



# Inspection Report

**Name of Service: Joymount House**

**Provider: Northern HSC Trust**

**Date of Inspection: 3 March 2025**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Northern HSC Trust
<b>Responsible Individual:</b>	Ms Jennifer Welsh
<b>Registered Manager:</b>	Ms Gillian McBride
<p><b>Service Profile –</b>            This home is a registered residential care home which provides health and social care for up to 40 residents. The home is based over three floors and provides general health and social for residents over the age of 65.</p> <p>There are a range of communal areas throughout the home which residents can access.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 March 2025, between 10.20 am and 4.10 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents spoken with generally provided positive feedback about their experiences residing in the home. Those residents who were able to make their wishes known said the food was good and that staff were supportive and approachable. Some of the comments shared included, "it's a good place, the people are trying their best" and "the girls are all lovely, no issues." There was mixed feedback provided about the provision of activities. This is discussed further in section 3.3.2.

Visitors and relatives spoken said they were happy with the care provided in the home. Some of the comments shared included; "everyone's really friendly, I think it is a lovely little home."

A healthcare professional who was visiting the home said that, "the residents are mostly happy and like it in here, the staff are good at walking residents."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing. A discussion took place with the management team regarding the need for staffs' full names to be consistent across all systems. There was evidence that improvements in staff attendance were required with regards to Deprivation of Liberty Safeguard (DoLS) training, the management team provided assurances this has been organised for staff to attend.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity, which was a quiz game, confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The three weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events. Some residents said they were unsure about the daily activities on offer. A discussion took place with the management team regarding the need for review of the activity schedule to ensure this clearly reflects the week and the activities for that week.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment

The home was generally clean and tidy. Bedrooms were generally personalised with items important to the resident. Bedrooms and communal areas were, suitably furnished, warm and comfortable. There was evidence of improvements required across the building, for example; there were a number of sinks in residents' bedrooms which were stained, ceiling tiles were missing and furniture in the smoke room and rehab kitchen required repairs to ensure these can be cleaned effectively. An area for improvement was identified.

There was evidence of rooms being used outside of their original stated purpose, for example; a bedroom was being used to store equipment. Assurances were provided in writing following the inspection that those rooms being used outside of their original stated purpose have been reverted back to their original stated purpose. There was also evidence of rooms having been changed prior to approval of the variation by RQIA, for example; a lounge had been changed into a staff room prior to approval by RQIA. An area for improvement was identified.

The electrical cupboard was unlocked at the time of inspection. This was addressed by the estates team. A discussion took place with the management team and assurances were provided in writing following the inspection that a system has been implemented to check this cupboard daily to reduce the risk of this reoccurring.

Review of records and discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks. There was not always evidence that when deficits were identified and escalated to estates that these were signed off when completed. A discussion took place with the management team to ensure this is completed to ensure these checks are robust.

The Fire Risk Assessment was completed by an accredited fire risk assessor on 6 September 2024 and the overall fire risk was assessed as tolerable. There was evidence that actions were being taken within the timeframes agreed by the fire risk assessor.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of staff practice to ensure compliance. There was evidence of inappropriate storage of continence aids in some areas of the home. Assurances were provided by the management team that this would be addressed and discussed with staff.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Gillian McBride has been the Registered Manager in this home since 18 April 2014.

Staff commented positively about the manager and said she was able to provide guidance.

Review of a sample of records evidenced that systems for reviewing the quality of care, other services and staff practices was in place. Improvements were identified as required regarding monthly walkaround audits. Whilst there was evidence these were in place and completed

consistently, these audits were not robust in identifying deficits or areas requiring action. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. A discussion took place with the management team to ensure that monthly monitoring visits review of the environment is effective at identifying deficits and areas which require further review or action.

A record of compliments received about the home was kept and shared with the staff team; this is good practice. Some of the comments included; “Thanks to everyone who looked after me. You have all been amazing and made my time at Joymount a second home. I will miss you all.”

**4.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	2

\* the total number of areas for improvement includes one regulation which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Colette O’Neill, Area Manager and Ms Gillian McBride, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b) Schedule 2 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 22 February 2024	The Registered Person shall ensure pre-employment checks evidence that a physical and mental health assessment or self-certification has been completed prior to an individual commencing employment in the home.  Ref: 2.0  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2025</p>	<p>The Registered Person shall ensure environmental audits are robust in identifying deficits; where deficits are identified a timebound action plan should be developed and signed off when completed.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> Enviromental audits are carried out on a daily basis in randomly selected areas of the unit. Daily environmental audits will now include a record of when deficit is identified and a record of date rectified. If a defect is noticed it is reported to Estates and recorded on the audit. Staff have been reminded to record when the action is completed</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 April 2025</p>	<p>The Registered Person shall submit a rolling refurbishment plan to RQIA outlining the plan for repairs and timeframes relating to:</p> <ul style="list-style-type: none"> <li>• Sinks in residents' bedrooms</li> <li>• Furniture in the rehab and smoke room and;</li> <li>• Ceiling tiles</li> </ul> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Ceiling tiles Job No. 319894 Sinks in residents bedrooms Job no. 1004002 The furniture Identified in the rehab and smoke room has been removed</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 March 2025</p>	<p>The Registered Person shall ensure no structural changes or changes to the use of the registered building are made without approval from RQIA.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Items have been removed form the unused bedrooms and variations have been submitted for the 2 lounges.</p>

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



## The Regulation and Quality Improvement Authority

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