Unannounced Care Inspection Report
29 April 2019

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: James Laverty

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.

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.

1.0 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. The Home Treatment House is a short term facility for patients aged 18 years and older and who are experiencing an acute episode of mental illness.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust **Responsible Individual:** Martin Joseph Dillon	**Registered Manager and date registered:** Julia Sheehan – Acting manager – no application required.
Person in charge at the time of inspection: Ciara Milligan, Deputy manager	**Number of registered places:** 6
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 patients accommodated in the nursing home on the day of this inspection:** 6

4.0 Inspection summary

An unannounced inspection took place on 29 April 2019 from 09.20 to 18.00 hours.

This inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of previous premises and finance inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to the cleanliness of the environment, staff supervision/appraisal, the provision of person centred care and collaboration with the multi-professional team. Further areas of good practice were also observed in regard to staff interactions with patients, the provision of person centred activities and the selection and recruitment of staff.

Four areas requiring improvement were identified under regulation in relation to fire safety practices, the notification of incidents, the manager's working pattern and monthly monitoring reports. Seven further areas for improvement under the standards were also highlighted in regard to the timely completion of risk assessments, the dining experience of patients and several governance processes.

Patients described living in the home as being a good experience and in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients and staff during and after the inspection, are included in the main body of this report.

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	4	7

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.

A meeting was held in the RQIA offices on 7 May 2019 to discuss the outcomes of the inspection in detail. This meeting was attended by the manager and Mrs Agnes Dee, Interim Service Manager. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection in relation to managerial oversight and governance processes within the home.

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

4.2 Action/enforcement taken following the most recent inspection dated 11 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 July 2018. No further actions were required to be taken following that inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home. Five patient questionnaires were completed during the inspection from which some comments are included in the body of this report. No staff questionnaires were returned with the timescale for inclusion in this report.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined and/or discussed during the inspection:

- staff training records for the period 2018/19
- staff duty roster
- accident and incident records
- two patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- patients' property records

Areas for improvement identified at the last care, premises and finance inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement one was met.

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous finance inspection have been reviewed. Of the total number of areas for improvement one was met.

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels within the home were reviewed with the deputy manager. The deputy manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. The inspector was informed that staff from an adjacent BHSCT facility, who are familiar with the patients' assessed needs are occasionally rostered to work within the setting. The deputy manager stated that this helped to promote continuity of care to patients. No patients or staff expressed any concerns in regard to staffing levels. The manager's working pattern and the staff roster is discussed further in section 6.6.

Feedback from staff provided assurance that they received regular support and guidance through the process of both supervision and appraisal. Each staff member stated that they could speak to the deputy manager or their line manager if they had a concern.

Review of training records and feedback from staff also confirmed that they received regular mandatory training to ensure they knew how to provide the right care. One member of staff shared with the inspector that they wished to avail of additional mental health awareness training. This was shared with the manager who agreed to discuss this training request with that staff member's line manager. The value of providing such training for all staff who have contact with patients within the setting was stressed.

The inspector looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas etc. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. The standard of hygiene throughout the home was excellent and this is commended. There were some areas within the home that required remedial attention. For instance, a roller blind in one lounge area was in poor repair and one communal toilet was broken. The deputy manager agreed to action the roller blind following the inspection and maintenance staff were observed attending to the broken toilet during the inspection. A small enclosed garden is located at the rear of the building which also includes a patio area. It was noted that some of the foliage was overgrown. The deputy manager agreed to highlight this to relevant maintenance staff for appropriate action to be taken.

Access to the home is via a video intercom. While staff were observed using this, it was noted that neither the inspector nor a visiting engineer were asked to produce photographic identification upon entry to the building. This was discussed with the manager and the importance of ensuring the safety and wellbeing of patients at all times was stressed.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, observation of the environment highlighted that several fire doors had been inappropriately wedged open. In addition, feedback from the staff and the manager also highlighted that fire safety training was only provided on an annual rather than twice yearly basis. An area for improvement under regulation was made.

Discussion with the manager and review of records evidenced that there were arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). However, review of the records relating to NMC registration highlighted one inaccuracy. An area for improvement under the standards was made.

Discussion with the deputy manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The deputy manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Feedback from staff also provided assurance that they were aware of their roles and responsibilities in regard to recognising and reporting potential incidents of abuse. However, while safeguarding incidents had been managed appropriately, it was noted that two such incidents had not been reported to RQIA as required. The need to report such incidents is addressed in the following paragraph.

Feedback from the manger and staff highlighted that notifiable incidents had not been reported to RQIA as required. Current RQIA guidance relating to statutory notifications was discussed with the manager in order to ensure that unnecessary notifications would be avoided. An area for improvement under regulation was made.

Discussion with the manager and review of records also highlighted that accidents/incidents were not reviewed and/or analysed on a regular basis. The need to review such incidents is an integral component of quality assuring care delivery and driving necessary improvements. An area for improvement was made.

Feedback received by RQIA following the previous estates inspection also evidenced that areas for improvement identified during that inspection had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation the cleanliness of the environment and staff supervision/appraisal.

Areas for improvement

Two areas for improvement under regulation were identified in relation to fire safety and the notification of incidents.

Two areas for improvement under the standards were also highlighted in relation to monitoring the professional registration of staff and monthly analysis of accidents/incidents.

	Regulations	Standards
Total numb of areas for improvement	2	2

6.4 Is care effective?

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

Patients considered that they felt that the care delivery within the home was effective. Patients shared the following remarks with the lay assessor:

- "This is a remarkable place."
- "It is exactly what I need at the moment."
- "Staff are kind, caring, almost loving, and firm."

There was ongoing collaboration with the multi-professional team as necessary. Feedback from staff and one visiting professional confirmed that staff regularly communicate with members of the BHSCT Home Treatment Team (HTT) when assessing and reviewing the needs of patients.

It was positive to note that the home had recently become involved in the piloted use of a validated tool which aims at achieving a more person centred approach to care delivery. The deputy manager stated that the use of these Psychological Outcome Profiles (PSYCHLOPS) templates before, during and after treatment was a more effective way to care for patients and achieve positive outcomes. This commitment to developing and improving service delivery for patients is commended.

The management of patients who may be at risk of falling was reviewed. While feedback from staff provided assurance that they possessed a good understanding of what immediate first aid action to take, it was noted that there was no falls procedure or policy clearly displayed for staff to refer to. One staff member stated "It's a bit of a grey area …" when asked about when staff should seek medical assistance. While it was noted that such an incident did not occur frequently within the home, the need for a clear procedure for staff to follow in the event of a patient falling was highlighted. The deputy manager therefore obtained the home's falls policy and ensured that this was appropriately displayed for staff to refer to as needed.

The care records for one patient who had been recently admitted were reviewed. It was noted that while a range of useful information had been obtained prior to the patient's admission, there was a significant delay in staff ensuring that a comprehensive risk assessment was completed. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of person centred care and collaboration with the multiprofessional team.

Areas for improvement

One area for improvement was highlighted in regard to the timely completion of risk assessments.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Upon arrival to the home, patients were observed relaxing in various communal areas. These areas allowed patients to engage with one another or provide areas of solitude if preferred. A quiet and relaxing atmosphere was noted throughout the duration of the inspection.

Staff were repeatedly observed engaging with patients in a warm, friendly and compassionate manner. Several staff spoke of the high value which they placed upon ensuring that the setting was homely and provided a sense of safety and security for patients. This ethos of person centred and rehabilitative care was clearly embedded into staff practice and consistently demonstrated during the inspection. One staff member commented: "I love working here … we're we've all contributed to the ethos … staff are purely focused on the patients." This approach to patient centred care is commended.

Upon admission to the home, patients are provided with an extensive range of information held within an admission file which is available in their bedroom. This file contains information such as:

- what to expect during your stay in Home Treatment House
- who are RQIA?
- medication management
- visiting times
- local amenities
- advice centres
- Irish Advocacy Network (a mental health peer advocate service)

This admission information highlighted that the home operates a zero tolerance towards verbal or physical aggression and also invited feedback from patients about their care by means of patient evaluation, weekly house meetings or contact with the staff/manager. It was confirmed by the deputy manager that the admission file information was only available in English. The provision of this file for those patients who may have no/limited understanding of written English was recommended.

During the inspection, staff were also observed providing diversional activities for patients and encouraging them to participate. An activity timetable which was on display listed items such as:

- life skills and relaxation group
- craft afternoon

The provision of the lunch time meal was also observed. Feedback from staff highlighted that patients' meals are provided by an external caterer. The current arrangement for ordering patients' meals requires staff to select from a range of possible menu options twice yearly on patients' behalf. Consequently, patients have very limited involvement in their meal choices. While it was recognised that patients can store some snacks in a patient kitchen area and that staff endeavour to meet patients' dietary preferences as much as possible, the need to review catering arrangements was highlighted. Feedback from both staff and patients confirmed that such improvement was necessary:

Patients' comments:

- "Food's not great."
- "You just eat what you're given."

Staff comments:

- The "vegan selection is very poor."

An area for improvement was made in relation to patients' dining experience.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interactions with patients and the provision of person centred activities.

Areas for improvement

One area for improvement was highlighted in regard to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

Feedback from staff and the deputy manager provided assurance that they had a good awareness of their roles and responsibilities. Staff comments included:

- "The nurses here are brilliant … they tell you a lot … they are not precious about their knowledge."
- "It's great working here."

However, it was found that the current manager had been appointed to another role within BHSCT during February 2019 while concurrently acting as the home manager. Although it was recognised that the manager had delegated a number of responsibilities to senior nursing staff, several weaknesses in relation to management responsibilities were found, as discussed further below. It was stressed that the manager must work sufficient hours in a management capacity within the home to ensure that the governance systems within the home are sufficiently and consistently robust. These deficits in managerial oversight and governance arrangements were discussed following the inspection with both the manager and Mrs Agnes Dee, Interim Service Manager during a meeting in RQIA offices. It was subsequently agreed that an interim manager would be chosen by BHSCT pending the appointment of a new registered manager. An application to appoint this interim manager has since been submitted to RQIA and approved. An area for improvement under regulation was made.

Review of the staff roster also highlighted that the manager's working hours were not recorded. An area for improvement was made.

The registration certificate was up to date and displayed appropriately. Discussion with the deputy manager evidenced that the home was operating within its registered categories of care. Review of the Service User Guide highlighted that it contained some inaccurate information with regard to the role of an identified staff member. This was discussed with the deputy manager who agreed to have the document suitably updated in discussion with the manager.

While no staff recruitment information was available on site during the inspection, feedback from both the deputy manager and manager provided assurance that the BHSCT human resources department carry out any necessary background checks on staff prior to their appointment and these records are available upon request.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. However, feedback from the manager highlighted that there was no process in place to regularly review complaints for the purpose of identifying trends or patterns which may help with quality improvement. An area for improvement was made.

A review of records evidenced that monthly monitoring reports were completed. However, review of these records highlighted that these were not sufficiently robust in relation to creating time bound action plans and/or identifying deficits in governance processes. An area for improvement under regulation was made.

A review of records evidenced that some systems were in place to monitor and report on the quality of nursing and other services provided. However, feedback from the manager highlighted that some audits were either not completed or insufficiently robust, specifically those relating to: care records, infection prevention and control, medication audits and dining experience audits. An area for improvement was identified.

Discussion with the deputy manager and review of care records for two patients confirmed that robust arrangements were in place with regard to the management of patients' personal property.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the selection and recruitment of staff.

Areas for improvement

Two areas for improvement under regulation were made in regard to the manager's working pattern and monthly monitoring visits.

Three areas for improvement were also highlighted under the standards in relation to the staff roster, complaints analysis and governance audits.

	Regulations	Standards
Total number of areas for improvement	2	3

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, and Mrs Agnes Dee, Interim Service 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 27 (4) (b) (d) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice. Ref: 6.3
	Response by registered person detailing the actions taken: All fire doors are kept closed in line with Trust procedure. This is checked daily by the Acting Registered Manager or their deputy. All staff have been booked in for bi-annual fire safety training
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all notifiable incidents are reported to the Regulation and Quality Improvement Authority in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Ref: 6.3
	Response by registered person detailing the actions taken: The Acting Registered Manager and their deputy have been advised of the need to report all notifiable incidents to RQIA and to contact the RQIA Help Desk when advice is needed. They have also been provided with a copy of the RQIA "Statutory Notification of Incidents and Deaths - Guidance for Providers of Regulated Services.
Area for improvement 3 **Ref:** Regulation 20 (1) (a) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that that the registered manager works sufficient hours in a management capacity to ensure that the governance systems within the home are sufficiently and consistently robust. Ref: 6.6
	Response by registered person detailing the actions taken: A full time Acting Registered Manager is now based in the house and will ensure that governance systems are sufficiently and consistently robust

Area for improvement 4 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of time bound action plans and a review of ongoing actions to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA. Ref: 6.6.
	Response by registered person detailing the actions taken: A robust system of monthly quality monitoring visits has been implemented. Those undertaking the visits have been briefed in the correct completion of the forms within identified timescales. Visits will include the review of previous plans and their follow up. The Acting Registered Manager will review the monthly quality monitoring reports to ensure any issues identified have been actioned.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 35 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all accidents/incidents are reviewed and analysed on at least a monthly basis. There should be evidence of this information being used to quality assure patient care and help drive any required improvements to service delivery. Ref: 6.3
	Response by registered person detailing the actions taken: All incidents and accidents are now reviewed and analysed on a monthly bases in order to quality assure patient care and improve service delivery.
Area for improvement 2 **Ref**: Standard 38 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a robust system is implemented and maintained to promote and make proper provision for monitoring the professional registration of all staff with the NMC and/or NISCC. Ref: 6.3
	Response by registered person detailing the actions taken: Evidence or a copy of the registration of all staff working within the Home Treatment House will be placed on the front of the duty rota. This will be checked on a monthly basis by the Acting Registered Manager.

Area for improvement 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that patients' risk assessments are completed in a comprehensive and timely manner at all times. Ref: 6.4
	Response by registered person detailing the actions taken: Patients will only be admitted into the Home Treatment House when the risk assessments are completed and updated by the admitting team/community mental health practitioner. All risk assessments will be checked and updated in the weekly multidisciplinary team meetings.
Area for improvement 4 **Ref**: Standard 12 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that dining provision for patients is managed in such a manner as to promote patient engagement and choice following their admission. Meal choices for patients should be made in consultation with patients and reflect individual dietary preferences. Ref: 6.5
	Response by registered person detailing the actions taken: Patients are given additional options of food choices at meal times. Staff are working collaboratively with patients to increase engagement and choice of food. Patients dietary preferences are discussed with staff and accomadated as much as possible.
Area for improvement 5 **Ref**: Standard 41 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the duty rota clearly identifies the manager's working hours, making clear distinction between hours worked in either a managerial or clinical capacity. Ref: 6.6
	Response by registered person detailing the actions taken: There is a clear distinction on the duty rota between the hours the manager is present in a managerial capacity and a clinical capacity.
Area for improvement 6 **Ref**: Standard 16 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that complaints records are analysed on at least a monthly basis. There should be evidence of this information being used to quality assure patient care and help drive any required improvements to service delivery. Ref: 6.6
	Response by registered person detailing the actions taken: A complaints log book is now in situ within the Home Treatment House to record any complaints. Complaints will be analysed on a monthly basis and information gleaned will be used to quality assure patient care and drive any required service delivery improvements.

Area for improvement 7 **Ref**: Standard 35 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, care records, IPC, medication and dining experience audits. Ref: 6.6
	Response by registered person detailing the actions taken: A robust system of audit has been implemented for the admission checklist, medication, dinning experience, IPC and care records including care plans and risk assessments.

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

The Regulation and Quality Improvement Authority

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