

Unannounced Care Inspection Report 14 February 2017



Joymount House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Joymount House Residential Home took place on 14 February 2017 from 10:15 to 16:15.

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

Is care safe?

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

One recommendation was made in regard to staff training records.

Is care effective?

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

One recommendation was made in regard to care records.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One recommendation was made in regard to the management of complaints.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 June 2016.

2.0 Service details

Registered organisation/registered person: Northern Health and Social Care Trust	Registered manager: Mrs Gillian McBride
Person in charge of the home at the time of inspection:	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 ten residents, three care staff, one resident's representative and the registered manager. No visiting professionals were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of five residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 August 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 June 2016

Last care inspection recommendations		Validation of compliance
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 – <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 	Met
	Action taken as confirmed during the inspection: Inspection of monthly monitoring visit reports confirmed that the duration of visits were recorded; residents approached to gather their views on the quality of services and facilities in the home had their identities protected, unless they gave permission to be named.	

<p>Recommendation 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that the records of all fire drills are appropriately signed and dated.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of fire drill records confirmed that these were signed and dated.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that a review of the provision of activities within the home is undertaken.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that two reviews of the provision of activities were undertaken since the last care inspection. This had resulted in an increase in activities in the home.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 20.5</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<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>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the arrangements for residents to move between the upper floors and the dining room was undertaken and that more seating had been provided adjacent to the lift. Residents were encouraged to leave the dining room gradually. A larger lift was also to be installed in March 2017. This would allow more residents to use the lift at a time, therefore reducing the amount of time residents would have to wait for the lift.</p>	Met

4.3 Is care safe?

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

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. Whilst there was evidence that staff had completed all mandatory training, it was noted that the matrix to record the dates of such training was not up to date. A recommendation was made in this regard.

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. A sample of completed staff competency and capability assessments was reviewed and found to be satisfactory. The registered manager advised that such assessments were completed annually. This represented good practice.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff continued to be 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 were viewed by the trust for all staff prior to the commencement of employment; the registered manager received written confirmation that all documentation was satisfactory. There were also arrangements in place to monitor the registration status of staff with their professional body (where applicable).

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

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

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

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was confirmed by observation of equipment and inspection of maintenance records.

Review of the infection prevention and control (IPC) policy and procedure 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. The registered manager advised that spot checks were carried out at staff handovers. This was to ensure that care staff did not wear unnecessary jewellery and that fingernails were short, clean and unpainted. Long hair was to be tied back and correct uniform worn.

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 since the last care inspection. 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 26 May 2016 and no recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that means of escape were checked daily and fire alarm systems 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.

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

Comments received from residents' representatives were as follows:

- "I am very confident about the standard of care."
- "My (relative) feels safe and secure knowing that staff are on hand if required. The majority of staff are very friendly and do all they can for my (relative)."

Areas for improvement

One area for improvement was identified. This was in relation to maintaining accurate records of mandatory staff training on the matrix.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

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

A review of the care records of five residents confirmed that they included an up to date assessment of needs, life history, risk assessments, care plans and daily or regular statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, bedrails, where appropriate) were reviewed and updated on a regular basis or as changes occurred. It was noted, however, that some care plans and risk assessments had not been signed by the resident (and/or their representative) and by staff. A recommendation was made in this regard.

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. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks), hand hygiene and mattresses 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.

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

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of residents meetings were reviewed during the inspection. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

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

A comment received from a resident's representative was as follows:

- "Care is effective and staff are quick to meet requests made."

Areas for improvement

One area for improvement was identified. This was in relation to having care plans and risk assessments signed by the resident (and/or their representative) and by staff.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

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 resident's representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, a resident's 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; staff were also able to describe 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 resident's representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a representative 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. These included residents' meetings and the participation of residents in the annual reviews of care.

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

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

Residents spoken with during the inspection made the following comments:

- "I like it here well enough. The staff are kind and they are very helpful. I like the food and I get plenty of cups of tea."
- "The girls (staff) are very good to me. I have a lot of pain in my back and legs and they make sure I get my tablets. My room is nice and comfortable and warm. The food is good. There's a good variety of food and always plenty to eat and drink. I'm happy here."
- "They are good, very helpful."
- "This is a good place. They treat us well and are helpful. It's nice and warm and they keep it very clean. I like the food. All is going well."
- "We really like the food and the staff make sure we get lots of drinks and snacks."
- "I like it here, for the girls are lovely – they would do anything for you."
- "All's well. This is a good place."
- "It's smashing. I enjoy living here."
- "I don't mind sitting here and waiting to go down (in the lift) for meals. It gives us a good chance to meet up with the other residents and chat."

A resident' representative spoken with during the inspection made the following comment:

- "I am very impressed by the care provided to my (relative). The staff took time to get to know both of us, especially what my (relative's) care needs are. The staff keep very good communication with me. They are so helpful and approachable and very patient. We have had a positive experience of care in a home."

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

A comment received from a resident's representative was as follows:

- "My (relative) enjoys the religious services on a Sunday afternoon but they tend to be very irregular and often cancelled at short notice."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records identified that records from residents, their representatives or any other interested party did not consistently include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. A recommendation was made in this regard.

The registered manager described how information about complaints and compliments was shared with staff within staff team meetings and in individual staff supervision, where appropriate. Only one written complaint had been received since 2015. The registered manager advised that, 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, oral health, foot care, stoma management, textured meals and the use of fluid thickeners.

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.

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 and employer's liability insurance certificate were displayed.

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

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The 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 they will 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. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

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

A comment received from a resident's representative was as follows:

- "Staff are all friendly and helpful, and although busy, find time to answer questions."

Areas for improvement

One area for improvement was identified. This was in relation to the need for records of complaints from residents, their representatives or any other interested party to include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment 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

<p>Recommendation 1</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The registered provider should ensure that records of mandatory staff training are accurately maintained and the matrix fully completed.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The training matrix is now up to date. SCA's have been asked to bring this up to date on a monthly basis for their staff.</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The registered provider should ensure that care plans and risk assessments are signed by the resident or their representative and by staff.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Staff have been reminded that care plans and updates are required to be signed by both the staff member and the resident/representative.</p>
<p>Recommendation 3</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The registered provider should ensure that records of complaints from residents, their representatives or any other interested party include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The inhouse complaint form has been amended to include all those spoken with in the course of an investigation.</p>

Please ensure this document is completed in full and uploaded via the web portal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews