

Unannounced Care Inspection Report 15 September 2016



Home Treatment House

Type of Service: Nursing

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

Tel No: 02895042873

Inspector: Sharon Mc Knight

1.0 Summary

An unannounced inspection of Home Treatment House took place on 15 September 2016 from 09 50 hours to 16 30 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.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, staff registration status with their professional bodies and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. However weaknesses were identified with the timeframe of a referral to the adult safeguarding team and notifications to RQIA. Two requirements were made.

Areas for improvement were also identified with the recording of the duty rota, the record of staff induction and the records of staff registration with professional bodies. RQIA also require assurances regarding the availability of staff to maintain the planned staffing levels; four recommendations were made.

Is care effective?

Evidence gathered confirmed that there were systems and processes in place to ensure that the outcome of care delivery was positive for patients. A range of validated risk assessments were completed as part of the admission process. Care plans contained details of the patient's individual needs and goals and were reviewed regularly.

We spoke with two patients who confirmed that they have access to a full range of healthcare professionals including their General practitioner (GP) and Community Psychiatric Nurse (CPN). Patients were reassured that this continued contact would ensure continuity for their support on discharge.

We examined the systems in place to promote effective communication between staff, patients and relatives and were assured that these systems were effective. Patients and staff were of the opinion that the care delivered was effective. There were no weaknesses or areas for improvement identified in the delivery of effective care.

Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly supporting patients' in their daily routine. Patients spoken with commented positively in regard to the care and support they received. We spoke with the relative of one patient who was very satisfied with the standard of care and communication in the home. There were no weaknesses or areas for improvement identified in the delivery of compassionate care.

Is the service well led?

There was a clear organisational structure evidenced within Home Treatment House and staff were aware of their roles and responsibilities. A review of care observations confirmed that the home was operating within the categories of care for which they were registered and in accordance with their Statement of Purpose and Patient Guide.

Staff were knowledgeable regarding the line management structure and who they would escalate any issues or concerns to; this included the reporting arrangements when the acting manager was off duty. A requirement was made that monthly monitoring visits must be undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A copy of the report must be maintained in the home.

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	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gareth Hawkins, acting manager and Agnes Dee, operations 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 estates inspection

The most recent inspection of the home was an announced estates inspection undertaken on 2 February 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 provider: Belfast Health and Social Care Trust/ Martin Joseph Dillon	Registered manager: Registered manager is currently on extended leave. There are temporary management arrangements in place.
Person in charge of the home at the time of inspection: Gareth Hawkins Acting Manager	Date manager registered: Acting manager in place from 24 May 2016.
Categories of care: NH-MP, NH-MP(E)	Number of registered places: 6

3.0 Methods/processes

Prior to inspection we analysed 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with two patients individually and with the majority of others in small groups, the acting manager, the operational manager, two registered nurses, one support worker and one patient's relative.

Questionnaires were issued for patients, relatives and staff with a request that they were returned within one week from the date of this inspection.

The following information was examined during the inspection:

- two patient care records
- staff duty roster for week commencing 12 September 2016
- staff induction records
- records of staff NMC/NISCC registration
- minutes of staff meetings
- compliments records
- incident and accident records
- reports of monthly quality monitoring visits.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 02 February 2016.

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 December 2016

There were no requirements or recommendations made as a result of the last care inspection

4.3 Is care safe?

The acting manager confirmed the planned daily staffing levels for the home and advised that these levels had been subject to a recent review following which the provision of registered nurses had been increased. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. A review of the staffing roster for week commencing 12 September 2016 evidenced that the planned staffing levels were adhered to. However the staff rota was not an accurate record of staff rostered to work in the home. For example hours were recorded for staff but on discussion these staff were rostered to work elsewhere in the home treatment team. A recommendation was made.

Although staffing had been increased no additional staff had been recruited to the Home Treatment House. The acting manager explained that the additional staff were currently supplied from another team within the wider Belfast Health and Social Care Trust (BHSCT) home treatment services or by bank staff. Five questionnaires were issued to staff; three were returned. In regard to the question “are there sufficient staff to meet the needs of the patients?” one respondent made reference to the lack of permanent staff and a reliance on staff from other teams and bank staff. The availability of staff to maintain the planned staffing levels should be reviewed to ensure that, at all times, there is adequate provision. A recommendation was made.

In addition to nursing and care staff, the acting manager confirmed that catering and domestic staff were on duty daily.

Patients and one relative commented positively regarding the staff and the support and care provided. Three questionnaires were issued for patients and four were issued for relatives; none were returned in time for inclusion in this report.

The registered nurse spoken with was aware of their responsibility as the person in charge of the home when the acting manager was off duty. A review of records evidenced that the induction programme for registered nurses included management responsibilities, for example fire safety, patients' absence from the home without prior agreement and the action to take if the intruder alarm is activated. There was also 24 hour line management support available within the Trust. The line management arrangements and the name and contact details of the manager on call were available in the home.

We discussed the arrangements for monitoring the registration status of nursing with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). The acting manager explained that the BHSCT monitor the registration of nurses with the NMC from a central point known as the Co-ordination Centre. When a registered nurse employed in the Home Treatment House is due to renew their registration the acting manager will receive an e mail from the Co-ordination Centre alerting them. In addition, the registered manager who was currently on leave, held a copy of the NMC website page for each registered nurse employed in the Home Treatment House. A copy of the NISCC certificate for the support workers was also available. As previously discussed a significant number of shifts are covered by staff who work in the wider home treatment service. It is recommended that the registration details of staff who regularly work in the Home Treatment House are included in the records held in the home.

Discussion with the acting manager and staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The programme included a written record of the areas completed and the signature of the new employees; there was no information to evidence who had supported the new employee through the induction process and the acting manager had not signed the record to confirm that the induction process had been satisfactorily completed. The importance of the acting manager having oversight of the induction process to ensure that it was satisfactorily completed and that they were satisfied that the staff member was competent was discussed and a recommendation made.

Training was available via an e learning system. Programmes of internal face to face training were arranged by BHSCT twice yearly. The acting manager explained that the dates of the core skill weeks were confirmed in advance and that staff were facilitated to attend. Systems were in place to monitor staff attendance and compliance with training. These systems included access by the acting manager to the individual electronic records of staff who had completed e learning and attended face to face training.

We discussed the arrangements in place for staff supervision and appraisal. The acting manager explained that staff received group and individual supervision on a 4 weekly basis. A registered nurse spoken with confirmed that they had received supervision that morning and discussed care planning and revalidation with the NMC. We were informed that all staff received an annual appraisal which included a review of staff development.

The acting manager and staff spoken with were aware of their roles and responsibilities in relation to adult safeguarding. However on discussion with the acting manager it was identified that the regional safeguarding procedure had not been adhered to with regard to the timely referral of a safeguarding disclosure to the adult safeguarding team.

It was acknowledged that the acting manager did ensure a protection plan was implemented immediately to ensure patient safety. 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. A requirement was made. RQIA had not been notified of the disclosure prior to the inspection. It is required under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 that the registered person notify RQIA of all safeguarding disclosures. A retrospective notification report was received by RQIA on 16 September 2016. A random selection of accidents and incidents recorded since the previous inspection evidenced that all other accidents and incidents had been appropriately notified to RQIA.

A general inspection of the house was undertaken to examine a random sample of patients' bedrooms, lounges and kitchen facility. The home was fresh smelling, clean and appropriately heated.

Areas for improvement

The staff duty rota should be an accurate record of staff working over a 24 hour period.

The availability of staff to maintain the planned staffing levels should be reviewed to ensure that, at all times, there is adequate provision

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.

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.

Referrals must be made to the relevant adult safeguarding team without delay in keeping with best practice guidance.

RQIA must be notified of all safeguarding disclosures without delay.

Number of requirements	2	Number of recommendations	4
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4.4 Is care effective?

A review of two patient's care records evidenced that an assessment of patients' nursing needs was commenced prior to their admission to the home. The Home Treatment services are based on a recovery model; the plans of care were based on the pre admission assessment and a recovery plan drawn up in consultation with the patient. A range of validated risk assessments were completed as part of the admission process. Care plans contained details of the patient's individual needs and goals and were reviewed regularly.

A review with the consultant psychiatrist and members of the multidisciplinary team (as appropriate) was held weekly. Staff confirmed that a registered nurse would attend these reviews. During their stay in the house patients continued to have access to the range of healthcare professionals involved with them in the community. Staff explained that referrals would also be made for any additional support required.

We spoke with two patients who confirmed that they have access to a full range of healthcare professionals including their General practitioner (GP) and Community Psychiatric Nurse (CPN). Patients were reassured that this continued contact would ensure continuity for their support on discharge.

Discussion with the acting manager and staff evidenced that registered nurses and support workers were required to attend a handover meeting at the beginning of each shift. A communication book was also maintained to advise staff of operational issues. Staff spoken with were satisfied that there was good communication between staff. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Staff explained that the registered manager held staff meetings regularly. The most recent meetings were held on 18 May 2016 and 22 June 2016. A record was made of each meeting detailing who had attended, the areas discussed and decisions made. The acting manager explained that due to the temporary management arrangements no staff meetings had taken place from June 2016. It was confirmed that the registered manager was due to return from leave in the near future and the usual schedule for staff meetings would resume.

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas for improvement

No areas for improvement were identified with the delivery of effective care.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly supporting patients' in their daily routine.

Patients spoken with commented positively in regard to the care and support they received. The following comments were provided:

"I don't know where I would be today if this place didn't exist."

"Without exception the staff are great"

We spoke with the relative of one patient who commented positively with regard to the standard of care and communication in the home. They confirmed that they were made to feel welcome when visiting and were confident that if they raised a concern or query with the management or staff, their concern would be addressed appropriately. They were keen to stress that they have had no cause to complain.

We discussed how the management consulted with patients and relatives and involved them in the issues which affected them. The acting manager explained that he has regular, daily contact with the patients and visitors and was available, throughout the day, to meet with both on a one to one basis if needed. Patients are also provided with a satisfaction questionnaire as part of the discharge process. Any completed questionnaires are posted into a box in the foyer of the home. The independent advocate, who visits the home regularly, reviews the completed questionnaires and actions as appropriate. Periodically the advocate will collate the responses and provide feedback during a team meeting.

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

“Thank you for all your help and time spent getting me on the road to recovery.”

“Thank you for the care and attention you gave to Your professionalism and emotional support is much appreciated by us.”

Two patient questionnaires and four relative questionnaires were issued; none were returned prior to the issue of this report.

Five questionnaires were issued to nursing, care and ancillary staff; three were returned prior to the issue of this report. All of the staff were satisfied with the delivery of safe, effective and compassionate care and that the home was well led. Comments received with regard to staffing are discussed in section 4.3 of this report.

Areas for improvement

No areas for improvement were identified with the delivery of compassionate care.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The certificate of registration issued by RQIA was appropriately displayed in the home.

Staff spoken with were knowledgeable regarding the categories of care and the number of beds the house was registered to operate. Observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

Staff spoken with were knowledgeable regarding line management and who they would escalate any issues or concerns to; this included the reporting arrangements when the acting manager was off duty.

The acting manager confirmed that a record of complaints was maintained and included the name of the complainant, the nature of the complaint and the action taken to resolve the issue. We did not examine the complaints record on this occasion. As previously discussed an independent advocacy service was available for all patients; their contact details were displayed in the home and included in the information provided on admission.

The acting manager confirmed that there were arrangements in place to receive and act on health and safety information, urgent communications, safety alerts and notices; for example from the Northern Ireland Adverse Incident Centre (NIAIC).

The arrangements for the unannounced monthly visits required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were discussed with the operations manager who is the delegated person to undertake the monthly visits on behalf of the responsible individual. The operation manager explained that visits were not being undertaken monthly. They acknowledged that improvements where required and that they were currently reviewing who would be undertaking the visits in the future. The operations manager explained that following the visit a report would be issued and sent to the home by electronic mail.

The reports of the monitoring visits could not be located during the inspection and it was agreed that a copy of the completed reports would be provided to RQIA following the inspection. We received reports of visits undertaken on 8 February 2016, 14 April 2016, 27 June 2016 and 31 August 2016.

The registered provider must ensure that an unannounced visit is undertaken monthly to monitor the quality of services provided. A requirement was made. It is further required that a copy of the written report on the conduct of the nursing home is maintained and available in the home.

Areas for improvement

An unannounced visit must be undertaken monthly to monitor the quality of services provided. A written report on the conduct of the nursing home must be available in the home.

Number of requirements	2	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gareth Hawkins, 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 nursing.team@rqia.org.uk 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

<p>Requirement 1</p> <p>Ref: Regulation 12(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 13 October 2016</p>	<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> <p>Ref section 4.3</p> <p>Response by registered provider detailing the actions taken: The Trust Adult Safeguarding procedure has been revisited and reinforced with all staff. All ASP1 forms will now be forwarded to the Safeguarding Lead for Mental Health Services on the day of disclosure.</p>
<p>Requirement 2</p> <p>Ref: Regulation 30(1)(d)</p> <p>Stated: First time</p> <p>To be completed by: 13 October 2016</p>	<p>The registered provider must ensure that RQIA are notified without delay of all safeguarding disclosures.</p> <p>Ref section 4.3</p> <p>Response by registered provider detailing the actions taken: A Form 1a (as per Statutory Notification of Incidents and Deaths - Guidance for Providers of REgulated Services, RQIA) will be completed and sent to RQIA by the Registered Manager of the Home Treatment House on the day of the disclosure or as soon afterwards as possible.</p>
<p>Requirement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 13 October 2016</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>Ref section 4.6</p> <p>Response by registered provider detailing the actions taken: The Home Treatment House will be subject to monthly peer review by other managers within Mental Health Services. A rota for 2017 is available upon request.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 41.</p> <p>Stated: First time</p> <p>To be completed by: 13 October 2016</p>	<p>The staff duty rota should be an accurate record of staff working over a 24 hour period.</p> <p>Ref section 4.3</p> <p>Response by registered provider detailing the actions taken: Any change to the staff rota will be clearly reflected.</p>
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<p>Recommendation 2</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2016</p>	<p>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.</p> <p>Ref section 4.3</p> <p>Response by registered provider detailing the actions taken: Staffing provision is reviewed on a daily basis by the Home Treatment House's Nurse in Charge. Where possible, additional staff will be obtained using the Trust's Nurse Bank or through alteration to permanent staff shifts. In the event that staff are not available through the Trust's Nurse Bank Home Treatment House staff will liaise with the Home Treatment Team Co-ordinator to provide a member of staff to ensure staffing levels are required. The Service is also currently reviewing its nursing establishment and will take appropriate steps to ensure that the Service has the required workforce in place.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2016</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>Ref 4.3</p> <p>Response by registered provider detailing the actions taken: Records of registration with professional bodies will be obtained and stored for staff who regularly work in the Home Treatment House during their induction.</p>
<p>Recommendation 4</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2016</p>	<p>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.</p> <p>Ref 4.3</p> <p>Response by registered provider detailing the actions taken: Induction records will be checked and countersigned by the Registered Manager following the satisfactory completion of staff's induction when they are deemed to be competent.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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