

Unannounced Care Inspection Report

5 June 2018



Joymount House

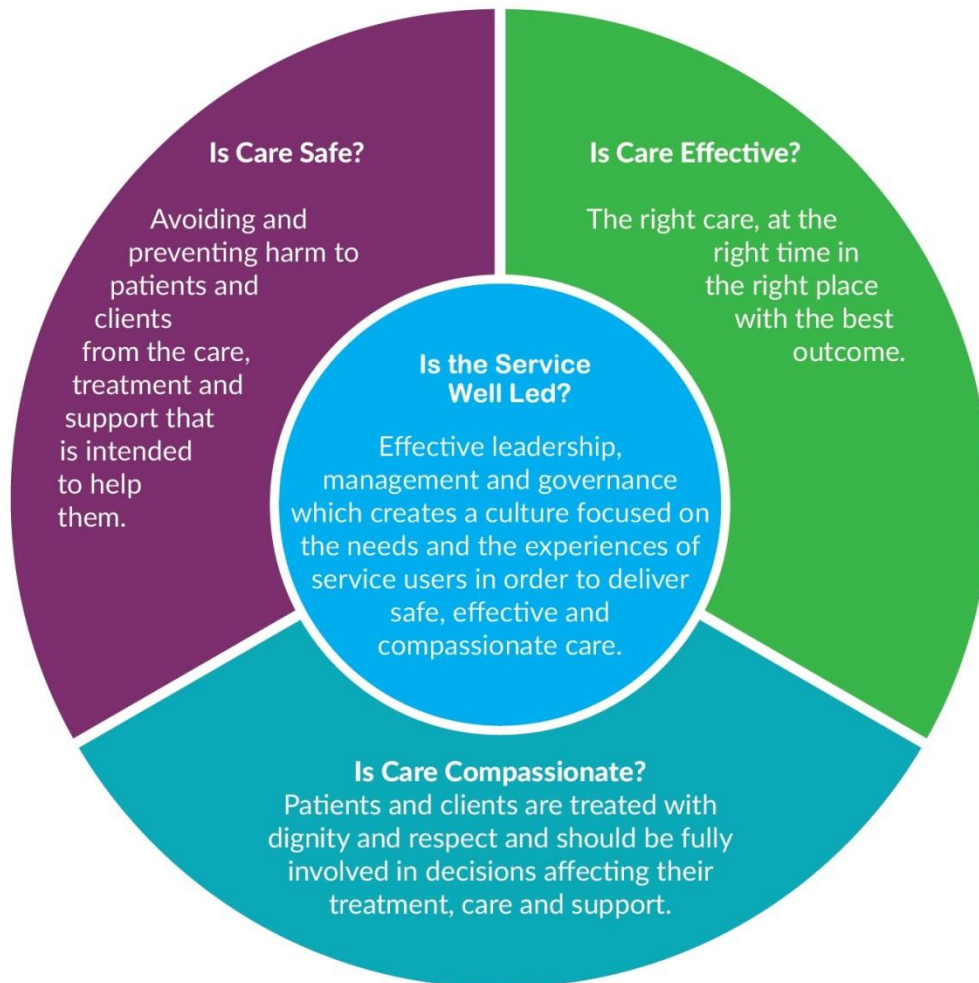
Type of Service: Residential Care Home
Address: Joymount Court, Carrickfergus, BT38 7DN
Tel No: 028 9336 3904
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 residential care home with forty beds that provides care for older people and for people living with dementia.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Antony Stevens	Registered Manager: Gillian McBride
Person in charge at the time of inspection: Gillian McBride	Date manager registered: 18 April 2014
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places: Category DE is for the named twelve (12) residents as identified to RQIA. The home is approved to provide care on a daily basis only to 4 persons.

4.0 Inspection summary

An unannounced care inspection took place on 5 June 2018 from 10.10 to 18.25.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought 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 staff induction, training, supervision and appraisal, infection prevention and control, communication between residents, staff and other interested parties, listening to and valuing residents, quality improvement and maintaining good working relationships.

Four areas requiring improvement were identified against the regulations. These were in relation to risk assessment and care planning for residents who smoke, care planning, recording and making notification to RQIA. Two areas of improvement were identified against the standards. These related to staff training records and to the home's environment.

Residents and/or their representatives said that the care in the home was very good and that the staff treated everyone very well.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	2

Details of the Quality Improvement Plan (QIP) were discussed with Gillian McBride, Registered 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, ten residents, four care staff, the cook and two residents' representatives.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten questionnaires were returned by residents and residents' representatives. No questionnaires were returned by staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Care files of five residents
- Minutes of staff meetings
- Complaints and compliments records
- Audits of mattresses, commodes and the nurse call system
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

Areas for improvements 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 25 January 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 25 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2, 6.3 Stated: First time	The registered person shall ensure the following – <ul style="list-style-type: none"> • the falls risk assessment for one identified resident is reviewed • all manual handling risk assessments are signed and dated when completed or reviewed 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care documentation confirmed that these areas were satisfactorily addressed.	

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 registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary and agency staff were used in the home. The registered manager stated that the use of temporary and agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, including agency staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection. A review of the staff training records identified that these were not kept up to date; it was therefore difficult to establish whether staff mandatory training was provided with sufficient regularity. Action was required to ensure compliance with the standards in relation to maintaining up to date records of staff training.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory. The registered manager advised that such assessments were reviewed annually. This represented good practice.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager advised that she received written confirmation that all pre-employment documentation was received by the trust and that it was satisfactory.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection; all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection. This was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). This area was not inspected on this occasion.

A review of the Infection Prevention and Control (IPC) policy and procedure during a previous care inspection confirmed that this was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager advised that IPC compliance audits were undertaken by the trust and action plans developed to address any deficits noted.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Damage to the plaster and paintwork was noted in several bedrooms. Action was required to ensure compliance with the standards in relation to the home's environment.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The home had an up to date Legionella risk assessment in place dated 17 December 2017 and no recommendations were made.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. Any relevant alerts were discussed with staff in staff meetings.

The registered manager advised that any hoists and slings used in the home conformed to Lifting Operations and Lifting Equipment Regulations (LOLER) standards and that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 6 June 2017 and no recommendations had been made.

It was established that several residents smoked. A review of the care records of such residents identified that risk assessment and corresponding care plans had not been consistently completed in relation to smoking. The assessment needs to take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance. Action was required to ensure compliance with the regulations.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and emergency lighting and means of escape were checked daily. Fire-fighting equipment was checked by the trust's estates department and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- "The staff help me with all that I need help with. They come when I use the call bell and they look into my room at night to check that all is well."

Ten completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident was as follows:

- "Very happy with care."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal and infection prevention and control.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to risk assessment and care planning for residents who smoke, staff training records and to the home's environment.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of four residents confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

Some issues relating to care records, however, were identified. In the care records of one resident a temporary 'bridging' care plan was still being used, even though the resident had been in the home for several months. Action was required to ensure compliance with the regulations in relation to ensuring that a full plan of care is devised for each resident shortly after admission to the home.

In the same records, the contact details of family and the professionals involved in the resident's care were not noted; there were gaps in the daily recording; the management of pain was not described in the temporary care plan. Action was required to ensure compliance with the regulations in relation to recording.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The cook was able to describe in detail how residents who required a textured diet, residents with diabetes or those who needed a fortified diet were catered for in the home. All food was cooked fresh on the premises and options were always available. Most residents chose to take their meals in the dining room but could dine in their own room if that was their preference. Drinks and snacks were provided between main meals at mid-morning, afternoon and evening and care staff had access to the catering kitchen to make snacks and drinks if required. Catering staff ensured that a birthday cake was made for each resident.

The lunch service was observed by the inspector. The dining tables were attractively set and a menu was displayed. Residents were advised by staff of the choices available and were served their choice accordingly. Additional gravy and portions were offered. Staff made enquiries of residents as to whether their meal had been satisfactory. All residents who spoke with the inspector reported that they had enjoyed their meals and that they had had enough to eat.

It was noted that only one choice was available for dessert and that residents were provided with a dessert spoon. Some residents informed the inspector that they found the dessert spoon too large and would prefer using a teaspoon. This was brought to the attention of staff who provided smaller spoons. The provision of limited choice for dessert was later discussed with the registered manager.

The registered manager and staff advised that wound care was managed by community nursing services. Staff who spoke with the inspector were able to accurately describe how to recognise and respond to pressure area damage. They were also able to describe the system of referral to the multi-professional team to address any concerns identified. The registered manager advised that the mattresses on all beds in the home provided medium protection against pressure damage to skin.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of mattresses, commodes and the nurse call system were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission

information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection report was on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Ten completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to care planning and recording.

	Regulations	Standards
Total number of areas for improvement	2	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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence and dignity. Observation of practice evidenced that confidentiality was

protected, for example, staff approached residents discreetly to enquire if they needed pain relief.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "The staff have been great. They are very friendly and they couldn't do enough for you. The food is excellent and has helped me to get better. The staff have helped me to get washed and dressed every day and creamed my skin when I needed it. I sometimes needed help during the night and when I used the call bell, the staff came to me immediately. I couldn't complain about Joymount and am sorry to be leaving here."
- "I haven't a bad word to say about Joymount! The girls (staff) are great and they take really good care of me."
- "I've been here before and I like it. The food is very good and the staff are very helpful. They make my visitors feel welcome."
- "This is a good place. The staff are kindly and they treat everyone well. I get everything that I need and the staff are very good to me. The home is very comfortable and I am able to sleep well. I get plenty of visitors and I like living here."

Residents' representatives spoken with during the inspection made the following comments:

- "The care here has been really good. If it was possible, I would have liked (my relative) to stay here instead of moving to another home."
- "This is a really good place. The staff are lovely and they have looked after my (relative) so well. They tell her to ring her bell and they will come. It's great and everyone enjoys the food and the home baking."

Ten completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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 registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager advised that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events identified that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures, with the exception of one. Action was required to ensure compliance with the regulations in relation to notifications.

The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager advised that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, falls prevention and dysphagia awareness.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through the trust's line management structures.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support. In addition, the trust had held a Raising Concerns Awareness Week in April 2018 and trust policies and procedures had recently been updated.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did not collect any equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Ten completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to notification of accidents and incidents to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	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 Gillian McBride, Registered 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 19 June 2018	The registered person shall ensure that detailed risk assessments and care plans are put in place pertaining to any residents who smoke. The assessment needs to take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance. Ref: 6.4
	Response by registered person detailing the actions taken: The care plan outlines the risks involved with the particular resident smoking and the actions taken by staff for safety however a separate risk assessment has been carried out and added to her file. A separate risk assessment will be carried out for all smokers on admission.
Area for improvement 2 Ref: Regulation 16.- (1) Stated: First time To be completed by: 20 July 2018	The registered person shall ensure that a full plan of care is devised for each resident shortly after admission to the home. Ref: 6.5
	Response by registered person detailing the actions taken: Joymount will devise a detailed care plan for each recovery resident within two weeks of admission. The one bridging care plan identified was rectified immediately
Area for improvement 3 Ref: Regulation 19.- (1) (a) Stated: First time To be completed by: 31 August 2018	The registered person shall ensure the following is recorded for each resident, where necessary: <ul style="list-style-type: none"> the contact details of next of kin and any professionals involved in the resident's care contemporaneous note of all care and services provided to the resident a record of how any pain experienced by the resident should be managed Ref: 6.5
	Response by registered person detailing the actions taken: The front page of every care plan has details of family contacts. A care plan has been devised for the identified resident outlining pain management and other professionals he may have contact with.

Area for improvement 4 Ref: Regulation 30.- (1) (d) Stated: First time To be completed by: 5 June 2018	The registered person shall ensure that RQIA is given notice of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident. Ref: 6.7 Response by registered person detailing the actions taken: The RQIA has been informed of the one missed occurrence. Senior staff have been reminded to report all accidents/incidents where medical help or advise is sought.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.6 Stated: First time To be completed by: 31 August 2018	The registered person shall ensure that staff training records are kept up to date. Ref: 6.4 Response by registered person detailing the actions taken: The Training Matrix is updated at the end of each month.
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 28 September 2018	The registered person shall ensure that an audit is undertaken of the condition of all bedrooms in the home and a suitable action plan is devised to address all identified matters within a reasonable timescale. Ref: 6.4 Response by registered person detailing the actions taken: Bedrooms are decorated between long term residents. Any room that requires to be decorated between these times is reported to The Estates Dept and the work is completed as a painter becomes available.

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



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