The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Home Treatment House**

Provider: **Belfast Health and Social Care Trust**

Date of Inspection: **5 May 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Belfast Health and Social Care Trust
Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Lynsey Anne McGrann
Service Profile – This home is a registered nursing home, which provides nursing care for up to 8 patients with a mental disorder for over and under 65 years of age. Patients' bedrooms are located over both floors in the home. Communal lounges and a dining area are located on the ground floor and patients have access to a courtyard garden area.	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2026 from 9:30 am to 3:10 pm. The inspection was carried out by a care inspector and an inspector from the mental health team.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience; they spoke in positive terms about the care and support provided. Staff said that they enjoyed working in the home. It was evident that staff promoted the dignity and well-being of the patients.

RQIA were assured that the delivery of care and service provided in Home Treatment House was safe, effective, compassionate and that the home was well led.

As a result of this inspection, the previous area for improvement was assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about the care and treatment they received. They described staff as kind, supportive, knowledgeable with comments such as "I feel really safe here" and "I really like the staff here and feel really well supported".

Following the inspection, no responses were received from the patient/relative or staff questionnaires within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. Recruitment records are managed centrally by the Business Service Organisation. A discussion was had with the manager to ensure that a checklist is kept in the home to evidence that the appropriate recruitment checks for all new staff have been carried out prior to commencing employment.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). However, review of the tracker used for registration of care workers with the Northern Ireland Social Care Council (NISCC) did not clearly evidence that one staff member's registration had been renewed. Confirmation was provided on the day of the inspection that it was in place. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met patients' needs. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Patients were admitted to the home on a voluntary basis. The home provides acute short-term care and early intervention with the aim of preventing hospital admission although the length of admission can vary depending on individual needs and circumstances. Staff told us that the patients tend to be fairly independent in their daily living needs but require additional support with their mental health needs. It was observed that the care provided was compassionate and person centred.

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes. Staff were seen to respect patients' privacy and dignity; they knocked on doors before entering bedrooms and offered discreet assistance when required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients had a choice of meals available to suit their dietary needs and preferences. Staff provided assistance in a discreet and unobtrusive manner. Staff demonstrated a flexible approach to mealtimes; patients were able to choose when to have their meals and snacks.

Patients said they enjoyed the food on offer and that there was a good variety available. Staff were seen to effectively communicate with the patients and to provide them with appropriate levels of care and support.

Discussion with patients confirmed that they were able to choose how they spent their day. Patients said that the routine was flexible; they could get up and go to bed at their preferred times and make drinks and snacks whenever they wanted to.

Patients were enabled to take trips out of the home, either independently or with staff, according to their assessed needs.

Some of the patients had been helping with the upkeep of flowers and plants in the outside courtyard area.

The planned activity schedule was on display; this included quizzes, board games, movies, arts and crafts. Staff recognised the importance of providing therapeutic and meaningful activities for the patients to help them build up confidence and maintain their independence. Different workshops are facilitated on a weekly basis with topics such as “Life Skills” and “Recovering Well” which patients are supported to attend.

Patients spoke very positively about their experience of the home and the care and support provided by staff.

3.3.3 Management of Care Records

Comprehensive pre-admission assessments were completed prior to admission to the home. The care records reviewed included relevant risk assessments and care plans to direct the care required for the individual patients. Care plans were clearly written in language that would be easily understood by the patient and there was evidence of consultation and discussion with patients regarding their care planning.

Care and treatment plans were subject to weekly reviews by the multi-disciplinary team (MDT) which the patient or advocate could attend.

However, care records for a patient who smoked, did not have a detailed care plan or risk assessment in place. An area for improvement was identified.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients’ Environment

The home was clean, tidy and well maintained. For example, patients’ bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of the environment identified that a number of fire doors were propped open preventing them from closing in the event of the fire alarm being activated. An area for improvement was identified.

A Ligature Anchor Point Survey (LAPS), with recommendations, was undertaken in September 2025. A General Risk Assessment (GRA) was completed for ligature and self-harm risks identified in the LAPS. The GRA included existing control measures and mitigations. It was positive to note that Health and Safety and Estates Departments personnel were involved in this process.

The use of plastic bags was only observed to be used in areas such as the kitchen which is in accordance with regional guidance on the use of plastic bags in Mental Health (MH) inpatient units as noted in LL-SAI-2018-033(MH) and Learning Matters Quality 2020 Issue 8, September 2018.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Lyndsey Anne McGrann has been the manager in this home since 24 July 2023.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Review of the "Service User Guide" and "Guidance for Patients" documentation evidenced that some of the information required updating in regards to contact details, restricted or banned items and smoking arrangements within the home. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

Compliments received about the home were kept and shared with the staff team.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 20 (1) (a) **Stated:** First time **To be completed by:** 5 May 2026	The registered person shall ensure that there is a robust system in place for monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC). Ref: 3.3.1 **Response by registered person detailing the actions taken:** New Audit Template created to allow for clear documentation of any actions required and any actions that have been followed up.
Area for improvement 1 **Ref:** Regulation 27 (4) (b) (c) **Stated:** First time **To be completed by:** 5 May 2026	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 3.3.4 **Response by registered person detailing the actions taken:** Email sent to staff relaying that Fire Doors should always be kept closed and should not be propped open Signs printed out and put on office door reminding staff to keep door closed at all times
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 31 May 2026	The registered person shall ensure that there are detailed care plans and risk assessments in place for patients who smoke. Ref: 3.3.3 **Response by registered person detailing the actions taken:** Care plans immediately updated following inspection to reflect any patients that currently smoke in HTH. Email sent to all staff to relay that any patient admitted to HTH that smokes requires a care plan to reflect this.

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

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

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