

Inspection Report

Name of Service:	Pond Park Care Home
Provider:	Healthcare Ireland No 2 Ltd
Date of Inspection:	8 September 2025

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:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Ms Julie McCall
Service Profile – This home is a registered nursing home which provides nursing care for up to 58 patients. The home is divided in three units; the Pond Park House and the Millennium Unit are located on the first floor in which patients received general nursing care; and the Wallace Unit located on the ground floor in which care is provided to people living with dementia. Each unit has communal living and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2025, from 9.30 am to 4.00 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 6 February 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 patients 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients 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 all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 patient'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

Patients told us they felt safe in the home, that staff were respectful. Others said the staff were "very good, very nice", "everyone here is really nice", and this is "a really nice place to be".

Patients were observed to be having a positive experience, laughing and joking with staff and with one another.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients, who did not want to spend time in the communal lounge, were supported to relax in their room and watch their own T.V programmes. Others who wanted to spend time with others were supported with this; enjoying the company of others while they read a magazine.

Patients told us that staff offered choices to them throughout the day and staff were able to demonstrate a variety of ways they offer choice to patients for example, if a patient asks for a meal off-menu or supporting patients to engage in activities of their choice.

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 patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. The spoke positively of the support they received from management. Staff responded promptly to call bells and their activities were organised by Activity Coordinator. Staff also engaged in engaging in meaningful activity and engagement with patients. Patients said they had confidence in staffs' ability to provide good care and that they felt safe.

There were systems in place to ensure staff registered with their own regulatory body.

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff demonstrated a compassionate approach to care and upheld the dignity of patients. For example, patients who required assistance with their meals were assisted with dignity and respect, particularly in the Wallace unit. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff communicated with patients in a way which valued each patient as an individual. For example, during an activity patients were able to bring their own experiences and each enjoy the others story.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

At times some patients 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 patients and to manage this aspect of care. Details of restrictive practice were clear in care records.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place for example patients were encouraged to use walking aids, wear appropriate footwear. There was evidence that staff engaged with other professionals to manage the risk of falling.

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

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried throughout the home. It was observed that patients were enjoying their meal and their dining experience. The mealtime coordinator directed the serving of the meal, ensuring the each patient received their correct meal. It was clear staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients told us, "the foods lovely".

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, balloon tennis, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or watching their own T.V.

Staff understood that meaningful activity was not isolated to the planned social events or games. They demonstrated knowledge of meaningfully providing patients with choice and willingness to facilitate their preference where possible.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Arrangements were in place to meet patients' social, religious needs within the home.

Patients' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one, beanbag toss, tea parties and 'finish the proverb'. The weekly programme of social events displayed on the noticeboard was shared with patients in bedrooms to inform of planned events if they wished to attend. Staff offered patients meaningful engagement in their own rooms if they did not wish to attend in a group.

3.3.3 Management of Care Records

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

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Care plans were detailed, providing clear instruction to staff of their role in meeting the identified need and how best to support the patient while facilitating independence where possible. Care records were contemporaneous and completed fully.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. It was evident that patients had been involved in the decoration of their bedrooms if they wished. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There were photographs throughout the home of seasonal events and organised activities, which happened in recent months.

There were 'homely' touches such as soft seating in the foyer, flowers, newspapers and magazines. The Wallace suite was decorated in such a way that might provide stimulation for someone living with dementia. For example, some areas were decorated as though a post office. The dining area was decorated like a café, and menus had been developed to represent the meals on offer for each day. Patients were encouraged to sit together during meals to engage in positive socialisation.

Some patient wardrobes throughout the home were disorganised and the manager agreed to address this.

Staff were observed washing their hands correctly and at appropriate times; and to use personal protective equipment (PPE) appropriately.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Julie McCall Has been the registered manager since 11 May 2021.

Patients and staff commented positively about the manager, describing her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust 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, and took measures to improve practice, the environment and/or the quality of services provided by the home.

There was a record of compliments from relatives and a display of thank you cards.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie McCall, manager as part of the inspection process and can be found in the main body of the report.



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