The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Joymount House

Provider: Northern HSC Trust

Date of Inspection: 25 February 2026

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

1.0 Service information

Organisation/Registered Provider:	Northern HSC Trust
Responsible Individual:	Mrs Suzanne Pullins
Registered Manager:	Ms Gillian McBride

Service Profile –
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.

There are a range of communal areas throughout the home which residents can access.

The home also provides care on a day basis only to four persons.

2.0 Inspection summary

An unannounced inspection took place on 25 February 2026, between 09.10 am and 4.20 pm by two care inspectors.

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 3 March 2025 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 to a recovery ethos.

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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Two areas for improvement were stated for a second time. 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 resident's, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 gave positive feedback regarding their experience of living in the residential home. Residents who were able to make their wishes know said, "the staff were supportive and had time for them." "I have choice in what I get to eat and do during the day" and "I feel very supported here". Others reported that, "its okay, but it's not home."

Visitors and relatives said they were happy with the care, "my relative has come a long way, they [the staff] do a great job" and "They keep me up to date with any changes."

Residents said they had a choice in how they spent their day. For example, they can choose to attend activities led by care staff, or spend time on their own activities, such as reading, listening to the radio or spending time with friends and relatives.

Residents told us they have choice in what food they eat, what they wanted to wear and when they wished to go to bed.

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 and there was sufficient evidence that staff had been safely recruited. Advice was provided to the manager to ensure their staff recruitment checklist recorded staff's right to work in the UK and reasons for leaving previous employment.

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.

Staff were observed responding promptly to residents in a caring and compassionate manner.

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 residents' needs, their daily routine wishes and preferences.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. 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 the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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. Staff had tried to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were also aware of residents who required a modified diet.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. Residents' social, religious and spiritual needs were met through a range of individual and group activities such as bingo, board games, crafts, hairdressing or one to one time with staff. Residents were well informed of the activities planned for the day and of their opportunity to be involved and looked forward to attending the planned events and their wishes were respected if they declined to attend. The weekly programme of social events was displayed on the noticeboard advising of future events.

Observation of the planned morning activity before lunch confirmed that staff knew and understood residents' preferences and wishes. Staff supported residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to the radio or waiting for their visitors to come.

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 clean. Residents' bedrooms were personalised with some items important to the resident. Bedrooms and communal areas were warm and comfortable.

Some parts of the home were cluttered; ceiling tiles across the building required replacement; and some walls, furniture and sinks in communal bathrooms and in residents rooms were showing signs of wear and tear. The specific findings were discussed during the inspection, and the manager agreed to to complete a refurbishment plan. An area for improvement was identified.

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. Advice was provided on the need to ensure records evidenced when issues were identified and escalated to estates; and that these were signed off when completed.

The Fire Risk Assessment was completed by an accredited fire risk assessor on 9 September 2025 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 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.

Some continence aids, such as incontinence pads, were not appropriately stored. This was addressed on the day of inspection. There was no separate hand and equipment washing facilities in the sluice room. An additional decontamination sink is required. An area for improvement was identified.

3.3.5 Quality of Management Systems

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

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes. However, environmental audits were not robust and did not identify the issues identified during the inspection and discussed in section 3.3.4. This area for improvement was therefore not met and has been stated for a second time.

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; “Thank you for looking after my relative so well…we are so thankful.”

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
Total number of Areas for Improvement	0*	5*

*The total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gillian McBride, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 27 **Stated:** Second time **To be completed by:** 28 April 2025	The Registered Person shall submit a rolling refurbishment plan to RQIA outlining the plan for repairs and timeframes relating to: • Sinks in residents' bedrooms • Furniture smoke room and; • Ceiling tiles Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has identified the requirement for sink replacement and is engaging with Trust estates team to progress a workplan with associated timeframes. The furniture in the smoke room was replaced on 26th February 2026. Missing and damaged ceiling tiles replacement work began on 18th May 2026. This work will continue over the next few weeks. The ceiling tiles have been inspected and all remain secure.
Area for improvement 2 **Ref:** Standard E42	The Registered Person shall ensure Separate hand washing facilities that meet infection, prevention and control guidelines are provided in close proximity to sluice rooms.

Stated: First time **To be completed by:** 25 March 2026	Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has engaged with Trust estates department to identify need for a separate handwashing facility that meets IPC guidelines in close proximity to the sluice room. This has been reviewed by Trust Estates and is out with a contractor for costing.
Area for improvement 3 **Ref:** Standard 28.8 **Stated:** First time **To be completed by:** 25 February 2026	The Registered Person shall ensure decontamination of reusable medical devices namely commode basins and urinals are carried out in line with current best practice and standards, and related records kept. Ref: 3.3.4
	Response by registered person detailing the actions taken: Process for decontamination of reusable medical devices in line with best practice guidance and standards is being followed by staff in the unit, overseen by the registered person. Records relating to same are maintained and held by the registered person on site.
Area for improvement 4 **Ref:** Regulation 20.10 **Stated:** Second Time **To be completed by:** 31 March 2025	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. Ref: 3.3.4
	Response by registered person detailing the actions taken: Environmental audits are in place and occur weekly. Where deficit(s) are identified, a clear action plan including timeframe for resolution is documented. This action plan template includes a section for sign off when the action is complete. The registered person maintains oversight of this process and holds copies of environmental checks on the premises.
Area for improvement 5 **Ref:** 27.1	The Registered Person shall ensure that the premises is well maintained and a rolling refurbishment plan made to address; • Paintwork

Stated: First Time **To be completed by:** 25 February 2026	• damaged cupboards; a timebound action plan should be developed and signed off when completed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The refurbishment of the unit has been costed. Trust estates Department will support to develop a collective action plan, inclusive of timeframes, that addresses the above noted areas of refurbishment required.

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

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