

# Inspection Report

**Name of Service:** Woodlawn House

**Provider:** Southern Health and Social Care Trust

**Date of Inspection:** 4 September 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>	Southern Health and Social Care Trust
<b>Responsible Individual:</b>	Mr Colm McCafferty
<b>Registered Manager:</b>	Mrs Maureen Edna Roberts – Not registered
<p><b>Service Profile –</b>  This home is a registered nursing home which provides nursing care for up to 9 patients who have a learning disability. Patients have access to communal dining and social rooms. Bedrooms and communal rooms are located within a single storey building. A second building, Hillview, is adapted to facilitate one patient at a time who presents with behaviours that can be challenging.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 4 September 2025 from 9.25am to 3.15pm 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 5 December 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 patients and the service was well led. As a result of this inspection the four areas for improvement from the previous care inspection was 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 the report.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

## 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 patients, 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 indicated that they were happy in the home and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from patients or their relatives.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There was no responses from the staff online survey.

## 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. RQIA were made aware prior to the inspection of a planned reduction of service due to a shortage in staffing levels. The number of patients accommodated was dependent on the number of staff available to care for them. Recruitment of staff was ongoing and management were trying to employ additional staff from other means.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that the current patients' needs, at the time, were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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 were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Continence management was assessed on admission and care plans were in place to guide staff in this area of care and to identify any continence aids required to meet the patients' needs. Bowel management had been recorded well.

Patients had good access to food and fluids throughout the day and night. Meal choices were offered to patients daily and alternatives provided where the patient did not like the choices. Food was only served when the patients were ready to eat their meal. Food served appeared appetising and nutritious. Staff were knowledgeable in relation to each patient's nutritional requirements and supervision needs at mealtime.

Staff were aware of each patient's interests and hobbies. Individual records of activity engagements were maintained. Staff were observed engaging with patients compassionately throughout the day joining in with or facilitating social activities of the patient's choice.

### 3.3.3 Management of Care Records

Patients' needs were assessed/reassessed by a nurse at the time of their admission to the home. Following this assessment, care plans were developed/reviewed to direct staff on how to meet the patients' needs. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

### 3.3.4 Quality and Management of Patients' Environment Control

Patients brought in their chosen belongings to keep in their rooms for the period of time that they were staying. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were no malodours in the home.

The manager confirmed that funding had been made available and external improvements had been planned and were in process.

Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. Personal protective equipment was readily available throughout the home.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Maureen Edna Roberts has been managing the home in an acting capacity since 21 April 2025 until the registered manager resumes in post. Staff commented positively about the management team.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

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.

Accidents and incidents were reviewed monthly for pattern and trends. A new database had been created for all staff to access incidents. Selected incidents were discussed at the monthly staff meetings for learning. Minutes of the meetings were made available for all staff to read.

There had been a recent rise in the number of complaints received in the home since the reduction of the service provision. The assistant director had written to concerned families offering to meet and discuss the concerns. Compliments received were logged and shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

#### **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 Chanelle Crawford, Nurse Team Lead and Claire Quinn, Deputy Manager, as part of the inspection process and can be found in the main body of the report.



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