum standards.</p>	<p>Partially Met</p>

	This recommendation has been partially met and is stated for a second time.	
Recommendation 2 Ref: Standard 41.2 Stated: First time	It is recommended that the availability of staff to maintain the planned staffing levels should be reviewed to ensure that, at all times, there is adequate provision.	Met
	Action taken as confirmed during the inspection: Following discussion with the acting manager regarding staffing deployment/recruitment, we were satisfied that this recommendation had been met.	
Recommendation 3 Ref: Standard 41.2 Stated: First time	It is recommended that records of registration with professional bodies for all staff who regularly work in the Home Treatment House are held in the home.	Not Met
	Action taken as confirmed during the inspection: This recommendation has not met and is stated for a second time.	
Recommendation 4 Ref: Standard 39.1 Stated: First time	It is recommended that the acting manager should sign the induction record to confirm that the process had been satisfactorily completed and that they were satisfied that the staff member was competent.	Met
	Action taken as confirmed during the inspection: A review of one completed induction record evidenced that this recommendation had been met.	

4.3 Inspection findings

We arrived in the home at 11:50 hours. Patients were observed relaxing in the lounge areas of the home. Staff were observed responding to patients' needs and requests promptly and supporting patients as required throughout the morning.

All of the patients were offered the choice of speaking with us directly or giving their views in questionnaires. We spoke with one patient who had been in the home for a number of weeks. The patient spoke highly of the staff and reported that they felt supported by staff both day and

night. The patient commented that staff were approachable and always made time to listen to them. Six questionnaires were issued for patients. None were returned in time for inclusion in this report.

There were no relatives present during the inspection. Six questionnaires were issued for relatives; one was returned. The relative was very satisfied that care was safe, effective, and compassionate and that the service was well led.

Staff spoken with were satisfied that they were well supported in their role; that there were good training opportunities and that management were approachable. Staff were of the opinion that they delivered a good standard of care and support to patients. Ten questionnaires were issued for staff; three were returned. The staff members were very satisfied or satisfied that care was safe, effective, compassionate and that the service was well led.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kevin Mackle, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements: There were no requirements made as a result of this inspection.

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 3 February 2017</p>	<p>It is recommended that issues identified during the monthly monitoring visits should be reviewed at the subsequent visit and the progress commented on within the report.</p> <p>Ref section 4.2</p>
	<p>Response by registered provider detailing the actions taken: All managers completing monthly monitoring visits have been informed to review previous visit recommendations with Home Treatment House Manager or nurse in charge to determine what action has been taken.</p>
<p>Recommendation 2</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: 3 February 2017</p>	<p>The staff duty rota should be an accurate record of staff working over a 24 hour period.</p> <p>Section 4.2</p>
	<p>Response by registered provider detailing the actions taken: Staff rota reflects full complement of staff for each 24 hour period. Home Treatment Team continue to provide cover at short notice and aware to enter name of staff member on Home Treatment Rota</p>
<p>Recommendation 3</p> <p>Ref: Standard 41.2</p> <p>Stated: Second time</p> <p>To be Completed by: 3 February 2017</p>	<p>It is recommended that records of registration with professional bodies for all staff who regularly work in the Home Treatment House are held in the home.</p> <p>Section 4.2</p>
	<p>Response by registered provider detailing the actions taken: Physical file created with Staff Registration PIN for NMC and NISCC and will be retained in the Rota in main office. A back up copy is kept in by the Manager if required.</p>



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