Unannounced Follow Up Care Inspection Report

Home Treatment House

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

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 provider 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 nursing home registered to provide nursing care for up to six persons.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT) **Responsible Individual:** Martin Joseph Dillon	**Registered Manager:** See box below
Person in charge at the time of inspection: Ciara Milligan	**Date manager registered:** Julia Sheehan – Acting- No Application required.
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 22 February 2018 from 12:45 to 16:00. Temporary management arrangements were in place from Monday 19 February 2018; the temporary manager was off on the day of the inspection. To facilitate the inspection the former registered manager, Domenica Gilroy, joined the inspection at 14:00.

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 care planning and collaborative working with patients to identify and agree treatment goals and outcomes.

Areas requiring improvement under the standards were identified with staff induction records, records to evidence staff registration with their regulatory body and staff training records.

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	4*

*The total number of areas for improvement includes one which has been stated for a second time. Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the former registered manager at the conclusion of the inspection and with the acting manager Julia Sheehan via telephone on 23 February 2018, 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 on 7 September 2017.

The most recent inspection of the home was an unannounced care inspection undertaken on 7 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

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 we met with four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives/relatives; six were received from patients. A poster informing staff of how to submit their comments electronically, if so wished, was issued for display in the staff room.

The following records were examined during the inspection:

- duty rota for nursing staff for week commencing 19 February 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- two staff induction records
- a sample of incident and accident records
- one patient's care record

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 former registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 September 2017

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**: Standard 13.11 **Stated:** First time	The registered person shall ensure that housekeeping staff are provided with training in adult safeguarding appropriate to their role.	**Not met**
	Action taken as confirmed during the inspection: The former registered manager confirmed that dates had been arranged for training but staff had not attended. This area for improvement has not been met and is stated for a second time.	

6.3 Inspection findings

6.3.1 Staffing

The nurse in charge confirmed the planned daily staffing levels for the house and that these were subject to regular review to ensure the assessed needs of the patients were met.

A review of the staffing rota for week commencing 19 February 2018 evidenced that the planned staffing levels were adhered to. There were no concerns raised by patients or staff in respect of the staffing arrangements.

We discussed the induction process for new staff and were informed that staff undertake a structured orientation and induction programme at the beginning of their employment. A review of two induction programmes evidenced that induction was commenced/completed with the registered nurse and support worker within a meaningful timeframe. Through discussion with staff we learned that staff employed to undertake housekeeping duties, for example domestic duties, completed a Belfast Health and Social Care Trust (BHSCT) corporate induction; these records were held centrally in the Patient Client Support Services (PCSS) department. Staff confirmed that they provided new staff with an orientation to the house which included an induction to the layout of the building and an explanation of the fire alarm and the fire evacuation procedures. Records of this local induction were not maintained. This was identified as an area for improvement under the standards.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed. The BHSCT monitor the registration of nurses with the NMC from a central point known as the Co-ordination Centre; when staff employed in the Home Treatment House were due to renew their registration with their professional bodies the manager received an email from the Co-ordination Centre alerting them to this fact. In addition to this process records of staff registration were held in the home however these records were not up to date. This was identified as an area under the care standards. Confirmation was received from the acting manager the day following the inspection that all of the nurses and support workers were registered with their professional bodies.

Staff confirmed that training was provided via an e learning system and face to face sessions. Individual staff training records were held centrally on a database by BHSCT. A training matrix and individual training records were also maintained in the home. However a review of three staff training records evidenced that these records were not up to date. This was identified as an area for improvement under the care standards.

The former registered manager discussed that, prior to the inspection; they had identified that compliance with mandatory training required improvement. They explained that training compliance had been discussed with staff during staff supervision sessions completed in November and December 2017. We were assured that there were systems in place to monitor training compliance and to ensure staff received the required mandatory training. It was agreed that we would review compliance with mandatory training requirements at the next scheduled care inspection.

6.3.2 Care records

Review of one patient's care records evidenced that prior to admission information regarding the patient's past medical history and the reason for admission was received from the home treatment team within the BHSCT. On admission a range of validated risk assessments 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. Records evidenced that initial plans of care were completed within 24 hours of admission. Patients were provided with a copy of their care plans and, following discussion with their key worker, they were encouraged to sign their care plans. This collaborative working in the planning of care was commended.

6.3.3 Notification of incidents

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA between October 2017 and January 2018 confirmed that these were appropriately managed.

6.3.3 Patients' views

No patients were available to speak with us during the inspection. Questionnaires were left in the home to obtain feedback from patients; six completed questionnaires were returned. All of the patients indicated they were satisfied or very satisfied with their care. No additional comments were provided.

Areas of good practice

Evidence of good practice was found in relation to care planning and collaborative working with patients to identify and agreed treatment goals and outcomes.

Areas for improvement

Area requiring improvement under the standards were identified with induction records for housekeeping staff, records to evidence staff registration with their regulatory body and staff training records.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the acting manager, Julia Sheehan, 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 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 DHSSPS 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	
Area for improvement 1 **Ref**: Standard 13.11 **Stated:** Second time **To be completed by:** 22 March 2018	The registered person shall ensure that housekeeping staff are provided with training in adult safeguarding appropriate to their role. Ref: Section 6.2
	Response by registered person detailing the actions taken: Three out of the four housekeeping staff completed Adult Safeguarding Awareness on 14 March 2018. The remaining member of staff has been booked onto the next available training which is taking place on 10 May 2018.
Area for improvement 2 **Ref**: Standard 39.1 **Stated:** First time **To be completed by:** 22 March 2018	The registered person shall ensure that records are maintained of the local orientation and induction provided to housekeeping staff. Ref: Section 6.3.1
	Response by registered person detailing the actions taken: An induction checklist has been created for all housekeeping staff. All staff have now received their induction.
Area for improvement 3 **Ref**: Standard 35.6 **Stated:** First time **To be completed by:** 22 March 2018	The registered person shall ensure that records to evidence staff registration with their regulatory body are kept up to date. Ref: Section 6.3.1
	Response by registered person detailing the actions taken: NMC Statement of Entry records of all registered mental health nurses and NISCC certificates of all support workers employed in the Home Treatment House are up to date and available on request.
Area for improvement 4 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 22 March 2018	The registered person shall ensure that records to evidenced staff training are kept up to date. Ref: Section 6.3.1
	Response by registered person detailing the actions taken: Staff training records have been updated by the Registered Manager who is ensuring that staff are attending their mandatory training. Training for staff is ongoing.

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

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