



## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Joymount House  
**Establishment ID No:** 1370  
**Date of Inspection:** 3 June 2014  
**Inspector's Name:** Maire Marley  
**Inspection No:** 16853

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**GENERAL INFORMATION**

<b>Name of Home:</b>	Joymount House
<b>Address:</b>	Joymount Court Carrickfergus BT38 7DN
<b>Telephone Number:</b>	(028) 9336 3904
<b>E mail Address:</b>	gillian.mcbride@northerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Mr Paul Ian Cummings
<b>Registered Manager:</b>	Ms Gillian McBride
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Gillian McBride
<b>Categories of Care:</b>	RC-I, RC-DE
<b>Number of Registered Places:</b>	40 residential 4 day care
<b>Number of Residents Accommodated on Day of Inspection:</b>	35
<b>Scale of Charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	12 December 2013 Secondary Unannounced Inspection
<b>Date and time of inspection:</b>	3 June 2014 2.30pm - 4.30pm
<b>Name of Inspector:</b>	Maire Marley

## INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 9: Health and Social Care.

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## PROFILE OF SERVICE

Joymount House Residential Care home was established over thirty years ago, it is situated in the centre of Carrickfergus town; the building is shared with a Social Services Training Unit and with the town's library.

The Northern Trust is the Registered Organisation in Control. Mrs Gillian McBride is the registered manager.

The home provides accommodation for forty persons in single bedrooms over three floors. There are three communal resident lounges, one on each floor. There is a large room on the ground floor available for residents and their visitors. There is also a designated smoking room on the second floor for residents.

Dining facilities are situated on the ground floor; it is large enough to accommodate all of the residents living in Joymount. There is a variety of bathing/showering facilities with a range of aids to suit individual needs. Access to the upper floors can be gained either by the use of a passenger lift or by stairs.

Joymount House is registered to care for residents in the following categories RC-I, RC-DE Category RC-DE is for the named twelve (12) residents as identified to RQIA. The home also provides a day care service for a maximum of four persons. The day care clients are integrated into the resident group and are invited to participate in all of the home's activities.

## SUMMARY

This secondary unannounced inspection of Joymount Residential Home was undertaken by Maire Marley, RQIA Care Inspector, on 3 June 2014 between the hours of 2.30pm and 4.30pm. This summary reports the position in the home at the time of the inspection.

On arrival at the home the inspector was greeted by the registered manager, Mrs Gillian McBride who was available for discussion and clarification throughout the inspection. At the conclusion of the inspection the findings were discussed with the registered manager.

The previous care inspection undertaken in December 2013 resulted in one requirement. Based on the submitted information in the returned quality improvement plan (QIP) and the findings of this inspection it was concluded that the requirement had been fully addressed. The action taken can be viewed in the section following this summary.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards. The inspector focused on one standard outlined in the DHSSPS Residential Care Homes Minimum Standards (2011) Standard 9: Health and Social Care. The health and social care needs of residents are fully addressed.

All six criteria within this standard were examined. Evidence used to assess compliance included examination of eight selected care records, discussions with four staff members and eighteen residents. The outcome of this inspection was positive with the home performing well in all of the key areas. Records examined and discussions with staff and residents confirmed that the health and social care needs of residents are fully addressed.

During the inspection the inspector moved freely around the home and conversed with fourteen residents informally and in private. Residents were relaxed in their surroundings and were very positive in their comments about the care delivered in the home.

The registered manager confirmed that the number of staff on duty were sufficient to meet the assessed needs of the residents. Staff members consulted expressed satisfaction with the support from the management team and were satisfied with the training opportunities provided.

On the day of this inspection, the home was found to be clean and fresh smelling with suitable heating and lighting. During the tour of the building it was observed that all fire doors were free from obstruction and there were no obvious hazards.

There were no requirements or recommendations made as a result of this inspection.

The inspector wishes to acknowledge the full co-operation of the registered manager and staff and wishes to thank the residents who spoke with her.

**FOLLOW-UP ON PREVIOUS ISSUES**

<b>NO.</b>	<b>REGULATION REF.</b>	<b>REQUIREMENTS</b>	<b>ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION</b>	<b>INSPECTOR'S VALIDATION OF COMPLIANCE</b>
1	Regulation 12 (1) (a) Standard 12	The Trust must confirm to the RQIA that the new system of food purchasing maintains the current range of choices available for residents.	The registered manager reported that arrangements were put in place to enable the home purchase bread from petty cash. This provides residents with a choice of breads that is in keeping with their preferences.	Compliant

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Care records relating to eight residents accommodated in the home were reviewed and confirmed that residents are registered with a General Practitioner of their choice. Appropriate records were maintained detailing the contact name, address and telephone number of the primary care team. Residents spoken with during the inspection told the inspector that they were satisfied with the medical care arrangements and were satisfied that staff would contact their G.P or other health care professionals at their request.	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The staff members spoken with during the inspection were knowledgeable in regard to residents' needs and confirmed that they were in receipt of mandatory training. The inspector was informed by staff that supervision is undertaken regularly and training provided in various areas to develop knowledge in regard to the needs of the residents in their care. Staff members were familiar with the action to take in the event of a health care emergency.	Compliant



**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	
<b>Inspection Findings:</b>	
The review of eight care records found evidence that staff record the general health and welfare of residents in the resident's daily progress record. The records showed that any concerns are reported to the resident's G.P, social worker or community nurse in a timely manner. Residents spoken with during the inspection told the inspector that they were satisfied with the medical care arrangements and were satisfied that staff would contact their G.P or other health care professionals at their request. Four residents were able to discuss with the inspector the occasions when they had required a doctor and reported that staff contacted the doctor without delay. No issues were raised on this occasion.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	
<b>Inspection Findings:</b>	
The review of care records indicated that the resident's representative is provided with relevant information. The inspector was informed that when possible family members are encouraged to accompany residents to healthcare appointments. Additionally each resident's representative is invited to attend the annual care review.	Compliant

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The eight care records examined confirmed there were systems in place to monitor the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
There were systems in place to ensure residents' spectacles, dentures, personal equipment and appliances were maintained. Staff consulted were knowledgeable in regard to the cleaning of these items.	Compliant

## **ADDITIONAL AREAS EXAMINED**

### **Residents' Views**

There were thirty five residents accommodated in the home on the evening of this inspection. The inspector spoke individually with eighteen residents. All residents spoke positively in regard to the staff and living in the home. When asked about their health care needs, residents were able to discuss visits from GP, hospital appointments, contact with social workers and other health care professionals. No resident raised any concerns with the inspector.

### **Staffing**

The duty roster was available in the home and on examination indicated that staffing levels were maintained. The registered manager confirmed that the staffing levels are adequate to meet the assessed needs of the residents accommodated in the home and confirmed they complied with the minimum staffing levels. On the day of inspection the following staff were on duty;

- One Registered Manager
- Two Senior Care Assistants
- Four Care Assistants
- One Cleaner
- One Cook
- One Catering Assistant

Observation of staff practice on the day found it to be caring, timely and good humoured. The staff on duty demonstrated that they were knowledgeable in regard to residents' health care needs and the action to take in the event of a health care emergency.

### **Staff Views**

Staff members who spoke with the inspector made positive comments in regard to the training provided. They confirmed that they received regular supervision and confirmed that the registered manager was always available for support and assistance. No issues were raised on the occasion of this inspection.

### **Accident Record**

There was evidence that the home was reporting notifiable events without delay to RQIA. The accident book was examined and found to contain details of the accident and the action taken. The last recorded accident was dated 29 May 2014. The record was signed and dated appropriately.

### **Care Records**

The inspector examined eight care plans. Immediate information to direct and guide staff in the care each resident requires is contained in a daily folder and accessible to all care staff. Records examined found that each resident had up to date information in regard to their circumstances. A daily record is maintained and provided an over-view of the care needs. It was evident that residents views were taken into consideration in decisions that affected them.

## Environment

The atmosphere in the home was friendly and welcoming. A general inspection of the environment was carried out. All areas viewed were clean, tidy and well organised. Each resident bedroom door had their name on the door. A random selection of resident's bedrooms were found to be personalised and fresh smelling. Fire doors were free from obstructions and there were no noted hazards on the day.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Gillian McBride, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Maire Marley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the secondary unannounced care inspection of Joymount House which was undertaken on 3 June 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

**SIGNED:** Una Cuning

**SIGNED:** Gillian McBride

**NAME:** Una Cuning  
**Registered Provider**

**NAME:** Gillian McBride  
**Registered Manager:**

**DATE** 01.07.14

**DATE** 19<sup>th</sup> June 2014

Approved by:	Date
Maire Marley	04/07/14