



The **Regulation** and  
**Quality Improvement**  
Authority

**Inspector: Sharon McKnight**  
**Inspection ID: : IN021919**

Home Treatment House  
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## **Unannounced Care Inspection of Home Treatment House**

**28 April 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500   Fax: 028 9051 7501   Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 28 April 2015 from 09 45 to 12 30 hours.

This inspection was underpinned by **Standard 4 – Individualised Care and Support**.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 1 October 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager Ms Domenica Gilroy as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Martin Joseph Dillon Belfast HSC Trust	<b>Registered Manager:</b> Domenica Gilroy
<b>Person in Charge of the Home at the Time of Inspection:</b> Domenica Gilroy	<b>Date Manager Registered:</b> 25-11-14
<b>Categories of Care:</b> NH-MP, NH-MP(E)	<b>Number of Registered Places:</b> 6
<b>Number of Patients Accommodated on Day of Inspection:</b> 6	<b>Weekly Tariff at Time of Inspection:</b> No charge for service.

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### Standard 4 – Individualised Care and Support

In keeping with RQIA inspection themes for nursing homes for 2015/2016 the arrangements in place to meet patients' needs with regard to continence management were included in the review of standard 4.

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- Inspection report and quality improvement plan from the previous care inspection on 1 October 2014
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005

The following records were examined during the inspection:

- a selection of care records
- Statement of purpose
- Reports require under regulation 30
- staff duty rota
- staff training records
- policy manual.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was a pre-registration inspection dated 1 October 2015. The completed QIP was returned and approved by the care inspector.

#### Review of Requirements and Recommendations from the last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref section 6, 6.6</b>  <b>Ref:</b> Regulation 13(8)(a)  <b>Stated: First time</b>	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.	<b>Met</b>
	It is required that appropriate locking systems, accessible only by staff, are fitted to the vista viewing panels.  RQIA are to be notified when the appropriate locks have been fitted.	
	<b>Action taken as confirmed during the inspection:</b> RQIA were notified by electronic mail on 13 October 2014 of the temporary arrangements to ensure patient privacy on 13 October 2014.  Confirmation was received on 27 November 2014 that the appropriate permanent control locks had been fitted. These were observed during this inspection. This requirement has been met.	

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref section 6, 6.4</b>  <b>Ref: Standard 28.6</b>  <b>Stated: First time</b>	It is recommended that staff training records are further developed to include: <ul style="list-style-type: none"> <li>• the signatures of those attending the training</li> <li>• the date of the training</li> <li>• the name and qualification of the trainer or the training agency</li> <li>• content of training.</li> </ul>	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager explained that the staff training matrix for Belfast Health and Social Care Trust have recently been reviewed. She is currently adapting the new matrix to comply with the recommendations of the DHSSPS Care Standards for Nursing Homes, April 2015. This recommendation has been partially met.	

## **Standard 4 - Individualised Care and Support**

### **5.2 Is Care Safe? (Quality of Life)**

Policies and procedures were in place to guide staff regarding the admission process and the completion of care records at the time of the patient's admission. The admission procedure acknowledged human rights and the need to ensure care was delivered within a human rights based approach.

Discussion with a registered nurse confirmed that they were knowledgeable of the admission process and had a sound understanding of the care records to be completed. Review of completed care records evidence that records were created at the time of the patients' admission. The assessment tool identified both mental health and physical needs.

### **Is Care Effective? (Quality of Management)**

The care records were based on a recovery focused approach to care and were created in consultation with the patient within the first 24 hours of admission. A key worker system was in place to provide support to the patient to achieve their goals.

Risk assessments were completed, identified risks discussed and plans put in place to ensure patient safety. There was evidence within the care records that patients were involved in the assessment, planning and evaluation of care to meet their assessed needs. Carers' needs formed part of the initial assessment and were identified by discussion with family or through the use of an advocate. The care plans were signed by the patient and a copy provided to them.

Comprehensive reviews of the assessments, risk assessments and care plans were maintained on a regular basis. The patients' well-being and effectiveness of care was evaluated daily.

### **Is Care Compassionate? (Quality of Care)**

Discussion with the registered manager and the registered nurse confirmed that patient needs were identified along with their strengths and limitations in meeting their needs.

Staff spoken with explained that on admission each patient is shown around the house, facilities explained and that they are provided with a bedroom key and fob for the nurse call system. A checklist was completed to evidence their induction to the home.

Patients spoken with commented positively with regard to the care they were receiving. Comments included:

"I am very grateful that a facility like this exists – other than a hospital/ward setting"

"Staff are available without being intrusive."

"With staff encouragement it is easy to tell them how I am feeling."

"Great environment"

"Environment is conducive to relaxation."

## Areas for Improvement

There were no areas for improvement identified with the focus of this inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.3 Additional Areas Examined

### 5.3.1 Arrangements for the management of continence

Discussion with the registered manager and registered manager and review of procedures evidenced that there were systems in place to ensure that any patient who required support with continence issues would receive safe, effective and compassionate care.

### 5.3.2 Accidents and incidents

Review of completed accidents and incident records evidenced that RQIA were being appropriately notified of events in the home in keeping with regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.3.3 Monthly monitoring visits

Unannounced monthly visits were being completed as required in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of these visits were available and included a review of the issues identified during the previous visit. However there were issues that were stated in December 2014 which were still outstanding during the visit in March 2015. There was no evidence of what progress, if any, had been made in addressing the issues. It is recommended that an update on the action taken to address outstanding issues is included in the monthly report.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Domenica Gilroy, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

### 6.1 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 (Northern Ireland) 2005.

## 6.2 Recommendations




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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) (non-paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



Quality Improvement Plan			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 28.6  <b>Stated:</b> Second time  <b>To be Completed by:</b> 30 June 2015	It is recommended that staff training records are further developed to include: <ul style="list-style-type: none"> <li>• the signatures of those attending the training</li> <li>• the date of the training</li> <li>• the name and qualification of the trainer or the training agency</li> <li>• content of training.</li> </ul>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered manager has met with all staff and their training records have been updated to meet recommendation. Home Treatment House is compiling an information file detailing the content of training and training provider.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 35.7  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 June 2015	It is recommended that an update on the action taken to address outstanding issues is included in the monthly report.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered manager and RA have compiled an updated list of outstanding issues. This list will be discussed with capital development at their next meeting and action plan to be agreed for a timescale of completion of work.		
Registered Manager Completing QIP		Date Completed	16.6.15
Registered Person Approving QIP		Date Approved	19.6.15
RQIA Inspector Assessing Response		Date Approved	29-6-15

*"Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address"*