

## **Primary Unannounced Care Inspection**

**Service and Establishment ID:** Joymount House (1370)

**Date of Inspection:** 11 November 2014

**Inspector's Name:** Alice McTavish

**Inspection No:** IN016878

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General information**

<b>Name of home:</b>	Joymount House
<b>Address:</b>	Joymount Court Carrickfergus BT38 7DN
<b>Telephone number:</b>	02893363904
<b>Email address:</b>	gillian.mcbride@northerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Tony Stevens
<b>Registered Manager:</b>	Gillian McBride
<b>Person in charge of the home at the time of inspection:</b>	Gillian McBride
<b>Categories of care:</b>	RC-DE, RC-I
<b>Number of registered places:</b>	40
<b>Number of residents accommodated on day of Inspection:</b>	32 and 2 day care
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	Secondary Unannounced Inspection 3 June 2014
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 11 November 2014 10:00 am – 5:30 pm
<b>Name of Inspector:</b>	Alice McTavish

## **2.0 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 primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff, relatives and visiting professionals
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	6
Staff	2
Relatives	1
Visiting Professionals	1

Questionnaires were provided during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10(at inspection)	7

## 6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
  - Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
  - The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have 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.

## 7.0 Profile of service

Joymount House residential care home is situated in Carrickfergus in Co. Antrim close to all local amenities. The residential home is owned and operated by Northern Health and Social Care Trust. Mrs Gillian McBride is manager of the home and has been registered manager since August 2013.

Accommodation for residents is provided in single rooms on the ground, first and second stories of the building. Access to the first and second floors is via a passenger lift and stairs.

Communal lounges and dining areas are provided on all floors and a number of communal sanitary facilities are available throughout the home. The home also provides for catering and laundry services on the ground floor. There is access to a large enclosed garden and there is car parking to the side and the rear of the building.

The home is registered to provide care for a maximum of 40 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of four residents.

## 8.0 Summary of Inspection

This primary unannounced care inspection of Joymount House was undertaken by Alice McTavish on 11 November 2014 between the hours of 10:00 am and 5:30 pm. Mrs Gillian McBride and Mrs Lorraine Gibson, area manager, were available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no requirements or recommendations, no follow up was required during this inspection.

Prior to the inspection, on 29 September 2014, Mrs Gillian McBride completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Gillian McBride in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, a relative and one visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## Inspection findings

### STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

A review was undertaken of the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. A recommendation is made, however, that the policy is updated.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents' assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. A recommendation is made, however, that all care plans are signed by the resident or their representative. A recommendation is also made that RQIA is notified of any accident or incident which affects the health, care or welfare of the resident. A recommendation is made that an annual care review is completed for each resident. A recommendation is made that a review is undertaken by the multi-disciplinary team of any measure which may be considered restrictive in nature and that all less restrictive options are considered.

The evidence gathered through the inspection process concluded that Joymount House was substantially compliant with this standard.

### STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

A review was undertaken of the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Joymount House was compliant with this standard.

### **Resident, representative, staff and visiting professional consultation**

During the course of the inspection the inspector met with residents, one representative, staff and one visiting professional. Questionnaires were also issued to staff, to be returned by post.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The resident representative indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles and were provided with the relevant resources and training to undertake their respective duties. A review of the completed staff questionnaires reflected staff concerns regarding staffing levels and the provision of activities to residents. This is more fully described in section 11.3 of the report. A recommendation is made accordingly.

Comments received from residents, the representative, staff and the visiting professional are included in section 11.0 of the main body of the report. A recommendation is made regarding the provision of signage.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and eight recommendations were made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the relative, the visiting professional, registered manager and staff for their assistance and co-operation throughout the inspection process.

**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 3 June 2014.**

No requirements or recommendations resulted from the secondary unannounced care inspection of Joymount House which was undertaken on 3 June 2014.

## 10.0 Inspection Findings

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All residents have care plans individually tailored to their assessed needs. These outline their usual behaviours. If these behaviours are considered to be outside the "norm" the care plan will contain an outline of who the preferred response to this behaviour.	Compliant
<b>Inspection Findings:</b> The home had a policy and procedure 'Restrictive Physical Interventions Policy' dated December 2012 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It did not detail that RQIA must be notified on each occasion restraint is used. A recommendation is made in this regard.  Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.  A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Dementia Training on 6 February and 17 September 2014; this training included a human rights approach. Separate training was provided in communicating with people with dementia and this too included managing behaviour which challenges.  A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.	Substantially compliant

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	
--	--

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If a resident presents behaviour that is uncharacteristic and causes concern this would be reported to the Senior Care on duty or to the manager. The situation will then be monitored and recorded in the resident's progress notes. Their NOK will be informed and other professionals may be asked for advice.	Compliant
<b>Inspection Findings:</b>	
<p>The 'Restrictive Physical Interventions Policy' dated December 2012 included the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the Trust and relatives</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff members were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with a visitor confirmed that they had been informed appropriately.</p>	Compliant

<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If a resident requires a specific response to certain behaviours this will be outlined in their care plan. The response will normally be agreed by a multidisciplinary team and reviewed on a regular basis. With the resident's consent NOK are involved in the care planning and review process.	Compliant
<b>Inspection Findings:</b>	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed indicated that all but one were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. A recommendation is made that all care plans are signed by the resident or their representative.</p>	Substantially compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If a resident requires a specific response to certain behaviours this will be outlined in their care plan. The response will normally be agreed by a multidisciplinary team and reviewed on a regular basis. With the resident's consent NOK are involved in the care planning and review process.	Compliant
<b>Inspection Findings:</b>	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If a behaviour management programme was in place staff would be trained to the appropriate level by a professional from the multidisciplinary recommending the programme. Joymount has no one on a behavioural management programme at this time.	Not applicable
<b>Inspection Findings:</b>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place.</p> <p>The inspector reviewed staff training records which evidenced that staff had received training in behaviours which challenge and in dementia care in February and September 2014. Staff confirmed during discussions that, should a resident have a behaviour management programme in place, they would feel supported and this support ranged from the training provided, supervision, and staff meetings.</p> <p>A review of one care record shows evidence of liaison between the home and the Behavioural Science Team, of close monitoring of the resident's identified behaviours, staff vigilance in detecting the presence of infection and timely liaison with the medical team to obtain appropriate treatment.</p>	Compliant

<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
	Compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from 1 October 2014 to 31 October 2014 and discussions with staff identified that residents' representatives and Trust personnel had been appropriately notified of any incidents which had occurred outside of the scope of a resident's care plan. A recommendation is made, however, that RQIA is notified of any accident or incident which affects the health, care or welfare of the resident.</p> <p>A review of three care plans identified that they had been updated but that care reviews had not been completed. Discussion with the registered manager indicated that those residents who have not had a care review are those who have transferred from another care home which is now closed. A recommendation is made that an annual care review is completed for each resident.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Substantially compliant

<b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Restraint is not used in Joymount House.	Not applicable
<b>Inspection Findings:</b>	
<p>Discussions with staff, a visitor, professionals, a review of staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>An examination of the environment and discussion with the registered manager identified that a number of measures are used within the home which may be viewed as forms of restriction. These include the use of bed sensors for those residents assessed as being at risk of falling out of bed. The use of the sensors is agreed with the resident's family and Social Worker. Door sensor alarms are fitted to bedroom doors but are not generally enabled. These are used only with respite residents who may be at risk of being unsettled at night. Long term use of the door sensors would happen only in agreement with the resident's representative and Social Worker. Residents who use wheelchairs for mobility over longer distances within the home have lap belts used for safety. These residents are not left unaccompanied. Stair gates are present on the stairs. These are used to discourage residents from using the stairs if they are unsafe to do so but they do not restrict those residents who are physically able to do so safely. A recommendation is made that a review is undertaken by the multi-disciplinary team of any measure which may be considered restrictive in nature and that all less restrictive options are considered.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not fully described. A recommendation is made that the Statement of Purpose is updated accordingly.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Activities are always discussed at residents meeting and the activity programme is up-dated according to the residents suggestions.	Compliant
<b>Inspection Findings:</b> The home had a draft policy on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Through discussions on a one-to-one basis along with residents meeting we have drawn up an activity programme which aims to be enjoyable for the resident and meets their needs. A spiritual aspect is also important and the local ministers provide a religious service on a Sunday afternoon for those who wish to attend. Our activity programme looks at Healthy Living and is flexible depending on the residents wants and needs on that day.	Compliant
<b>Inspection Findings:</b>	
Examination of the programme of activities identified that social activities are organised each morning and evening on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme is discussed with all residents in residents meetings and on a one-to-one basis with those who prefer to stay in their rooms. All residents are encouraged to have an input into the programme and participate in those activities they feel would be of benefit to them.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. One resident, however, stated that more staff providing one to one conversation would be welcome – see Resident's Consultation, section 11.1. This was later raised with the registered manager who was aware of the resident's views and stated that measures were being put in place to address this.</p> <p>Residents and their representatives were also invited to express their views on activities by means of monthly resident meetings, one to one discussions with staff and care management review meetings.</p>	Compliant
<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme of activities is displayed on the notice board on the way the dinning room were all residents can view it. Partys and outings are displayed in several places thoughout the home.	Compliant
<b>Inspection Findings:</b>	
On the day of the inspection the programme of activities was on display on the notice board near the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives.	Compliant

Discussions with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate large print format to meet the residents' needs.	
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All activities in Joymount are lead by our own staff and all equipment and support required is provided.	Compliant
<b>Inspection Findings:</b>	
Activities are provided for daily by designated care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included books, magazines and newspapers, CDs, DVDs, board games and floor games.  The registered manager confirmed that the staff team engage in fundraising activities and a Residents Comfort Fund operates.	Compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme reflects an understanding of the resident's need and abilities.	Compliant
<b>Inspection Findings:</b>	
Care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Any activity provided by a person not working in the home is carefully monitored and supervised by the home staff.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that an entertainer is employed to provide sing songs and other musical entertainment. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity. The residents always have staff in attendance during these events.	Compliant
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Staff are always present at such activities and are therefore in a position to give information on changing needs and receive feed back from the residents regarding the activity.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
After each activity the staff member leading will complete a form saying what the activity was, which staff were present and the names of the residents who attended,	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.  There was evidence that appropriate consents were in place in regard to photography and other forms of media.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities are a standard item on the agenda of the resident's meeting. They are reviewed on a regular basis to take into account the residents needs and wishes. We would also take into account community activities and work these into our programme when possible.	Compliant
<b>Inspection Findings:</b>	
A review of the programme of activities identified that it had last been reviewed on 29 July 2014. The records also identified that the programme had been reviewed at least twice yearly.  The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.  Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with six residents individually and with nine others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "The staff have been really good, very kind and helpful."
- 'The food is very good and you get plenty of it. It would be good if staff spent a bit of time with me. I spend most of my time in my room. I enjoy a bit of company.'
- "It's good here. You get plenty to eat, the place is kept very clean and there's plenty to keep me occupied."
- "I'm happy enough. There's good staff who look after us well and the food is good and they give you plenty."
- "They are very good to us all. We are well looked after and the place is very clean."
- "They are very attentive and look after me well. The food is great and there's plenty for me to do during the day. I have enjoyed being here."

### **11.2 Relatives/representative consultation**

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "I am quite happy with the care given to (my relative). The staff have been great."

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with two staff of different grades and seven staff completed and returned questionnaires. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the questionnaires which were returned to RQIA after the inspection reflected that some staff felt that there are times when there is insufficient staff numbers to fully meet the care needs of the residents. Staff also indicated in the questionnaires that the residents are not provided with a satisfactory range of activities and that this was due to stretched staff resources

and limited funding. Additional comments received in the returned staff questionnaires indicated that care staff members undertake mixed duties.

On the day of inspection staffing levels were found to be within the guidance set by RQIA. These issues were later discussed between the inspector and the registered manager. A recommendation is made that the registered manager should review the staffing levels and confirm with the RQIA that, at all times, staffing is within the guidance set by RQIA.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- “I get fulfilment from my work. I enjoy seeing individuals coming in who might have been struggling to cope at home alone and helping them to improve then to return to their own home in a better state. I’m very proud of the work we do here and it’s lovely to see people coming in and benefitting from being here.”
- “I get satisfaction from working here. I sometimes feel under pressure with the workload caused by recent staff reductions, but, overall I am happy working here. I feel the residents are looked after 100 per cent. The staff team always give it their all for the residents.”

#### **11.4 Visiting professionals’ consultation**

One professional visited the home. They expressed satisfaction with the quality of care, facilities and services provided in the home but raised two issues. One issue related to the difficulties encountered in obtaining prescribed medications for one resident who is on temporary placement for rehabilitation following discharge from hospital. This issue was raised with the registered manager who was able to confirm that staff had already liaised with the relevant parties in an appropriate and timely manner. Arrangements were made between the resident’s General Practitioner and the local pharmacy for the medications to be supplied.

The visiting professional also expressed concern that a resident had left the building with a family member and that staff had not appeared to be aware that the resident had left. This issue was discussed with the registered manager and area manager during feedback at the conclusion of the inspection. The registered manager and area manager agreed to consider providing signage requesting that staff are advised, in the interests of safety, when residents leave the building. A recommendation is made in this regard.

Comments received included:

- “I generally find the staff to be very caring and compassionate and that they provide good care.”

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

## **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014. A review of the care records during inspection indicated that some care reviews are now outstanding. A recommendation is made in this regard. See standard 10.6 of the report.

## **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

## **11.8 Environment**

The inspector viewed the home accompanied by a senior care assistant and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. There was plentiful supply of laundered bed linen, continence products and aprons and gloves.

## **11.9 Guardianship Information/Resident Dependency**

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector was unable to examine the home's most recent fire safety risk assessment on the day of inspection. The registered manager contacted the inspector on 13 November 2014 to confirm that the fire safety risk assessment had been completed on 13 May 2014 and that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training had been provided to staff on 18 September 2014. The records also identified that a fire drill had been undertaken on 18 September 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

#### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Gillian McBride. Mrs McBride confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Gillian McBride and Mrs Lorraine Gibson 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:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

Joymount House

11 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Gillian McBride and Mrs Lorraine Gibson either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that the policy document should be updated to include that RQIA must be notified on each occasion restraint is used.</li> </ul>	One	This relates to a Trust wide policy in relation to Respect. It is planned to discuss and seek amendment to the Restraint Policy in line with the recommendation on 5 February 2015.	20 February 2014
2	6.3 (See standard 10.3 within the report)	<p>When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that all care plans should be signed by the resident or their representative.</li> </ul>	One	The care plan that was not signed had now been signed. All other care plans were checked and found to be signed appropriately.	20 February 2014

3	10.6	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that RQIA should be notified of any accident or incident which affects the health, care or welfare of the resident.</li> </ul>	One	This is being adhered to at this time.	Immediate and ongoing
4	11.1 (See standard 10.6 within the report)	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that an annual care review should be completed for each resident.</li> </ul>	One	Yearly reviews are now up to date as the PCRT have employed new staff.	20 February 2014

5	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> <li>• Reference to this is made in that a review should be undertaken by the multi-disciplinary team of any measure which may be considered restrictive in nature and that all less restrictive options are considered.</li> <li>•</li> </ul>	One	<p>Wheelchair belts are used when the chair is in motion according to manufacturers instructions. Bed exit alarms are currently used for 2 residents who have a history of falling out of bed. Door sensors may be used for a new resident who has not settled. Neither restrict the residents movement although they allow staff to respond to the residents needs. Stairgates are used for residents who may have poor mobility and are cognitively unable to recognise their limitations. These are easily opened by other residents and the lift is also situated beside the stairs. These last three items were discussed with the falls risk officer from the Trust and found to be the least restrictive items that could be used.</p>	20 February 2014
6	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>		<p>The Statement of Purpose will be updated to include the use of the above four items of equipment if required.</p>	20 February 2014

		<ul style="list-style-type: none"> <li>Reference to this is made in that the Statement of Purpose should be updated to fully describe the restrictions employed within the</li> </ul>			
--	--	---	--	--	--

7	25.1 25.4 (See section 11.3 of the report)	<p>At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p> <p>Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that the registered manager should review the staffing levels and confirm with the RQIA that, at all times, staffing complies with standards 25.1 and 25.4</li> </ul>	One	The home is staffed by 4 care assistants and at least one SCA between the hours of 07:45 and 22:00. This meets the needs of the unit as we can have up to 40 residents in the unit although we would have an average of 35. The week of the inspection the dependency levels were 8 - A, 21 - B and 6 - D. This requires 450 care staff hours. There were 457 care staff hours that week.	6 January 2015
8	28.6 (See section 11.4 of the report)	<p>Publicly displayed health and safety procedures are in formats that are easily understood and take account of the special communication needs of people using the building.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that signage should be provided requesting that staff are advised, in the interests of safety, when residents leave the building.</li> </ul>	One	This has been added to the admission information.	6 January 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Gillian McBride
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr Tony Stevens Una Cuning

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Alice McTavish	18 February 2015
Further information requested from provider			