



Announced Care Inspection Report 23 September 2020



Joymount House

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

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 40 residents.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Jennifer Welsh	Registered Manager and date registered: Gillian McBride 18 April 2014
Person in charge at the time of inspection: Gillian McBride	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 home on the day of this inspection: 15

4.0 Inspection summary

An announced inspection took place on 23 September 2020 from 10.00 to 13.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for residents
- quality improvement
- nutrition
- safeguarding
- consultation.

Residents consulted with spoke positively regarding their experience of living in Joymount House and some of their comments can be found in the main body of the report. Those who could not verbally communicate looked to be relaxed and settled in their environment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and 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.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- a selection of quality assurance audits
- organisational structure
- complaints review
- compliments records
- incident and accident review
- minutes of residents'/relatives'/staff meetings
- activity planner
- three residents' nutritional care records
- menus.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten residents' questionnaires; ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Gillian McBride, manager.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 17 February 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

Staffing

At the commencement of the inspection, the manager confirmed the staffing levels and skill mix over a 24 hour period. The manager confirmed that staffing levels were determined by resident dependency levels which were monitored monthly. Discussions with residents confirmed that there were no concerns in relation to the staffing levels or skill mix in the home. Residents consulted spoke positively in relation to the care delivery in the home. Staff consulted stated that they felt the staffing arrangements met the required needs of residents. Staff also confirmed that if residents' dependency levels rose, additional staff would be allocated to assist with the care.

Discussion with staff and the manager confirmed that face to face training had been reduced due to the Covid – 19 pandemic. Training was facilitated electronically and remotely through the use of technology. The manager confirmed that a training matrix was maintained to ensure that all staff in the home completed relevant identified mandatory training. The matrix was monitored on a monthly basis to ensure completion.

Discussion with the manager and a review of documents evidenced that annual appraisals and staff supervisions were being completed in the home. Staff confirmed that they received annual appraisals and at minimum two supervisions per year. When a new member of staff commenced employment in the home, they were assigned with a mentor; an experienced staff member who could provide advice and guidance on their role within the home. A documented induction programme was completed for all new staff commencing employment. A separate departmental induction would also be completed by the Northern Health and Social Care Trust (NHSCT).

There was evidence of staff meetings in the home. The manager confirmed that any important communications would be conveyed through discussion during staff handover; completion of a communication book which staff sign once read and with guidance which was displayed on a notice board and then kept within a reference file.

Management arrangements

The management arrangements have not changed since the last inspection. There was a clear organisational structure in the home. The manager confirmed that they were the point of contact for any out of hours engagements. Staff had accessible contact details for the manager, the area manager, the head of services and the social work team and estates services based at Holywell Hospital. The manager confirmed that at any time in their absence, a named senior care assistant would be identified as the point of contact for any out of hours enquiries.

Governance systems

Prior to the inspection we requested copies of audits to be sent to RQIA for review. The manager confirmed that monthly audits were conducted in relation to accidents, complaints and infection prevention and control. The manager also confirmed that the governance department in the NHSCT also monitored accidents, incidents and complaints. To reduce footfall in the home the manager confirmed that the provider's monthly monitoring visits had been postponed.

The manager confirmed that residents' meetings were normally conducted every three months. There were minutes available from the most recent residents' meeting. The manager confirmed that the topics for discussion were discussed with each resident individually in the privacy of their rooms and included family contact, activities and food provision. Residents' feedback was recorded on the minutes.

Relatives were facilitated with indoor visits in accordance with Public Health Authority guidelines. Relatives were also encouraged to use technology to see their loved ones as they spoke with them. The manager confirmed that staff in the home would keep relatives up to date with any changes to the resident or guidance by way of telephone.

The manager confirmed that an annual quality assurance survey would be distributed from the NHSCT governance department to all residents and their families to complete allowing them to share their views on the quality and care provision in the home. An additional survey would be given to residents who were only accommodated in the home for a short period. The manager confirmed that the results of these surveys would be returned to the head of services and a report would be collated and shared with managers for their review and action as appropriate.

Infection prevention and control

Commode and mattress audits were completed weekly in the home and wheelchair audits were completed monthly. Domestic staff completed cleaning schedules which were spot checked by the manager. However, a record of the spot checks had not been recorded. Following discussion, the manager provided an assurance that this will now be recorded. Domestic hours had increased during the pandemic and enhanced cleaning measures had been incorporated to ensure that touchpoints were cleaned more regularly. The manager confirmed that infection prevention and control nurses from the NHSCT would complete audits in the home every three months. Findings from these audits would be fed back to the manager for their review and action as appropriate. Hand hygiene audits were conducted weekly in the home with staff. These audits reflected the correct hand washing technique by each staff member audited and whether they were bare below the elbow; not wearing a watch or jewellery, for example, which would inhibit effective hand washing.

Staff confirmed that they had received training on the use of personal protective equipment (PPE). Staff were observed wearing PPE appropriately during a virtual walkaround the home using technology. A 'rainbow room' had been identified on each floor of the home where staff could relax without the need to wear PPE.

The manager confirmed that when staff presented to the home, their temperatures were checked; staff changed into their uniforms and sanitised their hands and PPE was donned before any contact with residents. Staff uniforms were laundered in the home. The manager confirmed that all staff and residents' temperatures were checked twice a day as a means to quickly identify developing symptoms. In addition and as part of the regional testing programme, all staff were tested for Covid – 19 on a two weekly basis and all residents on a four weekly basis.

Visiting professionals were also required to wear PPE on entering the building. Their temperatures were checked on entry and all visiting professionals were asked questions in relation to any symptoms which they may have experienced.

A specific area had been identified to facilitate residents' visitors. Visiting was by an appointment basis. Social distancing was promoted during the visits and the visiting area was fully decontaminated following each visit. Visitors were required to wear face masks and also had their temperatures checked on arrival to the home.

Quality of life for residents

During the inspection we undertook a 'virtual walk around' the home with the use of technology. Due to Wi-Fi constraints in the home we were restricted to the areas we could review. Corridors were clear of any clutter or obstruction. There was a hand sanitiser and PPE available at the entrance to the home. An isolation area had been identified if required for use. The residents we consulted with were presented well in their appearance and were calm and relaxed in their environment.

Residents were positive in their answers when asked about living in Joymount House. Residents told us that they were treated, "Very well", and that, "Everyone does their best to help us".

The provision of activities for residents was discussed during residents meetings. Activities were mainly conducted in residents' bedrooms. Social distancing was promoted within communal areas in the home. Staff were allocated on the duty rota as responsible for conducting activities with residents. The manager confirmed that prior to Covid – 19, there was a three week running programme of activities displayed. However, as the activities were now one to one the residents could choose which activity that they wished to engage in. Activities included painting bird houses, colouring, corridor bingo, corridor sing-a-long, planting flowers, assembling jigsaws, games or watching television. The manager confirmed that local school children had sent in pictures and letters to the residents which the residents enjoyed very much.

Quality improvement

The manager confirmed planned refurbishments in the home to be completed. The sluice room was identified for renovation and flooring in the home had been planned for replacement. New beds for all residents had been delivered to the home and there were plans to develop a new

hairdressing room. There were Wi-Fi hotspots in the home and a proposal had been submitted to improve the Wi-Fi coverage throughout the home.

The manager confirmed that new methods to communicate with staff more effectively during the pandemic by using technology were in the planning stages.

Nutrition

We reviewed three residents' nutritional care records. Residents' weights were monitored monthly. Nutritional care plans in place for all three residents reviewed reflecting their nutritional needs and requirements. There was evidence of residents' involvement in the development of the care plans. However, we also identified that when changes were made to the care plans, many of the changes had not been signed or dated by the person making the amendment. This was discussed with the manager and identified as an area for improvement.

We also identified that there was no robust internal monitoring system in place to audit the quality of residents' care records. This was discussed with the manager and identified as an area for improvement.

We reviewed the current menus served in the home. A three week rolling menu was submitted for review. The menus offered a varied range of foods and there were meal choices available for lunch and evening meals. Residents were complimentary in relation to the food provision in the home. Residents told us the quality of food was, "Very good" and that they were always provided with a choice of meal at meal time.

Safeguarding

The manager was aware of any safeguarding concerns relating to the home and up to date records had been maintained. An adult safeguarding champion had been identified for the home and the manager confirmed that all safeguarding issues would be discussed with him. All staff had completed safeguarding training dependent on their role in the home and the manager confirmed that additional online training with reference to the Mental Capacity Act (NI) 2016 had also been completed by all staff.

Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with two residents individually confirmed that living in Joymount House was a positive experience. No residents' questionnaires were returned.

Resident comments on the day of inspection included:

- “We are treated well here and staff keep us up to date with Covid – 19 updates.”
- “I’d be happy to raise any concerns I have here. The food’s fine and as well as the staff the television keeps us up to date with Covid.”

No resident representatives were available for consultation during the inspection. We did not receive any comments from representatives via telephone or email. No residents’ representatives’ questionnaires were returned.

Staff had the option of completing an online survey or completing a questionnaire; we received one questionnaire response. The respondent indicated that they were satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

Comments from four staff and one visiting professional consulted during the inspection included:

- “I really enjoy my job.”
- “It can be very stressful at times.”
- “There is an excellent team here.”
- “Communication is very good in the home. Staff have a good knowledge of the residents. There is always positive feedback from the residents.”

Any comments from residents, resident representatives and staff received after the return date will be shared with the manager for their information and action, as required.

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- “To the staff of Joymount. Thanks for the care and kindness you have given ... over the last few weeks. Really appreciate it.”
- “Thank you so much for the care of ... this past few weeks – you’ve been our heroes.”
- “Just to say a big thank you to you and your team for their tireless working supporting our loved ones. The work you do is often unseen but rest assured it is very much appreciated.”

Areas for improvement

Areas for improvement were identified in relation to staff dating and signing residents’ care records when amendments are made and with the auditing of residents’ care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Overall the feedback from the inspection was positive. There were no concerns identified in relation to the staffing arrangements. Staff were compassionate in their interactions with residents and embraced infection control measures put in place for the safety of all in the home. Residents were positive in their feedback of the care they received and appeared comfortable in

their environment. There were stable management arrangements in the home and plans were already in place to improve communication with staff and improve Wi-Fi coverage which in turn would enhance communication between residents and their families.

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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: 23 October 2020	The registered person shall ensure that any amendments made to residents' care records are signed and dated by the person making the amendment. Ref: 6.2 Response by registered person detailing the actions taken: All amendments made to care plans are signed and dated by the person making the amendment. This has been added to the audit sheet.
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 23 October 2020	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: 6.2 Response by registered person detailing the actions taken: An audit sheet for care plans has been devised to check all amendments to care plans are signed and dated as above.

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



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