



The Regulation and
Quality Improvement
Authority

Joymount House
RQIA ID: 1370
Joymount Court
Carrickfergus
BT38 7DN

Tel: 028 9336 3904

Inspector: Colin Muldoon
Inspection ID: IN021401

Email:
gillian.mcbride@northerntrust.hscni.net

**Announced Estates Inspection
of
Joymount House**

05 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 05 May 2015 from 10.30 to 13.15. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Minimum Standards 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	9	1

The details of the QIP within this report were discussed with Ms Gillian McBride (Manager) and Mr Emmett McCabe (Trust Estates Officer) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust Dr A Stevens	Registered Manager: Ms Gillian McBride
Person in Charge of the Home at the Time of Inspection: Ms Gillian McBride	Date Manager Registered: 18 April 2014
Categories of Care: RC-I, RC-DE	Number of Registered Places: 40
Number of Residents Accommodated on Day of Inspection: 37	Weekly Tariff at Time of Inspection: £470.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 27: Premises and Grounds

Standard 28: Safe and Healthy working Practices

Standard 29: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- The last returned Estates Quality Improvement Plan
- The last returned care inspection Quality Improvement Plan.

The following records were examined during the inspection:

- Fire and legionella risk assessments.
- Fire safety installation test and maintenance records.
- Water safety records.
- Engineering services records eg gas, electric, lifts etc.
- Fire training records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 22 October 2014. The completed QIP was returned and the responses were considered acceptable by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.-(2)(c)	<p>The legionella risk assessment should be available on site.</p> <p>The provider must ensure that a competent person considers and acts upon the recommendations made by the contractor who monitors the legionella control measures.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was a legionella risk assessment dated May 2012. The provider's response to this requirement in 2012 was that remedial works were being programmed. The current status of this work could not be confirmed.</p> <p>There were current records of monthly visits by a specialist contractor to carry out legionella control and monitoring activities.</p> <p>The inspector was informed that the legionella risk assessment had been reviewed very recently.</p>	
Requirement 2 Ref: Regulation 27.-(2)(c)	<p>The provider must confirm that the thermostatic mixing valves are being maintained in accordance with the manufacturer's guidance.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector was provided with records relating to the servicing and fail safe testing of the TMV's.</p>	
Requirement 3 Ref: Regulation 27.-(2)(c)	<p>The provider must confirm that the lift is being thoroughly examined in accordance with the Lifting Operations and Lifting Equipment Regulations (NI) 1999.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>There were current records of the lift being serviced and thoroughly examined. The report on the last thorough examination noted a number of category B defects.</p>	

<p>Requirement 4</p> <p>Ref: Regulation 27.-(2)(q)</p>	<p>The provider must arrange for a competent person to test and inspect the electrical installation.</p> <hr/> <p>Action taken as confirmed during the inspection: The electrical installation was tested and inspected in September 2013. The installation was considered to be in unsatisfactory condition and the report noted a number of category 1, 2 and 3 defects. There was documentation relating to subsequent repair work carried out.</p>	<p>Partially Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 27.-(2)(c)</p>	<p>The provider must arrange for the test and inspection of portable electrical appliances to be brought up to date.</p> <hr/> <p>Action taken as confirmed during the inspection: Addressed.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(2)(q)</p>	<p>The provider must ensure that a competent person considers and acts upon the gas warning notice.</p> <hr/> <p>Action taken as confirmed during the inspection: There were current Gas Safe certificates confirming that the appliances were safe to use.</p>	<p>Met</p>

5.3 Standard 27: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The status of the program of work to address the issues identified in the last legionella risk assessment should be clarified. It should be confirmed that a scheme for the effective control of legionella is being fully implemented.

It should be confirmed that the defects identified during the last thorough examination of the lift have been assessed and actioned by a competent person.

A competent person should provide confirmation that the necessary remedial work to the electrical installation has been completed and that the installation is now in satisfactory condition.

In some of the communal rooms there are window blinds with untethered loop cords. This was discussed with the manager in relation to the recent issue of a relevant safety alert.

Each of the rooms is identified with two numbers, one relating to the fire alarm system and the other to the nurse call system. This arrangement may have the potential to cause confusion and a delayed response to urgent situations.

Number of Requirements	5	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No issues identified during this inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The fire procedure should be reviewed and updated. The procedure should ensure that the Fire and Rescue Service is called without delay when the fire alarm sounds. Reference should be made to the recommendations arising out of the Rosepark inquiry.

The manager informed the inspector that there are four fire training sessions a year and that staff attendance is monitored and managed. It is understood that drills are not included in the training sessions and that currently there are no arrangements for carrying out practice drills.

The fire alarm system is being maintained by a specialist contractor. The service sheet for a recent visit notes that they were unable to check all the sounders. This should be followed up.

It was observed that the laundry doors were wedged open and that the door from the laundry into the main reception area was not closing tight to provide an effective fire seal.

RQIA recommends that fire risk assessments in residential care homes are carried out by an accredited fire risk assessor.

It could not be confirmed if the current assessment was carried out by an assessor with the accreditation recommended by RQIA.

Number of Requirements	4	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Gillian McBride (Manager) and Mr Emmett McCabe (Trust Estates Officer) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: Second time</p> <p>To be Completed by: 05 June 2015 and Ongoing</p>	<p>The status of the program of work to address the issues identified in the last legionella risk assessment should be clarified.</p> <p>It should be confirmed that a scheme for the effective control of legionella is being fully implemented.</p> <p>The provider should confirm that arrangements are in place for a competent person to action issues identified in the latest legionella risk assessment within timescales acceptable to the legionella risk assessor.</p> <p>Response by Registered Manager Detailing the Actions Taken: The program of work as per previous LRA is approx 80% complete with end target date of July 2015.</p> <p>The NHSCT has a legionella monitoring and test scheme in place currently under contract by Chemical Treatment Services and a follow up maintenance programme for remedial works by DEL /Subcontractor</p> <p>NHSCT DEL competent persons are currently engaged on programme of works for compliance Re LRA dated 7th May 2015 Job Nos 399696/399713/399688/399683/399680/399676/397153/394627</p>
<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: Second time</p> <p>To be Completed by: 05 June 2015</p>	<p>It should be confirmed that the defects identified during the last thorough examination of the lift have been assessed and actioned by a competent person.</p> <p>Response by Registered Manager Detailing the Actions Taken: The light repairs are covered under job card 411836 and the repair of the roller lock will be completed by Kone during PPM visit programmed for August 2015</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.-(2)(q)</p> <p>Stated: Second time</p> <p>To be Completed by: 05 June 2015</p>	<p>A competent person should provide confirmation that all the necessary remedial work to the electrical installation has been completed and that the installation is now in a satisfactory condition.</p> <p>Response by Registered Manager Detailing the Actions Taken: Remedial C1 C2 works completed under job no 285769 certified under minor works certificates 0138018/0138019/0138020/0138021/0138022</p>
<p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(a) and (c)</p>	<p>The safety of the window blind cords should be assessed in relation to Estates and Facilities Alert EFA/2015/001.</p>

<p>Stated: First time</p> <p>To be Completed by: 05 June 2015</p>	<p>Response by Registered Manager Detailing the Actions Taken: Minor Capital Works application to be submitted for anti - ligature blinds/safety clips for existing blinds.</p> <p>Estate Services contacted. Waiting on guidance re health and safety.</p>
<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 05 June 2015</p>	<p>The system for numbering rooms should be reviewed and appropriate action taken which will prevent any confusion around the identification of rooms.</p> <p>Response by Registered Manager Detailing the Actions Taken: Room numbering system for nurse call is to be amended complete July 2015 to mirror Fire alarm system.</p>
<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 05 June 2015</p>	<p>The fire procedure should be reviewed and updated. The procedure should ensure that the Fire and Rescue Service is called without delay when the fire alarm sounds. Reference should be made to the recommendations arising out of the Rosepark inquiry. All staff should be trained and drilled in the revised procedure.</p> <p>Response by Registered Manager Detailing the Actions Taken: This has been reviewed and re-written. Fire drill has been planned for the next training session - Wednesday 16 September 2015.</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(f)</p> <p>Stated: First time</p> <p>To be Completed by: Ongoing</p>	<p>Arrangements should be in place for all staff to participate in practice fire drills in accordance with NIHTM84.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire drills should be arranged by the Unit Manager and Trust Fire Officer will observe and advise as required. Instruction in evacuation is given as part of fire training - Wednesday 16 September 2015.</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(iv)</p> <p>Stated: First time</p> <p>To be Completed by: 05 June 2015</p>	<p>A competent person should follow up the fire alarm service contractors report regarding their inability to complete their service checks.</p> <p>Response by Registered Manager Detailing the Actions Taken: F/A contractor is testing as per contract 25% - 100% annual test. Notes written into log book by BPS (Reunable to check all sounders.....The check list within the contract states check all sounders but only 25% is tested per visit times 4 to complete 100%</p>

<p>Requirement 9</p> <p>Ref: Regulation 27.-(4)(c) and (d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate for wedges and 05 June 2015</p>	<p>Arrangements should be made which will ensure that the laundry doors are not wedged open. The advice of the fire risk assessor should be sought.</p> <p>The door from the laundry into the main reception hall should be adjusted so that it closes tight to provide an effective fire seal.</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>Door repaired on 8thMay 2015 - Job Card 399801.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be Completed by: Anniversary of current fire risk assessment.</p>	<p>It should be ensured that the person carrying out the next review of the fire risk assessment holds professional body registration or third party certification for fire risk assessment and be registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 02 April 2015 and the guidance contained in:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The Trust employs specialist fire safety advisors.</p>

Registered Manager Completing QIP	Gillian McBride	Date Completed	2/02/15
Registered Person Approving QIP	Una Cuning Dr Tony Stevens	Date Approved	23.07.15
RQIA Inspector Assessing Response	Colin Muldoon	Date Approved	25/09/2015 *

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address

*Clarification or follow up required on some items.

Please provide any additional comments or observations you may wish to make below: