# Unannounced Care Inspection Report
# 27 June 2018

# Home Treatment House

**Type of Service: Nursing Home (NH)**
**Address: Old See House, 603 Antrim Road, Belfast, BT15 4DX**
**Tel No: 028 9504 2873**
**Inspector: Elizabeth Colgan**

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 6 persons.

## 3.0 Service details

| Organisation/Registered Provider: Belfast HSC Trust<br><br>Responsible Individual: Martin Joseph Dillon | Registered Manager: Julia Sheehan – Acting- No Application received . |
|---|---|
| Person in charge at the time of inspection: Julia Sheehan | Date manager registered: Julia Sheehan – Acting- No Application received . |
| Categories of care: Nursing Home (NH)<br>MP – Mental disorder excluding learning disability or dementia.<br>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 27 June 2018 from 09.45 to 12.45.

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, induction, adult safeguarding, risk management and maintenance of the home's environment. There was good evidence of collaborative working with patients and care records were well maintained. There was also effective communication between staff, patients and the patients meeting was well attended and productive. The house was well managed in accordance with the categories of care registered.

An area requiring improvement was identified for the second time in relation to recording staff training.

Patients were all very complimentary about the house and felt that staff listened and supported them. Additional comments are listed in section 6.6.

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 |

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Julia Sheehan, 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 22 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 22 February 2018. 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 five patients, and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

The following records were examined during the inspection:

- duty rota for all staff 25 June to 8 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records
- two staff induction files
- three patient care records
- a sample of governance audits
- RQIA registration certificate
- a sample of 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 22 February 2018

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

## 6.2 Review of areas for improvement from the last care inspection dated 22 February 2018

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1<br><br>Ref: Standard 13.11<br><br>Stated: Second time</td><td>The registered person shall ensure that housekeeping staff are provided with training in adult safeguarding appropriate to their role.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>Review of documentation and discussion with the manager confirmed that housekeeping staff have been provided with training in adult safeguarding appropriate to their role.</td></tr>
<tr><td rowspan="2">Area for improvement 2<br><br>Ref: Standard 39.1<br><br>Stated: First time</td><td>The registered person shall ensure that records are maintained of the local orientation and induction provided to housekeeping staff.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>Review of two induction files and discussion with the manager confirmed that records are retained for local orientation and induction provided to housekeeping staff.</td></tr>
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| | | |
|---|---|---|
| **Area for improvement 3**<br><br>**Ref**: Standard 35.6<br><br>**Stated:** First time | The registered person shall ensure that records to evidence staff registration with their regulatory body are kept up to date. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of documentation and discussion with the manager confirmed that records to evidence staff registration with their regulatory body were kept up to date. | |
| **Area for improvement 4**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time | The registered person shall ensure that records to evidenced staff training are kept up to date. | **Partially met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the training matrix and discussion with the manager evidenced that not all training records were up to date.<br><br>This area for improvement has been partially met and has been stated for a second time. | |

## 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 manager 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 from 25 June to 8 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey prior to the inspection. No completed staff questionnaires were received.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the Home Treatment House. We also sought the opinion of patients on staffing via questionnaires. Three patient questionnaires were returned. All patients indicated that they were very satisfied with the care they received.
As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

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

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 and care staff with NISCC 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 and these records were up to date. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

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. A review of the training matrix evidenced that these records were not up to date. This was identified as an area for improvement under the care standards at the previous inspection. This area for improvement had been partially met and has been stated for a second time.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the staff confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients and staff spoken with were complimentary in respect of the home's environment.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. Systems were in place to monitor the incidents of HCAI's and the manager understood the role of PHA in the management of infectious outbreaks.

**Areas of good practice**

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

**Areas for improvement**

An area requiring improvement under the standards was identified regarding keeping staff training records up to date.

| | 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 three patient 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.

We found a number of examples of good practice 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.

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.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patients spoken with were 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.

Regular meetings were held with patients to discuss what they found positive about being in 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. We were invited to attend a patients meeting on the day of the inspection, patients comments are recorded in section 6.6. Records were maintained of who attended the meetings and the issues discussed. Observation confirmed that any suggestions made for enhancing the service were discussed with the manager for further consideration after the meeting.

Discussion with staff evidenced that staff meetings were held approximately every six weeks. Records are 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, audits and reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified within this domain 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 09:45. 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 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.

We were invited to attend a patients meeting on the day of the inspection, five patients discussed any concerns about the general day to day operation of the house and to make any suggestions regarding how the service could be enhanced. Patients provided the following comments:

- "It's like a hotel here."
- "Everything, 100%."
- "Staff listen to you."
- "Home great, décor lovely."
- "Garden is good; you can clear your head."
- "Visiting good."
- "Everything brilliant, staff brilliant."
- "Need new pillows."
- "Some activities not adult enough."

Numerous compliments had been received and were displayed in the home in the form of thank you cards. Ten questionnaires were provided for patients, and patients' representatives; three patient questionnaires were returned prior to the issue of this report. All three patients indicated that they were very satisfied with the care provided across the four domains. Additional comments were recorded as follows:

- "The student nurse Nikki is very well mannered and listens to everything I say. The nurse Denise is the best I have seen in Old Sea House."
- "I am very happy with the care I am getting. The staff are friendly and helpful at all times and the food is great as well. I feel I am being supported by the staff."

Staff were asked to complete an on line survey, prior to the inspection. No completed staff questionnaires were received.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

No areas for improvement were identified within this domain 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 home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

The manager is acting in this role and RQIA were notified appropriately. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are in place for the collection of equality data within the Belfast Health and Social Care Trust. The manager was advised to contact the appropriate person within the trust for advice relating to data collection within individual facilities.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, and medications.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified within this domain 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 Julia Sheehan, manager, 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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</td></tr>
<tr><td rowspan="2">Area for improvement 1<br><br>Ref: Standard 39<br><br>Stated: Second time<br><br>To be completed by: 27 July 2018</td><td>The registered person shall ensure that records to evidenced staff training are kept up to date.<br><br>Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:<br>The staff training matrix has now been updated to reflect recent training undertaken; this had not been recorded at the time of the inspection. Staff have booked in for mandatory training over the coming weeks and months. A monthly audit is now in place to ensure that staff training is kept up to-date.</td></tr>
</table>

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

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