

Inspection Report

Name of Service: Pond Park Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 6 February 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 receive 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 6 February 2025, between 9.30 am and 6.30 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 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

We found care to be effective and delivered in a compassionate manner. 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 two areas for improvement were assessed as having been addressed by the provider. 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 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.

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 spoken with told us, "it's great here", and "the staff are great". Others spoke positively of the choice they were offered; whether they stayed up late watching TV and got to lie in, or if they engaged in group activities. Staff also brought in newspapers and items some requested from the shops for patients.

Patients also told us that staff knew them well and how best to help them, for example helping them with their personal daily routine. Others spoke of the particular food or meals they asked to be part of the menu and they were listened to in this respect; others, spoke of the food being great.

Relatives told us that they had a good relationship with staff and that they were contacted by the home in order to be updated and involved in care as requested by their loved one.

A small number of surveys were received following the inspection providing very positive feedback; relatives who completed these advised that they felt very confident in the care of the staff for their loved ones.

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 systems in place to manage staffing and a robust system in place to manage the registration of nurses and care staff.

There was a clear system in place to identify who was in charge of the home in the absence of the manager.

Staff responded promptly to call bells and there was enough staff to provide activities.

Patients spoke of staff being kind and helpful. Some patients told us that they felt the staff were very busy but felt confident if they asked for help that staff would facilitate.

Staff said they felt supported in their role however, they shared occasions where they felt teamwork could improve. This was highlighted to the manager for their action and review.

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.

Staff were prompt in recognising patients' needs and any early signs of distress, offering compassionate support. For example, giving calm reassuring verbal support when a patient required assistance. Staff sought to support patients to feel comfortable and safe when they wished to be in their own bedroom.

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. Staff offered patients choice in how and where they spent their day or how they wanted to engage socially with others.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. It was evident that staff sought to accommodate preferences as far as was practicable. Patients spoke warmly of being able to schedule their day as they preferred such as starting the day early as they did when they lived independently.

Patients throughout the home spoke of being able to choose how they spent their day; whether they engaged in group activities and where they ate their meals. Others spoke of being thankful they were able to eat their meals in the privacy of their bedrooms.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff were attentive to patients, ensuring they had access to call bells. Patients were encouraged to use the call bells in the bathrooms to facilitate independence with personal care where possible and patients were encouraged to wear appropriate footwear when mobilising.

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.

Patients told us that they enjoyed the food in the home. Patients views were sought to ensure their choices and preferences were used to plan the menu.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. There were systems in place to manage patients' nutrition and mealtime experience. Staff advised that they did not always complete a Safety Pauses but were very intentional in identifying a coordinator at mealtimes. This was shared with the manager for review as a more consistent approach would be good practice.

Staff were observed in the Millennium Unit to be following the instruction of the mealtime coordinator who identified the correct meals for each patient. In the Wallace Unit, this was less well organised. Care records to direct staff on the supervision each patient required at meal times were not accurate. The inspector intervened on one occasion to ensure that one patient was given the correct level of supervision at lunch. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. This was evident as staff facilitated independence and choice where possible; involving patients to plan their day. Observation of the planned activity of tennis in the morning, confirmed that staff knew and understood patients' preferences and wishes. The activity staff helped patients 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.

Patients were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events. The weekly programme of social events was displayed on the noticeboard and shared with patients and families in each bedroom to inform them of future events. Scheduled activities included bingo, catch a bag, singing and Barber & nail and beauty. In addition to this, there was support offered to some patients who wished to engage in colouring or reading.

Patients and families told us that the activities were very much enjoyed and looked forward to the one to one time also.

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.

On the whole, care records were person centred and well maintained. Care plans detailed individual preferences for patients.

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. Risk assessments and care plans did not clearly record the rationale for restrictive practices. Through discussion with staff, it was established that there was a knowledge gap regarding this aspect of care and the need to ensure staff appropriately promote a patients' freedom of movement. Two areas for improvement were identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Patients had been involved in choosing their bedroom décor and displayed personal photographs, cherished items and paintings.

There was photographs on display throughout the home of seasonal activities and parties which had happened over recent months.

There were 'homely touches' such as flowers and magazines in various communal areas of the home. The décor in the Wallace Unit provided stimulation for some who may have difficulty with orientation to place. For example, the dining area was decorated like it was a café, encouraging patients to go there together for their meals. The tables were decorated as in a café with a menu of what is on offer. There was not a pictorial menu which may be a more suitable aid for people living with dementia. This was discussed with the manager and will be reviewed at a future inspection.

There was some wear and tear noted throughout the building, some doors and walls needing repainted for example. When this was discussed with the manager, it was clear there was an active refurbishment plan in place to address these issues.

In all three units there were cleaning trolleys left unsupervised on multiple occasions with potentially hazardous cleaning products left accessible. In the Wallace Unit, items such as razors and personal care items were not securely stored. Staff were asked immediately to secure these items. Three areas for improvement were identified.

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 in this home since 11 May 2021.

Patients commented positively about the manager.

Staff described the manager as supportive, approachable and able to provide guidance. However, some staff did not demonstrate clear knowledge and understanding of how to escalate any potential Adult Safeguarding Concerns beyond the manager; there was a gap in knowledge with regards to staff's responsibility. This was brought to the manager's attention who advised this would be addressed in the safeguarding training which was planned.

A system for reviewing the quality of care, other services and staff practices was in place. Completed audits evidenced clear oversight from the manager.

There was evidence that relatives and patients were included in the home through meetings.

There was evidence that where a complaint had been raised with the manager that the manager had engaged with the complainant and efforts made to resolve issues. There was also an array of thank you cards from relatives for the care given to their loved ones.

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	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julie McCall, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 6 February 2025	<p>The registered person shall ensure that cleaning and tea trolleys are secured and are not left unsupervised with potentially hazardous items accessible to patients.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All Nurses, Care assistants and Domestic staff are reminded of their responsibilities in this area during safe care huddles.</p> <p>There is ongoing monitoring by the Home Manager during daily walkabouts and by senior management during reg 29 visits.</p>
Area for Improvement 2 Ref: Regulation 13 (4) (a) Stated: First time To be completed by:	<p>The registered person shall ensure that all medications are stored securely when unattended to; medication such as prescribed creams are not to be accessible in bedrooms.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken:</p>

6 February 2025	<p>A robust system has now been implemented in Wallace Suite, all keys to lockers are together, these are signed in at each shift change, with nurse in charge ensuring that all bedroom lockers remain locked when not in use by staff</p> <p>Continued monitoring from Home Manager on daily walk about and Senior Management during REG29 visits.</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 6 February 2025</p>	<p>The registered person shall ensure that potentially hazardous items are not accessible to patients in the Wallace Suite. This includes but is not limited to razors, and deodorants which must be securely stored.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A robust system has now been implemented in Wallace Suite , all keys to lockers are together, these are signed in at each shift change, with nurse in charge ensuring all bedroom lockers remain locked when not in use by staff</p> <p>Continued monitoring from Home Manager on daily walk about and Senior Management during REG29 visits</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2025</p>	<p>The registered person will ensure that patients receive the correct level of supervision required at mealtimes, in line with their assessed need.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All staff are aware of Mealtime Coordinator for each shift as per allocation sheets. The Mealtime Coordinator oversees the service of all food and fluids delivered for that day and will implement the safety pause before meal /snack service.</p> <p>This is evidenced by the mealtime coordinator signing off the Meal Distribution Record which states the recommended IDDSI Level for each resident as well as the recommended level of supervision.</p> <p>The written handover sheets also clearly state the level of supervision required for each resident for ease of reference for all nursing and care staff on duty</p>

	<p>Refresher clinical supervision is completed with all staff to refresh what it is meant by the different levels of supervision recommended by SALT team. all staff have completed training in dysphagia.</p> <p>Recent SEHSCT SALT observation 27.02.25, staff scored 100%</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2025</p>	<p>The registered person will ensure that where a person is subject to restrictive practice, care records clearly provide a rationale for this.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All restrictive practice that is in use, has a care plan in place with rationale, alongside consent and risk assessment.</p> <p>These are updated at least monthly by nursing staff and reviewed with the monthly Restrictive Practice Audit, spot checks are completed within reg29 visits.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 17.5 & 17.7</p> <p>Stated: First time</p> <p>To be completed by: 3 May 2025</p>	<p>The registered person will ensure that staff fully understand what constitutes a restrictive practice. If necessary, additional training should be sought to facilitate this.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All staff have had individual supervisions relating to restrictive practice and given a copy of the Homes Policy to review. HCI Adult Safeguarding Champion conducted Human Rights & Adult Safeguarding Workshops with staff with a focus on restrictive practice.</p>

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