

Unannounced Care Inspection Report 25 January 2018



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 HSC Trust Responsible Individual: Anthony 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: Category RC-DE is for the named twelve (12) residents as identified to RQIA. The home is approved to provide care on a daily basis only to 4 persons.

4.0 Inspection summary

An unannounced care inspection took place on 25 January 2018 from 10.00 to 16.30.

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 staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management, the home's environment, audits and reviews, listening to and valuing residents and governance arrangements.

One area requiring improvement was identified in relation to risk assessments.

Residents said that staff treated them well and that they enjoyed living in the home.

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	0	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 17 August 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 and notifiable events received since the previous care inspection.

During the inspection the inspector met with eleven residents, one resident's representative, one care staff, three members of domestic staff, one cook, one visiting professional and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The registered manager was provided with details of how staff could complete electronic questionnaires and return these to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of four residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of equipment, environment and catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- 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.

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 17 August 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 17 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.- (2) (d) Stated: First time	The registered person shall develop an action plan to address the following issues within a suitable timeframe - <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 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that an action plan was developed to address these issues with work to be commenced in the near future.	

Area for improvement 2 Ref: Regulation 27.- (4) (d) (v) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that the fire alarm tests were conducted and recorded weekly; the registered manager advised that the monthly checks of the fire-fighting equipment and emergency lighting were now conducted by the trust's Estates Department. Accurate records were retained and the registered manager was in the process of having copies of these records regularly forwarded to the home.	
Action required to ensure compliance with the DHSSPS 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 care plans are kept up to date to reflect the current needs of residents.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that care plans were kept up to date to reflect the current needs of residents.	

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 advised the staffing levels for the home 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.

Completed induction records of new staff were reviewed during the last care inspection and were found to be satisfactory. 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 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.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. 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.

The registered manager advised that enhanced AccessNI disclosures and all other pre-employment documentation were viewed by the trust for all staff prior to the commencement of employment. The registered manager received written confirmation of this before staff commenced duties in the home.

There were arrangements in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that the trust notified her in advance of the date that staff members were to pay their annual fees and that she checked with staff that they had done so. In addition, the trust also completed spot checks of staff registration with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was 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) along with the new procedures 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.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection; any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be 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. A 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 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 at the top of each stair well to discourage residents from descending the stairs. Pressure sensors were used for a small number of residents who might be at risk of leaving their beds at night and bedrails were used for some residents. 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 safety 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. Control of Substances Hazardous to Health) COSHH, fire safety etc. The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure during a previous 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 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

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. Fire drills were completed regularly, most recently on 18 October 2017 and 27 November 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and that fire exits and fore doors were checked daily. Fire-fighting equipment and emergency lighting were checked and regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

Records were stored safely and securely in line with data protection. A review of the care records of four residents confirmed that these were maintained largely in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident.

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. It was noted, however, in the care records of one resident that a manual handling risk assessment was not signed and dated, also that a falls risk assessment had not been reviewed since 2016. Action was required to ensure compliance with the standards in relation to risk assessments.

The care records also 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the individual care needs and preferences of residents and how these were met in the home.

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 the environment, equipment, catering and staff and visitor hand hygiene were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

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 resident 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.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to the full completion and regular review of risk assessments.

	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, including preferences for end of life care, were met within the home. Discussion with residents, a representative and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which confirmed that care plans were in place for management of pain.

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, a representative 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 and were 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 a representative confirmed that their views and opinions were taken into account in all matters affecting them, also 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, for example, there were residents' meetings, a suggestion box and residents were encouraged and supported to actively participate in the annual reviews of their care in the home.

Residents are 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 and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. There were arrangements in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “It’s very good here, they take good care of me.”
- “I’m here temporarily to recover after being in hospital. I have been here a week and I have found it to be very good. The food is excellent and the staff have taken great care of me. I have everything that I need...the bedroom might be small but it is kept very warm and clean. I have the call bell if I need anything – I have only used it once and the staff came to me very quickly. I didn’t know that there was such a service!”
- “This is an excellent place. The staff are second to none and they make it their business to make sure that they know what you need and that you get it.”
- “I’ve had a good experience of being here. I’m very grateful to all the staff for their help. They are very good.”
- “I come here two or three days each week and I enjoy it. It’s good to get out of the house and have a chat with other people. The staff are very good to me and the food is great.”
- “I like coming here.”
- “This place is first class. I come here every day and get my dinner. It saves me having to cook. My family is happy as they know I am safe here. I came here as a residents a few years after having a stroke – the staff took great care of me and got me walking again. This is a fantastic place.”

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

- “My (relative) is very unwell...the staff have been really great. We have been able to stay with him day and night and have been able to use the small kitchen on this floor. The staff have been very kind to us all.”

Staff spoken with during the inspection made the following comments:

- “As a domestic, I don’t provide direct care to the residents, but I see how the care staff treat residents and I like what I see.”
- “I am kept informed of any special diets, allergies or the need of thicken fluids by the manager or the senior care staff. I have had training in preparing the special textured diets. I meet regularly with the senior staff and manager to discuss the resident surveys of the catering and we plan new menus together. I make sure that I speak with residents in the dining room to check if they might want an alternative meal, if that’s what they want. On special occasions we make a special menu and decorate the dining room and we make sure that residents’ birthdays are marked. There is very good team working in the home.”
- “We have good training and good staff team support. I feel the care here is very good and I believe we have a good reputation in the local community. I find that management is very supportive of us as care staff.”
- “I see how the care staff attend residents quickly, how they treat them well and make them feel comfortable in the home. I feel there is excellent teamwork. I know what would not be acceptable and I wouldn’t think twice about reporting anything I would think as being poor practice.”

A visiting professional spoken with during the inspection made the following comments:

- “I find that the staff know the needs of the residents and they keep good communication with our service, letting us know if any resident needs treatment or attention. I believe the care here is good.”

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. 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, posters displayed in the home and leaflets. In discussion with staff they advised that they were due to receive refresher training on complaints management and were knowledgeable about how to receive and deal with complaints.

A 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. The registered manager advised that no complaints had been received since the last care inspection; should complaints be more frequently received, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager

advised that a monthly analysis was submitted to the trust governance department; learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned and action plans arising from such alerts was shared with staff.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, specific medical conditions. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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 line management structures.

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.

A 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.

A 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 registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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 management would offer support to staff.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2, 6.3</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person shall ensure the following –</p> <ul style="list-style-type: none"> • the falls risk assessment for one identified resident is reviewed • all manual handling risk assessments are signed and dated when completed or reviewed <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All moving and handling risk assessments as well as falls risk assessments have been reviewed updated and signed.</p>

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



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