



The **Regulation** and
Quality Improvement
Authority

Joymount House
RQIA ID: 1370
Joymount Court
Carrickfergus
BT38 7DN

Inspector: Alice McTavish
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**Unannounced Care Inspection
of
Joymount House**

11 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 11 February 2016 from 10.40 to 15.15. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. These related to replacement of stained carpet tiles in a corridor, to ensuring that written compliments to the home are displayed in a manner that protects the personal details of the person who made the compliment and to the format of the monthly monitoring visit report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the registered manager, Mrs Gillian McBride, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Northern Health and Social Care Trust	Registered Manager: Mrs Gillian McBride
Person in charge of the home at the time of inspection: Hazel McAlister, Senior Care Assistant. Mrs Gillian McBride, registered manager, was not on duty but was present to receive feedback at the end of the inspection.	Date manager registered: 3 March 2014
Categories of care: RC-DE, RC-I	Number of registered places: 40
Number of residents accommodated on day of inspection: 38 and two day care	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous care inspection report and notifications of accidents and incidents.

We met with eleven residents, three members of staff, the registered manager and one resident's representative. No visiting professionals were present.

We examined the following records during the inspection: care records of three residents, accident and incident records, complaints and compliment records and the monthly monitoring visit reports.

Due to office reorganisation, some documents were not immediately available on the day of inspection. These included policies and procedures relating to the standard inspected and to the last QIP, also the latest available summary report of resident satisfaction questionnaires. The relevant information was forwarded to RQIA by the registered manager on the day following the inspection.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 14 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1	The registered manager should ensure that the policies relating to dying and death of a resident and to continence management and promotion are reviewed and revised.	Met
	Action taken as confirmed during the inspection: The registered manager provided the policies relating to dying and death of a resident and continence management and promotion by email following the inspection. Examination of the policy documents confirmed that these were reviewed and revised.	

<p>Recommendation 2</p> <p>Ref: Standard 6.2</p>	<p>The registered manager should ensure that care plans contain sufficient detail as to the management of continence support.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of care plans confirmed that these contain sufficient detail as to the management of continence support.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 27.1</p>	<p>The registered manager should ensure that the carpet tiles in the corridor on the ground floor are replaced.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of the premises identified that the carpet tiles in the corridor on the ground floor were not replaced. Discussion with the registered manager confirmed that the Trust Estates Department had agreed to have the carpet tiles replaced by the end of March 2016.</p>	<p>Not met</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.12</p>	<p>The registered manager should ensure that the issues identified in the staff questionnaires in relation to staffing levels, the quality of time spent with residents, training and facilities are addressed and an action plan submitted to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager established that the issues identified in the staff questionnaires in relation to staffing levels, the quality of time spent with residents, training and facilities were addressed within staff team meetings and in staff supervisions. The registered manager confirmed that additional staff were in the process of being recruited and were to commence duties in the near future. In discussion with staff members on the day of inspection, no concerns were raised in relation to any of these areas.</p>	<p>Met</p>

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The registered manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the registered manager she advised that formal residents' meetings were held but were often poorly attended. Staff, therefore, approached residents in smaller groups in the communal areas of the home to obtain their views on the quality of the services and facilities provided by the home. We examined the minutes of such meetings which confirmed this. We noted that the comments provided by residents indicated a high level of satisfaction. The registered manager advised us that residents' representatives tended to approach staff directly to discuss any areas of concern.

Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the registered manager we identified that annual satisfaction questionnaires were used to obtain residents' and representatives' views on the quality of care. The registered manager advised us that a social work student in the home on a placement had been tasked with assisting residents to complete the satisfaction questionnaires for 2015. This was appropriate as residents viewed the assistance provided by the student as impartial and would support more accurate comments.

The registered manager confirmed that the information obtained from residents and their representatives was used to inform changes which would improve services in the home. The information was sent to the Trust's Governance Department where it was collated and presented within a report. We examined the summary report from the 2014 survey and noted that feedback from residents and their representatives indicated a high degree of satisfaction with the services provided.

We inspected the reports prepared by staff in advance of annual care reviews and noted that these contained details regarding the views and preferences of the residents regarding the quality of services and facilities provided in the home. We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded with any actions arising specified.

We inspected monthly monitoring visit reports which confirmed that residents' views on the services provided were sought and acted upon. We noted that the duration of the monitoring visits was not recorded. We noted also that the reports stated that individual residents were approached to gather their views on the quality of services and facilities provided by the home,

however, there is no record of which residents provided comments. We made a recommendation that these areas within the monthly monitoring visit report were amended to provide more accurate information.

In our discussions with the registered manager we confirmed that the management of complaints was included during staff induction. We noted that the home had a policy on complaints and service user feedback. We inspected the complaints register and were satisfied that complaints were recorded and managed appropriately.

We noted that two compliment forms were sent to the home and were placed on display on a noticeboard in the hallway. The forms contained the names, addresses and dates of birth of the individuals who had stayed in Joymount House. Whilst it was good to see the very positive comments made by these individuals, we made a recommendation that, in order to maintain confidentiality, the personal details of individuals who provide written compliments to the home should be protected.

Is care compassionate? (Quality of care)

In our discussions with staff and with eleven residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

Areas for improvement

Two areas of improvement were identified within the standard inspected. These related to amending areas within the monthly monitoring visit report to provide more accurate information and to ensuring that the personal details of individuals who provide written compliments to the home are protected. This standard was met.

Number of requirements:	0	Number of recommendations:	2
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5.4 Additional areas examined

5.4.1 Residents' views

We met with eleven residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I've lived here for a number of years and I wouldn't want to be anywhere else. The staff are very good to me and I only have to ring my call bell at any time of the day or night and staff come to help me. I am very happy here."
- "The staff are very good to me and they treat me well. They are on hand all the time to attend me if I need anything or to help me up if I fall. I don't really like being in a care home, but I couldn't fault the staff and I know that it's the best place for me."
- "The staff are second to none, I couldn't fault them in any way. I am here for a short time for respite and I have enjoyed it; and the food is absolutely lovely."
- "It's lovely here, they are kind to us – I couldn't say better than that!"
- "I like it here, it's good."

- “The people (staff) here are kindness itself and the food is absolutely wonderful. My only complaint is that they give me too much food. And sure isn’t that a great complaint to have?”
- “I am very happy living here, for I couldn’t be in a better place and I feel so safe.”
- “It’s very good here.”
- “I couldn’t complain about anything in here. They (staff) are very good and no matter what you would want them to do for you, they do it with a smile on their face and they never moan. It’s the next best thing to being in your own home.”
- “You get everything you want here, and you couldn’t be bad to that. And the food is great too!”
- “I couldn’t say a bad thing about anyone or anything in here. Everything is absolutely wonderful. I didn’t really want to go anywhere for respite, but after this, I would have no hesitation in coming back here.”

5.4.2 Resident’s representative’s views

We met with one resident’s representative who spoke positively about the care provided within the home.

Some comments included:

- “The staff have been very good to my (relative) and I think this is a good place. It is nice and clean and warm and my (relative) says the food is great. My (relative) is quite content here.”

5.4.3 Staff views

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- “I believe the care given to the residents here is excellent. If I had to arrange for my family members to go into a care home, this is the one I would choose.”
- “We are a very busy staff team, but we cope well and we all pull together. We have good support from the rehabilitation therapy staff for those residents who are here for a short while before they return home or have a longer term placement arranged for them.”
- “We went through a time when we had less staff but there were interviews for care assistants recently and some people have been appointed and will start duties over the next few weeks, so that should make things easier for everyone. The residents are looked after very well here.”

5.4.4 Staffing

At the time of inspection the following staff members were on duty:

- 2 x senior care assistants
- 4 x care assistants
- 1 x administrator
- 1 x cook
- 2 x catering assistants
- 3 x domestic assistant
- 1 x laundry assistant

One senior care assistant and three care assistants were scheduled to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.4.5 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard. We noted, however, that the carpet tiles in the corridor on the ground floor were not replaced. A recommendation is therefore stated for the second time.

5.4.6 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.4.7 Accidents/incidents

In our review of notifications of accidents and incidents we noted that these were managed and recorded appropriately.

Areas for improvement

There was one area of improvement identified within the additional areas examined. This related to the need to replace carpet tiles in the corridor on the ground floor.

Number of requirements:	0	Number of recommendations:	1
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6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Gillian McBride, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of

the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.4 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.5 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.6 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
<p>Recommendation 1</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2016</p>	<p>The registered manager should advise the Trust officer who carries out the monthly monitoring visits of the need to –</p> <ul style="list-style-type: none"> • record the duration of the monitoring visits • specify those residents approached to gather their views on the quality of services and facilities provided by the home, using the unique identifier of each resident 		
<p>Response by Registered Person(s) detailing the actions taken:</p> <p>The Area Manager who carries out the monthly inspections has been informed of this recommendation.</p>			
<p>Recommendation 2</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p> <p>To be completed by: 12 February 2016</p>	<p>The registered manager should ensure that, in order to maintain confidentiality, the personal details of individuals who provide written compliments to the home are protected.</p>		
<p>Response by Registered Person(s) detailing the actions taken:</p> <p>All distinguishing features will be removed from compliments before they are placed on the notice board.</p>			
<p>Recommendation 3</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2016</p>	<p>The registered manager should ensure that the carpet tiles in the corridor on the ground floor are replaced.</p>		
<p>Response by Registered Person(s) detailing the actions taken:</p> <p>The Trust Estates Officer has stated the carpet tiles will be replaced before the end of March 16.</p>			
Registered Manager completing QIP	Gillian McBride	Date completed	17/02/16
Registered Person approving QIP	Dr Tony Stevens Una Cunning	Date approved	17/02/16
RQIA Inspector assessing response	Alice McTavish	Date approved	14/03/16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address