

Unannounced Care Inspection Report

23 June 2016



Joymount House

Type of Service: Residential Care Home

**Address: Joymount Court,
Carrickfergus,
BT38 7DN**

Tel No: 028 9336 3904

Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of Joymount House took place on 23 June 2016 from 10.00 to 15.50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One recommendation was stated in regard to ensuring that the records of all fire drills are appropriately signed and dated. There were examples of good practice found throughout the inspection in relation adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

Two recommendations were stated in regard to the delivery of compassionate care. These related to a review of activities within the home and to the arrangements for residents moving between the upper floors and the dining room. 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 to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of good practice found throughout the inspection in relation to governance arrangements and to quality improvement and good working relationships.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Gillian McBride, registered manager, by telephone on 28 June 2016 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

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

2.0 Service details

Registered organisation/registered provider: Northern Health and Social Care Trust / Anthony Baxter Stevens	Registered manager: Mrs Gillian McBride
Person in charge of the home at the time of inspection: Alexandra Walsh, senior care assistant	Date manager registered: 18 April 2014
Categories of care: I - Old age not falling within any other category DE – Dementia	Number of registered places: 40

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with eight residents individually and with others in groups, two senior care assistants, one care assistant, one member of domestic staff and two visiting professionals. No resident's visitors/representatives were present. Ten resident views, eight resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Ten resident views questionnaires, six resident representative views and one staff views questionnaire were returned within the requested timescale.

The following records were examined during the inspection:

- Sample of competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance and cleaning records
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 11 February 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20.11 Stated: First time	The registered manager should advise the Trust officer who carries out the monthly monitoring visits of the need to – <ul style="list-style-type: none"> • record the duration of the monitoring visits • specify those residents approached to gather their views on the quality of services and facilities provided by the home, using the unique identifier of each resident 	Partially Met
	Action taken as confirmed during the inspection: The details contained within the returned QIP indicated that the Trust officer who carries out the monthly monitoring visits was informed of the recommendation. Inspection of a monitoring visit report identified that the duration of the monitoring visit was not recorded; the unique identifier for a resident approached to gather their views on the quality of services and facilities provided by the home was not used. This recommendation was therefore stated for a second time.	

Recommendation 2 Ref: Standard 1.1 Stated: First time	The registered manager should ensure that, in order to maintain confidentiality, the personal details of individuals who provide written compliments to the home are protected.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the personal details of individuals who provide written compliments to the home would be protected. On the day of inspection no written compliments to the home were displayed.	
Recommendation 3 Ref: Standard 27.1 Stated: Second time	The registered manager should ensure that the carpet tiles in the corridor on the ground floor are replaced.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that the carpet tiles in the corridor on the ground floor were replaced.	

4.2 Is care safe?

The person in charge 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, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 2 x senior care assistants
- 4 x care assistants
- 1 x administrator
- 4 x domestic and laundry staff
- 1 x chef
- 2 x kitchen staff

One senior care assistant and four care assistants were due to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of staff training records identified that additional training was provided for swallow awareness and the use of thickened fluids and creams, action on hearing loss, respect and on governance awareness. Discussion with the registered manager after the inspection confirmed that there was a system in place to ensure that annual staff appraisals and staff supervision took place regularly. These records will be examined at the next care inspection.

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. A sample of staff competency and capability assessments was reviewed and found to be structured and comprehensive.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable) and the registered manager advised that she also completed spot checks on staff registration on a monthly basis.

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included 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 new regional adult safeguarding 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 to whistleblowing. The registered manager and staff verified that adult safeguarding training was provided and was up to date.

Discussion with the registered manager confirmed that all 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 that there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in 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. COSHH, fire safety etc. The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff confirmed that they 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 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The registered manager reported that there had been no outbreaks of infection within the last four years. Any outbreak would be managed in accordance with trust procedures and would be reported to the Public Health Agency and to RQIA. Records would be retained. A Northern HSC Trust feedback report, dated January 2016, on the monitoring of infection control standards was available for inspection. This indicated that the home had achieved 96 per cent compliance. Audits of hand hygiene compliance among staff of all grades working in the home identified that staff had satisfactory knowledge of the importance of hand hygiene and how infection control measures should be implemented.

A general inspection of the home was undertaken to examine residents' bedrooms, bathrooms, communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. 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.

The registered manager and staff confirmed that fire safety training was completed twice annually. Fire drills were completed every 6 months. Whilst records were retained of staff who participated and any learning outcomes, it was identified that the records were not consistently signed or dated. A recommendation was made in this regard. Fire safety records identified that means of escape were checked daily and fire alarms checked weekly. Fire-fighting equipment, and emergency lighting were checked and regularly maintained by the trust's Estates Department. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

17 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Ten respondents described the "is care safe" domain as excellent, five as good and two respondents indicated that it required improvement.

Comments received from residents' representatives were as follows:

- "My (relative) has Alzheimer's but is still very physically fit. She has been in Joymount for (several years) and as a family, we are confident that she is in a safe, caring environment. Indeed, her condition has stabilised as a result of her care."
- "Good care and attention. Staff call doctors when they feel it is necessary and when they think there as a matter (medical) that needs attention."
- "I am a bit concerned if there is a fire, as a lot of patients are on the first floor and are, as far as I can see, slow walking and can't use lift."

Areas for improvement

One area for improvement was identified during the inspection. This related to signatures and dates on fire drill records.

Number of requirements	0	Number of recommendations:	1
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4.3 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred care and that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The person in charge confirmed that 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. The registered manager advised that audits of care plans, care reviews, accidents and incidents (including falls, outbreaks), complaints, environment and catering were undertaken and would evidence that actions identified for improvement were incorporated into practice. The documentation associated with these audits will be examined during the next care inspection.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Staff advised that formal residents meetings were held but were often poorly attended; staff therefore approached residents individually or in smaller groups to obtain their views on the quality of the services and facilities provided within the home. Minutes of residents' meetings were retained and were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports e.g. Alzheimer's Society.

On the day of inspection, two visiting professionals provided the following comments:

- “I find the staff are very approachable and helpful; they are knowledgeable about the residents and their medical histories. My senior medical colleague also attends residents in Joymount House and we are not aware of anything negative about the care provided here.”
- “As rehabilitation therapists, we sometimes find that people are reluctant to come into a residential care setting, but then they are very pleasantly surprised by the environment and the care, and they decide that they want to remain in the home. We find the staff to be very knowledgeable about the residents and their individual care needs. There is good communication between the staff and therapists. The staff act on all recommendations made by therapists and are most receptive to any help of guidance which might benefit the residents.”

17 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Eight respondents described the “is care effective” domain as excellent, eight as good and one, a resident, described effective care as requiring improvement.

A resident commented:

- “Generally good, however, on one occasion left frustrated when asking for a nurse and one was unavailable.”

Residents’ representatives commented:

- “I am always contacted regarding any concerns about my (relative’s) health and day to day needs. We are fully involved in regular reviews.”
- “As (family), we feel very fortunate that our (relative) is in Joymount. Very effective care and a marked improvement in our (relative).”
- “Care and food are of a high quality.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care compassionate?

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

Review of the home’s policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The person in charge and residents confirmed that consent was sought in relation to care and treatment. Observation of interactions between residents and staff demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to describe how residents' confidentiality was protected.

Discussion with residents identified that whilst some residents were happy with the activities provided within the home, others noted that there little to do and that they would appreciate more planned activities and outings. Discussion with staff identified that activities were provided and that these were often of a spontaneous nature and relied on staff availability. A recommendation was made in regard to a review of the provision of activities within the home.

The person in charge confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and residents and observation of practice confirmed that residents' 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, for example, a resident had requested that music was played during mealtimes; staff confirmed that music was now played in the dining room.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

It was noted that most residents went to the dining room on the ground floor for meals; many residents relied on the use of wheelchairs or on walking aids to cover the considerable distance from the first and second floors to the dining room and back. The home had only one lift. This resulted in residents forming a queue when awaiting the lift. In some cases, residents had to stand for some time before the lift became available and there was limited seating available for such residents on the ground floor. This was discussed with the registered manager after the inspection. The registered manager advised that work may commence in the near future to provide an additional lift. A recommendation was made that the arrangements for residents to move between the upper floors and the dining room and the provision of seating adjacent to the lift are reviewed.

On the day of inspection, residents provided the following comments:

- "I've been here for several years now and I'm still happy with being here. The staff are very good to me and the food is great, I have everything I want."
- "I'm quite happy here. The staff is very good and I have absolutely no complaints. The girls (staff) are very kind to me."
- "The staff are absolutely wonderful. They are very helpful and come to me if I need anything."
- "They (staff) are very good."
- "The staff are very good to all of us. I haven't a single complaint about anything."
- "I really like it here. I've been here for about two years and I think there is no place like it!"

- “Staff are good, but there’s not much for us to do.”
- “I only arrived a few hours ago, but, so far, everything has gone well. The staff have let me know where my room is and where I can find the bathrooms and the dining room. I’m looking forward to being here for a while to allow me to get better.”

17 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Thirteen respondents described the “is care compassionate” domain as excellent, five as good and one as requiring improvement.

Residents’ representatives commented:

- “There is a core team of staff who have been here for many years – this means that staff know my (relative) very well and can anticipate her needs. She regularly attends services at Joymount or comes with me to her home church.”
- “Joymount staff are all very caring in all aspects of care. Our (relative) is extremely happy and feels very special and cared for. In all our dealings, there has been kindness and respect shown.”
- “Not every staff member knocks the door before entering (the bedroom). They should show more respect, after all, the room is their (the resident’s) home.”

Areas for improvement

Two areas for improvement were identified during the inspection. These related to a review of activities within the home and to the arrangements for residents moving between the upper floors and the dining room.

Number of requirements	0	Number of recommendations:	2
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4.5 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents also that the health and social care 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.

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 should changes occur.

The areas of complaints and of accidents and incidents in the home were not examined during this inspection and will be examined during the next care inspection.

The registered manager confirmed that there were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was evidence of audits being regularly completed on catering, equipment (commodes, mattresses, wheelchairs) and grounds maintenance. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed; the registered manager retained records of any issues raised within the trust relating to safety and quality and this information was disseminated among the staff team.

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.

There was a clear organisational structure and all staff were aware of their role, responsibility and accountability within the overall structure. Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns. Residents spoken with during the inspection confirmed that they knew who to approach if they wished to raise a concern or make a complaint.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

17 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Seven respondents described the "is the service well led" domain as excellent, eight as good and one as requiring improvement.

Two residents' representatives commented:

- "There is clearly a very good relationship between staff and residents and this is led from the top down. We are always kept up to date with any potential changes and we have an excellent relationship with staff."
- "At the office there is always a friendly face and efficient service. Always positive action regarding phone calls. It is well managed and I have noticed staff sitting with the residents offering friendship and willing to listen and interact."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 20.11

Stated: Second time

To be completed by:
30 September 2016

The registered provider should advise the Trust officer who carries out the monthly monitoring visits of the need to –

- record the duration of the monitoring visits
- specify those residents approached to gather their views on the quality of services and facilities provided by the home, using the unique identifier of each resident

Response by registered provider detailing the actions taken:

The commencement time of the visit is currently on all forms, the Area Manager will insert the completion time of the visits on the forms for future monitoring visits.

To date the Area Manager has asked everyone she interviewed if it was ok to insert a unique identifier number onto the forms. Only one person agreed to this so far. All others asked, did not agreed to this and this is also specified on the form. The Area Manager will continue to ask individuals if they agree to the Inspectors request, and be guided by their wishes.

Recommendation 2

Ref: Standard 8.5

Stated: First time

To be completed by:
30 September 2016

The registered provider should ensure that the records of all fire drills are appropriately signed and dated.

Response by registered provider detailing the actions taken:

The records of fire training and drills provided by the Fire Officer will be checked to ensure they are signed and dated by the Fire Officer after each training session.

Recommendation 3

Ref: Standard 13.1

Stated: First time

To be completed by:
30 September 2016

The registered provider should ensure that a review of the provision of activities within the home is undertaken.

Response by registered provider detailing the actions taken:

The current list of activities was set up as a result of consultation with residents. However, a review of residents activities has been undertaken and a programme has been devised, again using suggestions from the residents themselves as well as staff and relatives.

Recommendation 4 Ref: Standard 20.5 Stated: First time To be completed by: 30 September 2016	<p>The registered provider should ensure the following areas are reviewed:</p> <ul style="list-style-type: none"> • the arrangements for residents to move between the upper floors and the dining room • the provision of seating adjacent to the lift <hr/> <p>Response by registered provider detailing the actions taken: The arrangements to move residents between floors has been reviewed. Seating at the lift has been altered to accommodate those residents who wish to gather there before meals.</p>
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