

Unannounced Care Inspection Report 7 September 2017



Home Treatment House

Type of Service: Nursing Home
Address: Old See House, 603 Antrim Road, Belfast, BT15 4DX.
Tel No: 02895042873
Inspector: Sharon McKnight

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager: Domenica Gilroy
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Paul Robb, nurse in charge	Date manager registered: 25 November 2014
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 registered places: 6

4.0 Inspection summary

An unannounced inspection took place on 7 September 2017 from 09:50 to 13:00.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to the provision and development of staff, recruitment, adult safeguarding, risk management and maintenance of the home's environment.

Care records were well maintained and contained details of collaborative working with patients to agree interventions and timescales for achieving goals. There was evidence of effective communication between staff, patients and the multidisciplinary team. The house was well managed in accordance with the categories of care registered.

An area requiring improvement was identified with the provision of safeguarding training for housekeeping staff.

Patients said:

"I feel so comfortable here and 100% safe."

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Paul Robb, nurse in charge, 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.

4.2 Action/enforcement taken following the most recent inspection dated 9 February 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 09 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with one patient and four staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Eight questionnaires for staff, four for relatives and three for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for nursing staff for week commencing 4 September 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- one patient care records
- compliments received
- patient register
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 dated 09 February 2017

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.7 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the monthly monitoring reports for March – July 2017 evidenced that this area for improvement has been met.	
Area for improvement 1 Ref: Standard 41 Stated: Second time	The staff duty rota should be an accurate record of staff working over a 24 hour period.	Met
	Action taken as confirmed during the inspection: The duty rota for week commencing 4 September 2017 accurately reflected the staff on duty daily. This area for improvement has been met.	

Area for improvement 1 Ref: Standard 41.2 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: Records of registration with professional bodies for staff who regularly work in the Home Treatment House were held in the home. This area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 4 September 2017 evidenced that the planned staffing levels were adhered to.

During discussion with one patient and staff there were no concerns regarding staffing levels raised. We also sought patient, relatives and staff opinion on staffing via questionnaires; none were returned in time for inclusion in the report.

The registered nurse spoken with was aware of their responsibility as the person in charge of the home when the registered manager was off duty. 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 BHSCT.

The nurse in charge 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 nurse and the registered 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.

Staff confirmed that training was available via an e learning system. Programmes of internal face to face training were arranged by BHSCT twice yearly and staff confirmed that they were facilitated and supported to attend. Systems were in place to monitor staff attendance and compliance with training. These systems included access by the registered manager to the individual electronic records of staff. Staff confirmed that the registered manager also maintained a training matrix to provide a team oversight of who had attended which training and when.

We discussed the arrangements in place for staff supervision and appraisal. The registered nurses confirmed that they received management supervision every eight weeks and professional supervision, in a group setting, monthly.

The registered nurses spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, their obligation to report concerns and the new regional operational safeguarding policy. We spoke with two members of housekeeping staff who were knowledgeable of how to escalate and report any concerns they had regarding the well being of patients. However they had not been provided with safeguarding training. This was identified as an area for improvement under the standards.

We discussed the recruitment processes for staff and were informed that recruitment throughout BHSCT was completed through a central human resources service. The registered manager receives notification of the documents received and the outcome of checks completed, for example references and Access NI, prior to authorising any candidate commencing employment. The recruitment files are available through BHSCT for inspection, if required. Staff confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of one patient's care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, ensuite facilities and the lounge/dining room area. The home was found to be warm, well decorated, fresh smelling and clean throughout. The patient spoken with was complimentary in respect of the home's environment.

We spoke with two members of housekeeping staff; both were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths and confirmed that the required equipment was readily available. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of staff, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Housekeeping staff should be provided with training in adult safeguarding appropriate to their role. This was identified as an area for improvement under the standards.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of one patient’s care records evidenced that prior to admission information regarding the patients past medical history, reason for admission and current presentation was received from the home treatment team within the BHSCT. On admission a range of validated risk assessments, for example the Hamilton anxiety rating scale and Zung depression scale, and a physical healthcare pathway were completed. These assessments were reviewed and updated as required throughout the patients’ time in the house. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient’s record. Care records contained good detail of the patients’ psychological needs and associated behaviours and any known triggers/causes for their current presentation. There was evidence of collaborative working with the patient to agree care plans and timescales for achieving goals. Discharge planning was included in the care records.

Discussion with staff confirmed that they were required to attend a handover meeting at the beginning of each shift and that this provided them with the necessary information regarding any changes in patients’ condition. Staff also confirmed that communication between all staff grades was effective. One patient spoken with was confident that staff were aware of their needs and that information in regard to their needs was shared appropriately and in a confidential manner between staff.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients’ records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. Care records contained details of outcomes following review by the multidisciplinary team; this review took place a minimum of weekly.

Regular meetings were held with patients to discuss what they found positive about being in the home treatment house, any concerns about the general day to day operation of the house and to make any suggestions regarding how the service could be enhanced. Records were maintained of who attended the meetings and the issues discussed. Staff confirmed that any suggestions made for enhancing the service were discussed with the registered manager for further consideration.

Discussion with staff and a review of records evidenced that staff meetings were held approximately every six weeks. Records were maintained of the issues discussed, agreed outcomes and the staff who attended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and collaborative working with the patient to agree care plans and timescales for achieving goals. There was evidence of effective communication between staff, patients and the multidisciplinary team

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:50. There was a quiet atmosphere and staff were supporting patients with preparing for their daily routine. Staff interactions with patients were observed to be respectful, caring and timely. We observed that staff and the operation of the house afforded patients, choice, privacy and respect.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with staff confirmed that there were systems in place to obtain the views of patients on the treatment and service they received during this stay in the house. As part of the discharge process patients were given the opportunity to complete a service user questionnaire. Patients were provided with a sealed envelope and completed responses were sent to the independent advocate for the house who reviewed all completed questionnaires and discussed any issues, at the time, with the registered manager and staff. A written report is prepared by the independent advocate and provided to the BHSCT. The one patient spoken with was confident that if they raised any concern or query, they would be taken seriously and their concern would be addressed appropriately.

One patient commented:

“I feel so comfortable here and 100% safe.”

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments:

“I do not have the words to express my gratitude. Everyone was so helpful and caring.”
(February 2017)

“I now have my life back which was slipping away from me.”

Six questionnaires were issued to patients, patients’ representatives and staff; none were returned prior to the issue of this report.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the empowerment of patients.

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the house. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the registered manager’s hours were clearly recorded. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions made. All those spoken with described the management within the home in positive terms.

Staff confirmed that regular audits were completed, for example care records and medication. The records of audits were not reviewed on this occasion.

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff were aware of their roles and responsibilities and the systems in place to escalate issues of concern to the registered manager and management within the BHSCT.

Staff confirmed that there systems in place to ensure that complaints were managed appropriately. The record of complaints was not reviewed on this occasion.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that RQIA were appropriately notified of events in the home.

The nurse in charge conformed that there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

The unannounced quality monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. A copy of the report was maintained and available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of the home in accordance with the categories of care registered. Governance arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paul Robb, nurse in charge, 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 Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 13.11</p> <p>Stated: First time</p> <p>To be completed by: 5 October 2017</p>	<p>The registered person shall ensure that housekeeping staff are provided with training in adult safeguarding appropriate to their role.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>'Housekeeping staff' are managed by and report to relevant BHSCT PCSS Manager/Supervisor. There is close working relationship between HTH clinical staff and PCSS staff on duty and they would routinely report any concerns to the nurse in charge. HTH Registered Manager has been in contact with PCSS staff Manager, Supervisor and BHSCT Training and development team to arrange suitable training in adult safeguarding appropriate to their role. Please note report was made available on 5 October 2017. The date 'to be completed by' is 5th October 2017. Anticipate Area of improvement 1 to be achieved within 1-2 months. Response completed by Domenica Gilroy - Registered Manager</p>

Please ensure this document is completed in full and returned via Web Portal



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