

Inspection Report

Name of Service:	Pond Park Care Home
Provider:	Healthcare Ireland No 2 Ltd
Date of Inspection:	14 July 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:	Healthcare Ireland No 2 Ltd
Responsible Individual/Responsible Person:	Ms. Amanda Mitchell
Registered Manager:	Ms. Julie McCall
Service Profile – Pond Park is a registered nursing home which provides nursing care for up to 58 patients. The home is divided into three units. Pond Park House and the Millennium Unit are located on the first floor and provides care for those with general nursing needs. Wallace Unit is located on the ground floor and is a unit for those living with dementia who require nursing care. Each unit has a communal living and dining area. There are also communal outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 14 July 2026 between 8.40 am and 4.50 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to enhance the cleanliness in the home. Details and examples of the inspection findings can be found in the main body of the report.

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 four 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 spoken with told us that they found the staff to be helpful, 'everyone working in here is nice' and there was 'plenty to do'.

Patients were observed to be engaging with staff, joking and talking to each other in communal areas. Patients who were unable to verbalise their experience were observed to be comfortable in their bedroom or day room, appeared content and smiled when spoken with.

Patients confirmed that they had choice how to spend their day. Some patients prefer to spend their day in their bedroom watching TV or listening to the radio. Others said that they enjoyed spending time in the communal room, outdoors, reading magazines or colouring in.

Patients told us they had a choice of meals at lunch and dinner time.

Relatives spoken with told us that they were generally content with the care their relative received and found the manager to be approachable. One relative told us that the options for 'softer diets' are limited. This was shared with the manager for their review and action.

A visiting health care professional told us that they found that staff were knowledgeable about the patients.

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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work, that they felt well supported in their role and that they were satisfied with the staffing levels. They spoke positively about the management in the home.

Staff responded to requests for assistance promptly in a caring and compassionate manner. Patients told us that the staff were kind, attentive and caring.

There were systems in place to ensure that staff are registered with their professional 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. Throughout the day 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 were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were observed to respond to call bells promptly and talking to patients who were disorientated in a calm and reassuring manner orientating them to time and place.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and by offering personal care to patients discreetly. Staff were also observed offering patient choice asking what they wanted to eat that day, and what activities they wanted to engage in during the day.

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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients' assessed needs. It was noted from examining a sample of repositioning records that those requiring assistance of two with repositioning were not consistently being signed by two staff contemporaneously. This was discussed with management and assurances were given that records would reflect care delivered going forward. An area for improvement has been identified.

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 or have alarms to alert staff when they are attempting to walk unaided. 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.

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

The importance of engaging with patients was well understood by the manager and staff. Observation of the activity co-ordinator doing personalised 1-1 activity with patients 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 waiting for their visitors to come.

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.

Staff understood that meaningful activity was not isolated to the planned social events or games. Activities for patients were provided which involved both group and one to one activity. Annual holidays were celebrated and on occasions patients, families and staff attended larger events such as BBQs and family fun days.

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

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.

3.3.4 Quality and Management of Patients' Environment

Throughout the units there were homely touches and pictures of patients during activities and some art work completed by them.

The Wallace Unit, which cares for those with a diagnosis of Dementia was thoughtfully considered for their needs. Each patient had a 'front door' to their room and there was signage to assist in orientating them to the dining room and bathroom.

Whilst it was found that patient bedrooms were personalised with items important to them, a number of patient beds had been made up with stained/soiled bedlinen, and some were found with no sheet.

Additionally, a number of patients en-suite bathrooms were found to be used for storage and have not been effectively cleaned.

Concerns were identified in relation to the management of the home's environment in all three units. For example, patient equipment such as shower chairs, commodes, specialist seating, hoists and wheelchairs were found not been effectively cleaned after use.

The communal day rooms were found to be cluttered and a number of seats required cleaning, were soiled or marked with pen. Walls throughout the home had splashes/staining or evidence of wear and tear. Two areas for improvement around cleanliness has been made.

A small number of care staff were observed to not be adhering to 'bare below the elbow' best practice wearing jewellery, long sleeved tops or nail polish. An area for improvement has been identified.

These finding were discussed with the management team on the day of, and days following inspection, assurances were provided that deep cleaning, a robust refurbishment and enhanced environmental checks would be implemented immediately. RQIA were assured by these action plans and the timescales for completion.

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, relatives and 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. Whilst completed, environmental audits identified deficits and improvements were not completed in a timely and consistent manner. Assurances were given following inspection that these checks and their oversight would be enhanced and any outstanding action plans would be completed.

Patients and their relatives said that they knew whom to report any concerns and said they were confident that the manager would address them.

A record of compliments was maintained which thanked staff for their care. Thank you, cards were also displayed throughout the units.

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	2*	2*

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 27 (2) (d) Stated: First time To be completed by: 14 July 2026	The Registered Person shall ensure that all parts of the home are clean and reasonably decorated. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager completed a robust refurbishment plan for the home, where it identified areas of the home requiring redecorating and some equipment to be replaced. Time frames have been set for completion of works. This was shared with the aligned inspector. Auxiliary and care staff documentation was reviewed and amended to ensure continuity with cleaning procedures and infection control on a daily basis.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 14 July 2026	The Registered Person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors. Infection prevention and control systems should be in line with best practice. This includes, hand hygiene, use of devices, environmental cleaning and decontamination. Ref: 3.3.4
	Response by registered person detailing the actions taken: Auxiliary and care staff documentation was reviewed and amended to ensure continuity with cleaning procedures and adhering to infection control measures daily. This is also monitored on the daily managers shift report to ensure compliance. A new infection control lead has been appointed who will oversee the clinical governance for infection control alongside the registered Manager. This will include hand hygiene, environmental, decontamination, infection control and correct usage of equipment.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 14 July 2026	The registered person shall ensure that where a patient requires repositioning, supplementary records should be completed by two staff contemporaneously. Ref: 3.3.2
	Response by registered person detailing the actions taken: All care staff completed a supervision on the importance of completing supplementary records contemporaneously and within a timely manner. The Nurse in charge of their unit must sample a selection on their shift to ensure this is being adhered to and evidence this on their shift report.
Area for improvement 2 Ref: Standard 45 (5) Stated: First time To be completed by: 14 July 2026	The Registered Person shall ensure that medical devices and equipment provided for resident's treatment and care are used safely. This includes but is not limited to the equipment discussed in this report. Ref: 3.3.4
	Response by registered person detailing the actions taken: auxiliary and care staff documentation was reviewed and amended to ensure continuity with cleaning procedures and infection control daily. Ongoing monitoring from registered manager and during provider visits.

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