The Regulation and Quality Improvement Authority

Inspection Report

17 January 2022

Joymount House

Type of Service: Residential Care Home
Address: Joymount Court, Carrickfergus BT38 7DQ
Tel no: 028 9336 3904

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Northern HSC Trust **Responsible Individual** Mrs Jennifer Welsh	**Registered Manager:** Mrs Gillian McBride **Date registered:** 18 April 2014
Person in charge at the time of inspection: Jane Moffett - Senior Care Assistant until 3.15 pm then Seana Farrell - Senior Care Assistant until the conclusion of the inspection.	**Number of registered places:** 40 The home is approved to provide care on a day basis only to 4 persons.
Categories of care: Residential Care (RC) I – Old age not falling within any other category	**Number of residents accommodated in the residential care home on the day of this inspection:** 15
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 40 residents. The home is located over two floors with resident bedrooms and communal areas on both floors. Residents have access to garden space and an uninterrupted view of Belfast Lough.	

2.0 Inspection summary

An unannounced inspection took place on 17 January 2022, from 9.00 am to 4.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 7.0.

Based on the inspection findings and discussions held, RQIA were assured that compassionate care was being delivered in Joymount House and that the management had taken relevant action to ensure the delivery of safe and effective care.

RQIA were assured that there was acknowledgement of the need for more robust oversight of the governance systems within the home to drive the improvements identified and addressing the areas for improvement will further enhance the safety of residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Angela Denvir, Area Manager and Seana Farrell, Senior Care Assistant at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with seven residents and five staff. Residents said that they felt well cared for, enjoyed the food and that staff members were helpful and friendly. Residents described the staff as "great" and "you couldn't get nicer."

Staff told us that they enjoyed working in the home and described good teamwork amongst their colleagues.

No questionnaires were returned and we received no feedback from the staff online survey within the allocated timeframe.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 September 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 6.6 **Stated:** First time	The registered person shall ensure that any amendments made to residents' care records are signed and dated by the person making the amendment.	**Not met**
	Action taken as confirmed during the inspection: A review of care records evidenced this area for improvement has not been met and is stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 2 **Ref**: Standard 20.10 **Stated:** First time	The registered person shall ensure that a system is put in place to monitor the quality of residents' care records on a regular basis.	**Not met**
	Action taken as confirmed during the inspection: A review of governance audits evidenced this area for improvement has not been met and is stated for a second time. This is discussed further in section 5.2.5	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The registered Manager was not on duty and the person in charge did not have access to staff recruitment records. As these records require to be retained confidentially they will be reviewed at a future inspection.

Review of staff training records evidenced a number of staff were not up to date in regard to some mandatory training requirements. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Review of records identified that relevant checks were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

Competency and capability assessments for the senior care staff were reviewed a number of these assessments were not fully completed and did not evidence the home Managers oversight. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Review of the duty rota identified a number of deficits namely; the full name of staff was not always used, correction fluid and white labels had be used to correct mistakes and the rota was colour coded but there was no corresponding guide to explain the meaning of the colours used. This was identified as an area for improvement.

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoke highly on the care that they received. It was observed that care was delivered in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that they knew one another well and enjoyed each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at each shift change to discuss any changes in the needs of the residents. Residents' care records were maintained which reflected their needs. Staff were knowledgeable of residents' individual needs, their daily routines, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. Residents were presented well in their appearance.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially. Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff.

Review of care records identified deficits in the review of one identified resident's care plans. Incomplete risk assessments were also seen in a further two residents care records. An area for improvement was identified.

It was observed that some amendments had been made to an identified resident's care records; the amendments had been scribbled out, this is not in keeping with best practice guidance, an area for improvement has been stated for a second time.

Due to the ongoing Covid- 19 pandemic and in an effort to maintain social distance residents have not been using the dining room. Meals are served to patients in their bedroom or in the lounge area whichever they prefer. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. The residents commented positively about the food.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable.

A review of the storage areas within communal bathrooms found a number of continence products stored outside their original packaging. To minimise the risk of contamination and to maintain the efficacy of continence products they should be stored in their original packaging. An area for improvement was identified.

Observation of the environment identified a number of fire doors wedged open and a mattress was inappropriately stored in a corridor. This was discussed with staff who addressed the issue immediately. An area for improvement was identified. Furthermore, one of the doors wedged open was a sluice door and this gave access to an open cupboard containing chemicals, which could be harmful to residents if ingested. A further area for improvement was identified in regard to staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations.

The home had a current fire risk assessment dated 15 September 2021. We saw that not all recommendations had been actioned. This was identified as an area for improvement. The Manager later provided written confirmation that all the actions had been addressed and the action plan has been updated.

It was observed that an identified and vacant bedroom was being used as a visiting room; this was discussed with the area manager and the need to ensure that visiting arrangements and facilities are in keeping with best practice and current guidance was stressed. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Regular monitoring and audit of staff hand hygiene was conducted and records were kept. However, the audits reviewed were incomplete and did not

evidence oversight by the Manager. This will be included in an area for improvement in relation to the overall governance audits within the home.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day and that staff supported them to do the things they enjoyed. It was observed that staff offered choices to residents throughout the day which included what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was an activity schedule in place but currently the home does not have a dedicated activity staff member. Discussions with staff evidenced staff endeavour to provide the planned activities for the residents.

Residents were observed reading newspapers/magazines and watching TV. Observation of practice confirmed that staff engaged with residents throughout the day. Staff were compassionate, caring and kind.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents and care practices.

There has been no change in the management of the home since the last inspection.

A number of governance audits were completed to monitor the quality of care and services. Audits available for inspection included: care records, hand hygiene, wheelchair, medication, cleaning schedules and bedroom audits. There was inconsistency in regard to the quality of the audits reviewed. A number of the audits had not been completed consistently every month. Furthermore, a daily walk around audit by the Manager or senior staff had not been completed since October 2021. Where deficits are identified the audit process should include an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements have been made; a number of the audits reviewed did not evidence an action plan or action plans were not appropriately completed or reviewed. It also was not clear if the Manager had complete oversight of delegated audits as a signature was not seen. An area for improvement was identified.

A record of compliments was maintained. This contained thank you cards and messages which were very complimentary of the care provided in Joymount House and of its staff.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and were available for review.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	4	7*

*the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Angela Denvir, Area Manager and Seana Farrell, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 17 February 2022	The registered person shall ensure that staff are up to date with their mandatory training requirements relevant to their role. Ref: 5.2.1
	Response by registered person detailing the actions taken: Training is now delivered predominately via elearning or on Zoom. Staff book courses in line with the timeframes for manadatory training. However there are times when the training may be deferred or cancelled due to sick leave or isolations. These courses are then rebooked as soon as possible after the staff member returns to work. There are records of all training maintained on HRPTS and the units training matrix..
Area for improvement 2 **Ref:** Regulation 27 (4) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in regard to fire safety arrangements: • Fire doors are not wedged open • Corridors remain free from obstruction • The fire risk assessment is effectively maintained by the Manager and evidences any actions taken in regard to recommended actions required. Ref: 5.2.3

	Response by registered person detailing the actions taken: Staff have been reminded that All doors throughout the unit must not be held open with any device other than devices fitted by Estate Services. Corridors are free from obstruction and are chcked on a daily basis by senior care staff and manager. All work recommeneded on the fire risk assessment was completed on 30/09/21 and this date has been added to the document.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that chemicals are not accessible to residents in any area of the home in keeping with COSHH legislation. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff have been reminded of responsibilities in relation to COSHH regulations to ensure that all stores and cupboards holding any sort of chemical must be kept locked at all times when not in use.
Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 17 February 2022	The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home. This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits. Ref: 5.2.5
	Response by registered person detailing the actions taken: A new audit tool has been devised to check the completion of all audits on a monthly basis this will be signed off by the manager.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** Second time	The registered person shall ensure that any amendments made to residents' care records are signed and dated by the person making the amendment. Ref: 5.1 and 5.2.2

To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** All staff have been reminded, at supervision and in staff meetings of the need to ensure that any amendments to a residents' care records are signed and dated at the time the change is make.
Area for improvement 2 **Ref:** Standard 20.10 **Stated:** Second time **To be completed by:** 17 February 2022	The registered person shall ensure that a system is put in place to monitor the quality of residents' care records on a regular basis. Ref: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: Care plans are audited during supervision with the residents senior care assistant and will also be audited in the monthly audit tool
Area for improvement 3 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that senior staff competency and capability assessments are completed in full and evidence managerial oversight. Ref: 5.2.1
	Response by registered person detailing the actions taken: The competency form has being redesigned to add the areas requested
Area for improvement 4 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the duty rota: • clearly evidences the full name of all staff • amendments or mistakes are corrected in line with best practice guidance • a reference guide is available to evidence the meaning of the colour codes in use. Ref: 5.2.1
	Response by registered person detailing the actions taken: All staff extra shifts will be written with the full name. All ordinary shift already have the full name. Correction fluid is no longer used and the colour code for the rotas has been added to the front of each rota file.

Area for improvement 5 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that resident care plans and risk assessment are fully completed and regularly reviewed to ensure they reflect the needs of the resident. Ref: 5.2.1
	Response by registered person detailing the actions taken: As per area for improvement 2 care pland are audited during supervision with the residents senior care assistant and will also be audited in the monthly audit tool.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure continence aids stored within communal bathrooms are kept in their original packaging. Ref: 5.2.3
	Response by registered person detailing the actions taken: Advice was taken from Northern Trust Infection Control Department.Managers across all residential units were advised that there is less risk of infection transmission by touch if the pads are out of their packaging and stored in a closed, clean and wipable, cupboard as staff are only touching one pad rather handling the packaging. This are for improvement has been shared with IPC within the Trust and the advice remains the same..
Area for improvement 7 **Ref:** Standard 2.0 **Stated:** First time **To be completed by:** 17 February 2022	The registered person shall ensure that the current room allocated to facilitate visiting for residents is reviewed. Ref: 5.2.3
	Response by registered person detailing the actions taken: The visitors room has been revamped and a minor works request for new flooring was raised.

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

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