

Inspection Report

Name of Service: Woodlawn House

Provider: Southern Health and Social Care Trust

Date of Inspection: 31 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:	SHSCT
Responsible Individual:	Mr Steve Spoerry
Registered Manager:	Mrs Chanelle Crawford
Service Profile – This home is a registered nursing home which provides nursing care for up to 8 people who have a learning disability. The home is divided into two separate buildings which have their own living and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 31 July 2026 from 9.10am to 4.30pm 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.

The inspection found 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.

Patients were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

As a result of this inspection three areas for improvement were identified in relation to staffing, food hygiene training and with timely response to the fire risk assessment. Details 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 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

Two patients were accommodated on the day of inspection. Both were well presented and appeared settled and content in their environment and comfortable in their interactions with staff. There was one patient/relative questionnaire response received. They commented, "The care provided is excellent; staff are always caring and supportive. Staff are always on hand and well trained. I know I feel safe. It would be lovely if my stays were not cancelled, made short or changed so often; apart from this my respite stays are wonderful".

Staff spoken with told us that they enjoyed engaging with the patients and felt well trained to perform their roles. They felt that they worked well together and that teamwork in the home was good. However, staff also raised concerns in relation to the staffing arrangements in the home which are discussed in the next section of the report. There were two responses to the staff online survey. While both felt that the care delivered was effective; both raised concerns regarding the staffing arrangements and vented frustration over staffing shortages and skill mix preventing them from providing better care.

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. Review of staff recruitment documentation identified that all appropriate safety checks had been verified prior to staff commencing in post. Staff confirmed that newly employed staff received a good induction at the commencement of their employment.

Staff raised concern in relation to the staffing levels and skill mix in the home. The number of patients in the home at any time was dependent on the number of staff available to care for them. On the day of inspection, it was confirmed that there were neither domestic nor catering staff in the home for the full week. The existing staff had been asked to carry out cooking and cleaning duties in addition to their caring roles. No additional staff had been brought in to

backfill the roles. This was discussed with the manager and identified as an area for improvement.

Staff were happy with the training provision in the home and felt well trained to perform their roles. However, only six of the staff (71%) given responsibility for food preparation were up to date with food hygiene training. An area for improvement was identified.

There was a system in place to ensure that all nursing staff were registered with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff confirmed that they received a detailed handover at the commencement of their shift and the information shared included important aspects of patients' needs, especially changes to care.

Staff knew their patients well and were observed assisting the patients with their interests and hobbies. Patients were well presented and appeared settled and content in their environment and comfortable in their engagements with staff. Interactions between staff and patients were noted to be caring and compassionate.

'All About Me' records were completed and reviewed on admission. They included the reason for admission, hobbies, interests, cultural preferences, expectations and what the patients wanted to achieve. There was a clear record of what activities were meaningful to the patients and in what way they wanted their surrounding environment to be like.

Patients could enjoy outings to places of interest or out for a meal. Special days were celebrated, such as, Autism Day or Down Syndrome Day. Patients and their families, along with staff, enjoyed a recent summer garden party. The home had their own newsletter entitled 'The Woodlawn Way' which was published quarterly.

Patients could choose in which area of the home they spent their day and staff supervised and monitored patients in accordance with their care plans. Picture cards had been introduced to aid in communications with patients.

Patients weights were monitored. Nutritional care plans were detailed and included recommendations from the speech and language therapists and/or dieticians. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Records were kept of patients' food and fluid intakes.

A deprivation of liberty register was maintained and updated identifying those patients that required one to one enhanced care.

Continence needs were established on admission. Patients' families brought in any continence products required. These were returned on discharge. All assistance given with continence needs and personal care delivery was recorded.

A 'Service User Survey and a Carer Survey' had been sent out to all patients and their next of kin during February 2026. The findings from the surveys were included within the home's Annual Quality Report and displayed on a noticeboard in 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. An admission checklist was completed on readmission to the home to ensure all records on file remained up to date with current needs. A summary of the patients' stay was shared with their next of kin on leaving the home.

Patients care records were held confidentially.

Supplementary care records were completed to evidence the care given, or offered, to patients during the day. Examples of care delivery included continence care, personal care, skin care, pressure management, checks on patients, food and fluid intake and activity provision.

Nurses completed daily evaluations on the care given to patients.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm and comfortable. There were no malodours in the home.

Review of records 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.

Since the last inspection, a new multi-sensory room had been created and had a waterbed, comfortable mattresses and sensory lighting. New garden furniture and garden equipment had been purchased including sensory equipment, musical chimes and a dig garden. In Hillview a new swing and soft ground area had been installed.

Fire safety measures were in place. Corridors and fire escapes were clear of clutter and obstruction should the need to evacuate occur. Fire extinguishers were easily accessible. However, the most recent fire risk assessment included actions to be taken within a prescribed timeframe. Some of these actions had not been completed in a timely manner and remained outstanding outside of the timeframe. This was discussed with the manager and identified as an area for improvement.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last care inspection; Mrs Chanelle Crawford has been the registered manager of the home since 1 June 2020. Staff commented positively about the manager and described her as supportive and approachable.

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 system for reviewing the quality of care, other services and staff practices was in place. The manager had a suite of audits to complete.

Accidents in the home were monitored monthly for patterns and trends in an effort to prevent further falls from occurring.

There was a system in place to manage any complaints received. Complaints records were maintained online. Staff consulted confirmed that they had received training on complaints management. We discussed ways of enhancing the capture of compliments received in the home.

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

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	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 (4)

Stated: First time

To be completed by:
31 August 2026

The registered person should ensure that the issues noted on the fire risk assessment are addressed within the timescales stipulated by the risk assessor.

Ref: 3.3.4

Response by registered person detailing the actions taken:

Please find update on actions identified in the fire risk assessment dated 19th March 2026.

Annual review of Automatic Opening Vents - This action remains outstanding and has been escalated to the Trust Estates Department to identify a contractor to undertake the annual review. The service will continue to escalate this outstanding review to the Estates Department until it has been completed.

PAT testing completed 19th May 2026.

Fire doors to be inspected every 6 months - Estates are undertaking a Trustwide Planned Preventative Maintenance business case to meet the requirement to inspect fire doors every 6 months. As an interim building operators are to report any visible defects of fire doors to the estates department for action. The visible checking of fire doors to detect any defects has been incorporated into the daily fire checks.

Escape lighting completed 16th June 2026 .

Outstanding Fire Risk assessment actions have been escalated to Estates Management for action.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: With immediate effect 31 July 2026	The registered person shall ensure that adequate provisions are made for domestic and catering duties at all times. Ref: 3.3.1
	Response by registered person detailing the actions taken: A review of the rota has identified occasions where there was overlapping of domestic and catering staff annual leave. This created a gap of cover. Rota management has since been strengthened with all leave now cross-checked against existing approvals to avoid both being off at the same time. Replacement support staff will be allocated to cover any gaps in domestic and catering support. Adequate domestic and catering provision is now maintained at all times with processes in place to prevent overlapping leave recurring.
Area for improvement 2 Ref: Standard 47 Criteria (3) Stated: First time To be completed by: 30 September 2026	The registered person shall ensure that all staff given the responsibility for food preparation have completed/updated food hygiene training. Ref: 3.3.1
	Response by registered person detailing the actions taken: Training has been scheduled for staff on the 8 th Oct 2026 All staff training in food preparation and food hygiene will be up to date following this training on the 8 th Oct 2026.

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



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