



The Regulation and
Quality Improvement
Authority

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

Inspector: Alice McTavish
Inspection ID: IN022395

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Unannounced Care Inspection
Of
Joymount House
14 May 2015

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

Summary of inspection

An unannounced care inspection took place on 14 May 2015 from 10.15 to 16.15. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

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

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

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

2. Service details

Registered Organisation/Registered Person: Northern Health and Social Care Trust	Registered Manager: Mrs Gillian McBride
Person in charge of the home at the time of inspection: Mrs Gillian McBride	Date manager registered: 3 March 2014
Categories of care: RC-DE, RC-I	Number of registered places: 40
Number of residents accommodated on day of inspection: 35	Weekly tariff at time of inspection: £470

3. Inspection focus

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

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan, notifications of accidents and incidents.

We met with four residents individually and with others in groups. We met with two members of care staff and two residents' representatives. No visiting professionals were present during the inspection.

We inspected four care records, complaints records, staff training records and accident and incident records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 11 November 2014. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 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. <ul style="list-style-type: none"> • 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. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the Trust had been advised of the need to update the policy document.	

<p>Recommendation 2</p> <p>Ref: Standard 6.3 (See standard 10.3 within the report)</p>	<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"> Reference to this is made in that all care plans should be signed by the resident or their representative. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the care plans confirmed that these are now signed by the resident or their representative.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 10.6</p>	<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"> 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. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the accidents and incidents register confirmed that RQIA is now notified of all incidents.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1 (See standard 10.6 within the report)</p>	<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"> Reference to this is made in that an annual care review should be completed for each resident. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of residents' records confirmed that care reviews are now completed annually.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 10.7</p>	<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"> 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. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of correspondence confirmed that the Trust had been undertaken of measures which may be considered restrictive in nature and that all less restrictive options had been considered.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 10.7</p>	<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"> Reference to this is made in that the Statement of Purpose should be updated to fully describe the restrictions employed within the home. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the Statement of Purpose confirmed that this had been updated to fully describe the restrictions employed within the home.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 25.1 25.4 (See section 11.3 of the report)</p>	<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"> 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 <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the returned QIP confirmed that a review of staffing levels had been undertaken to ensure that staffing complies with standards 25.1 and 25.4</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 28.6 (See section 11.4 of the report)</p>	<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> <p>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.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the premises confirmed that appropriate signage had been provided</p>	<p>Met</p>

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had policy and procedures in place relating to dying and death of a resident. We noted that these did not reference current best practice guidance or that RQIA should be notified of a death. We made a recommendation in this regard. We noted that training had been provided to staff relating to death and bereavement.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff members were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the GP and the district nursing team, the care needs of the resident were met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. Residents would be given the option to attend the funeral and to visit the grave after the burial.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. Relatives of deceased residents had sent these in praise and gratitude for the compassion and kindness shown to the residents during illness and at death.

Areas for improvement

There was one area of improvement identified with the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care. The registered manager confirmed to us that staff training in continence management and support had been planned for May 2015.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance

Is care effective? (Quality of management)

The home had written policies and procedures relating to continence management and promotion. We noted, however, that these related to adult services in a variety of settings throughout the Trust area and did not relate specifically to the home. We made a recommendation that policy and procedures should be updated. This was included in the recommendation made in section 5.3.

We reviewed the care records of two residents with more complex continence management needs. We noted that, whilst the continence needs were documented, the care plans were lacking in sufficient detail as to the management of continence support. We made a recommendation in this regard.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There was one area of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	1
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5.5 Additional areas examined

5.5.1 Residents' views

We met with four residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some residents' comments included:

- "I have found it very good here. The staff are friendly and welcoming. They would bend over backwards to help."
- "It (the home) is wonderful, marvellous. My bedroom is perfect for me, the food is very good. The staff are wonderful, the care is one hundred percent, you couldn't get any better. The girls (staff) couldn't do enough for you and they are always smiling."
- "This place is marvellous, the girls couldn't do enough for you. I am very happy here. Staff do a very good job."

One resident, whilst providing positive comment regarding the care provided by staff, raised the issue of staff appearing to have little time to spend with permanent residents and to respond to the staff call system. The resident also felt that there were insufficient arrangements in place to ensure that residents are accompanied to routine hospital appointments. The resident attributed this to the number of short term placements for people from hospital in order to receive rehabilitation.

We discussed these matters with the registered manager who confirmed that the resident had raised these issues in the past. Whilst it was acknowledged that some beds are used for the purpose of rehabilitation, a review of staffing levels undertaken at the end of 2014 had demonstrated that there was adequate staffing within the home. The resident had been offered a range of options to resolve any issues raised but had declined these. The registered manager gave assurances that, should any resident require to be accompanied to routine hospital appointments and the family is unable to assist in this, the home makes arrangements for an additional staff member to go to hospital with the resident.

5.5.2 Staff views / Staff questionnaires

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

Some staff comments included:

- "This is an absolutely great place to work. The staff work very well as a team. We have our ups and downs but we make every effort to do our very best for the residents."

Nine questionnaires were provided for staff to complete and nine were returned. In our analysis of returned questionnaires we noted that six indicated that staff felt they had little time to spend with residents. Three felt that there were insufficient staff levels.

We discussed these areas with one staff member who stated that the staff team believed there were times when they struggle to complete their allocated care tasks. The staff, by working well as a team, always managed to complete the work assigned to them. The staff member did feel, however, that there was a detrimental impact on the amount of quality time staff had to spend with residents.

We discussed this with the registered manager and made a recommendation in this regard.

5.5.2 Residents' representatives views

We met with two residents' visitors who spoke positively about the care provided within the home.

Some visitors' comments included:

- "We visit (our relative) regularly and we feel that the care is good. (Our relative) is very happy here."

5.5.3 Environment

The home was found to be clean and tidy. Décor and furnishings are of a good standard. We noted a heavily stained area of carpet in a corridor on the ground floor. We made a recommendation that the carpet tiles in this area should be replaced.

5.5.5 Staffing

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

- 1 manager
- 2 senior care assistants
- 4 care assistants
- 3 catering staff
- 3 domestic staff for cleaning and laundry
- 1 administrative assistant

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

5.5.6 Care practices

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

5.5.7 Accidents / incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.8 Complaints / compliments

Complaints had been few in number and had been managed appropriately. The home had received several compliments.

5.5.9 Fire safety

The home had a fire safety risk assessment completed in May 2015. The registered manager advised us that the written report from this had not yet been made available to her. We

inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

Areas for improvement

There were two areas of improvement identified within the additional areas examined.

Number of Requirements	0	Number of Recommendations:	2
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6 Quality Improvement Plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be Completed by: 14 August 2015</p>	<p>The registered manager should ensure that the policies relating to dying and death of a resident and to continence management and promotion are reviewed and revised.</p> <p>Ref. section 5.3 and 5.4.</p> <p>Response by Registered Manager detailing the actions taken: Joymount House now has newly written unit policies on both death and dying, continence management and promotion.</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be Completed by: 14 August 2015</p>	<p>The registered manager should ensure that care plans contain sufficient detail as to the management of continence support.</p> <p>Ref section 5.4.</p> <p>Response by Registered Manager detailing the actions taken: The step by step directions for the changing and emptying of stoma and catheter bags which have been discretely placed in the residents' bedrooms for some considerable time, has now also been photocopied and inserted in the resident's care plan file as Inspector suggested.</p>
<p>Recommendation 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be Completed by: 14 August 2015</p>	<p>The registered manager should ensure that the carpet tiles in the corridor on the ground floor are replaced.</p> <p>Ref section 5.5.4.</p> <p>Response by Registered Manager detailing the actions taken: Following numerous attempts to remove the stain on these 4 tiles by both general and commercial cleaning to no avail, a job requisition has been forwarded to the Trust Estate Services Dept in order to have these 4 tiles replaced.</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.12</p> <p>Stated: First time</p>	<p>The registered manager should ensure that the issues identified in the staff questionnaires in relation to staffing levels, the quality of time spent with residents, training and facilities are addressed and an action plan submitted to RQIA.</p>

To be Completed by: 10 July 2015	Ref section 5.5.2.		
	<p>Response by Registered Manager detailing the actions taken:</p> <p>There are fewer residents within the Home than in previous years and the staffing establishment has remained the same. The majority of staff have reported that the introduction of Intermediate Care beds some years ago has contributed to their professional development. Many residents have also stated to the Area Manager during her reports that they enjoy the 'different faces' and 'new friends' this service affords them. The resident who spoke with the Inspector stated only yesterday that she is really missing the client who was in the ICB in the room next to her. There is time allocated for staff to carry out two activities each day to a small groups of residents.</p> <p>All staff are asked to sign the policies when they are disseminated amongst the staff group.</p> <p>However, at the staff meeting today I addressed the above issues in recommendation 4 and the outcome minuted is as follows:-</p> <p>Staff feel they do have enough time to spend with residents on most days. There would be the odd day when they feel they are busier although these are rare. All staff complete mandatory training and any other training as deemed necessary.</p> <p>The Trust have embarked on a 14 week consultation on the future of Residential Care. The proposal for Joymount is that it will revert to providing residential care going forward.</p>		
Registered Manager completing QIP	Gillian McBride	Date completed	02/06/15
Registered Person approving QIP	Dr T Stevens Una Cuning	Date approved	31.07.15
RQIA Inspector assessing response	Alice McTavish	Date approved	20 August 2015

**Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised*