

Unannounced Care Inspection Report 17 August 2017



Joymount House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 40 beds that provides care for older people and people living with dementia.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual: Anthony Baxter Stevens	Registered Manager: Gillian McBride
Person in charge at the time of inspection: Gillian McBride	Date manager registered: 18 April 2014
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 40

4.0 Inspection summary

An unannounced care inspection took place on 17 August 2017 from 10:00 to 15:10.

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

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

Evidence of good practice was found in relation to governance arrangements, management of complaints and incidents, quality improvement, the culture and ethos of the home, communication between residents, staff and other key stakeholders and to staff induction, training, supervision and appraisal.

Areas requiring improvement were identified in relation to the home's environment, fire safety checks and regular review of care plans.

Residents and a resident's representative said that residents were provided with good care and that they enjoyed living in Joymount House.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Gillian McBride, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 February 2017.

5.0 How we inspect

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

During the inspection the inspector met with one resident, three staff, one resident's representative and the registered manager.

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

A lay assessor, Mr Trevor Lyttle, was present during the inspection. Mr Lyttle met with seven residents and their comments are included within this report.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of three residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of environment and hand hygiene
- Equipment maintenance records
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.6 Stated: First time	The registered provider should ensure that records of mandatory staff training are accurately maintained and the matrix fully completed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records identified that records had been updated as far as possible. The registered manager also provided a draft training matrix which was to be introduced across trust homes in the near future. All training records would be moved to the new system; this would ensure that all staff training is accurately recorded.	
Area for improvement 1 Ref: Standard 6.3 Stated: First time	The registered provider should ensure that care plans and risk assessments are signed by the resident or their representative and by staff.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that care plans and risk assessments were signed by the resident or their representative and by staff.	

Area for improvement 1 Ref: Standard 17.10 Stated: First time	The registered provider should ensure that records of complaints from residents, their representatives or any other interested party include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of complaints recording template confirmed that a system was in place to record all aspects of the management of complaints.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

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

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The registered manager confirmed that enhanced AccessNI disclosures were viewed for all staff prior to the commencement of employment and that AccessNI information was managed in line with best practice. There were arrangements in place to monitor the registration status of staff with their professional body (where applicable). Staff members confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was reviewed during the last care inspection. It was found to be consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during previous inspections confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home, notably wheelchair lap belts for any resident who needed assistance with mobility over longer distances and stair gates used at the top of each stair well to discourage residents from descending the stairs. A pressure sensor was used for a small number of residents who might be at risk of leaving their bed at night. Bedrails were also used for some residents. The external doors were locked at night for security. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure during the last care inspection confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. The registered manager advised that hand hygiene and staff uniform was checked for all staff regularly and records retained.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained. The registered manager advised that the trust Infection Control Team completed an annual audit of IPC arrangements in the home and also conducted spot checks of trust homes to ensure that high standards of hygiene were maintained. This represented good practice.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Inspection of the internal environment identified that residents' bedrooms were personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted, however, that the fascia boards and soffits outside the home were in poor repair and that the carpets on the corridors of the first and second floors were stained or damaged. Action was required to ensure compliance with the regulations.

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

A review of staff training records confirmed that staff completed fire safety training twice annually. The latest fire drill was completed on 4 May 2017. Records were retained of staff who participated and any learning outcomes.

Weekly checks of the fire alarm system and monthly checks of the fire-fighting equipment and emergency lighting were to be conducted. A review of fire safety records identified that these checks were not completed consistently. Action was required to ensure compliance with the regulations.

Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Residents spoken with by the lay assessor during the inspection made the following comments:

- "We are almost too well looked after!"
- "My family and friends can visit but staff are careful not to let in any strangers."

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

Areas of good practice

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

Areas for improvement

Two areas of improvement were identified during the inspection. These were in relation to the home's environment and to fire safety checks.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

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

A review of the care records of three residents confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily or regular statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, bedrails, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. In a small number of cases, however, there was evidence that monthly reviews of care plans had not been completed. Action was required to ensure compliance with the standards.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans and care reviews were delegated to senior care staff who had responsibility for groups of residents. Additional audits of staff hand hygiene, mattresses, commodes and medications were completed in the home. Evidence of audit of

accidents and incidents (including falls, outbreaks), complaints and the home’s environment was contained within the monthly monitoring visits reports; this ensured that that any actions identified for improvement were incorporated into practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of residents’ meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents spoken with by the lay assessor during the inspection made the following comments:

- “The food is lovely and staff couldn’t be nicer.”
- “The food is lovely and well cooked. Staff keep a close eye on us and are there very quickly when needed.”
- “The food is very good.”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews and to communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection. This related to the regular review of care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager, residents and a representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents' meetings and the participation of residents in the annual reviews of care.

The registered manager advised that residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

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

Residents spoken with by the lay assessor during the inspection expressed satisfaction with the care.

A resident who used day care spoken with during the inspection made the following comments:

- "This is a wonderful place to come to. All the girls (staff) are great – they have a bit of chat and banter every day. I really enjoy coming here. If I had to stay at home every day I would

see no one and would only have the television for company. Here I talk to people and love the company. I get lovely food and my family are pleased as they know I am safe.”

A resident’ representative spoken with during the inspection made the following comments:

- “I couldn’t fault Joymount House. The care is absolutely excellent. Although my (relative) has only been here for less than a week, everything I have seen has pleased me. The home is kept beautifully clean and there are no bad smells. The staff have been very kindly, approachable and helpful. They let me know if they have any concerns about my (relative). When they are helping her, they talk to her and talk her through how to do things, like where to put her feet and hands. They are very good at supporting her to return to independence.”

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents

Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff within regular team meetings and in staff supervision. One complaint had been received since the last care inspection. The registered manager advised that, should complaints be received more regularly, an audit of complaints would be used to identify trends and to enhance service provision.

The accident/incident/notifiable events policy and procedure in place was reviewed during previous care inspections and this included reporting arrangements to RQIA. Accidents and incidents were not reviewed on this occasion.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Staff had attended falls prevention training.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

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

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

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

A comment received from a member of staff was as follows:

- “Compliments could be brought to all staff more often, domestic, kitchen, care, as it boosts morale to hear when doing well.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27.- (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall develop an action plan to address the following issues within a suitable timeframe -</p> <ul style="list-style-type: none"> • fascia boards and soffits outside the home are repaired or replaced • carpets on the corridors of the first and second floors of the home are replaced or alternative flooring provided <p>Ref: 6.4</p>
--	--

Response by registered person detailing the actions taken:
The fascia boards and soffits have been brought to the attention of Estate Services and the floor coverings in the lounges have been brought to the attention of the Head of service.

<p>Area for improvement 2</p> <p>Ref: Regulation 27.-(4) (d) (v)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that weekly checks of the fire alarm system and monthly checks of the fire-fighting equipment and emergency lighting are conducted and accurate records retained.</p> <p>Ref: 6.4</p>
--	---

Response by registered person detailing the actions taken:
A monthly audit is being completed for all fire prevention areas.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall ensure that care plans are kept up to date to reflect the current needs of residents.</p> <p>Ref: 6.5</p>
---	--

Response by registered person detailing the actions taken:
A monthly audit of care plans has been devised to ensure all areas are up to date including the monthly summaries.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews