

Inspection Report

Name of Service: Wood Green Residential Home

Provider: Wood Green Management Company (NI) Ltd

Date of Inspection: 23 & 24 July 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:	Wood Green Management Company (NI) Ltd
Responsible Individual:	Mrs Yvonne Diamond
Registered Manager:	Mrs Tara Watters
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 78 residents living with dementia. The home is situated over three floors, with bedrooms and communal areas, such as dining rooms and lounges available on each floor. There is a mature outside garden area with seating for patients use.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 July 2025, from 9.45 am to 4.00 pm and on 24 July 2025 from 9.30 am to 12.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 and 10 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents 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 standards in relation to care plans identified for improvement at the previous inspection, were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and 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

Residents spoken with said staff were lovely and looked after them well. Residents also told us the food was lovely and tasty and they enjoyed getting their nails painted.

Staff were complimentary about the care provided in the home, had no concerns about the staffing levels and received training on a regular basis for their roles. Staff also said they received good support from senior staff and enjoyed their role in the home.

Residents told us that staff offered choices to them throughout the day, which included preferences for getting up, and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

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

Residents 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.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

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

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents 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 residents and to manage this aspect of care.

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

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents 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 residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those resident who required a modified diet.

Observation of the lunchtime meal served in the main dining room confirmed that the food served smelt and looked appetising and nutritious. However, portion size was small, one resident said the food was not warm enough and a plastic apron was used as a clothes protector for one resident. This was brought to the manager's attention for her action and will be reviewed at the next inspection.

Observation of the planned activity, ball games and card games, confirmed that staff knew and understood residents' preferences and wishes and helped residents 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.

Staff understood that meaningful activity was not isolated to the planned social events or games.

3.3.3 Management of Care Records

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

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment Control

The home was tidy and welcoming. However, maintenance or repair was required to cracked toilet flooring, a worktop and a pipe cover. An area for improvement was identified.

Review of other areas of the home identified that cleaning was required for areas, such as chairs and bathroom tiles. An area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A number of rooms in the home were observed to be used outside their registered purpose including storage, staff training and staff breaks. This was discussed with the manager who agreed to address this and an area for improvement was identified.

It was observed that domestic trolleys with access to cleaning chemicals were left unattended. Denture-cleaning tablets were accessible in a number of en-suite bathrooms which could cause harm if accidentally ingested. This was discussed with the manager for immediate action and an area for improvement was identified.

Moving and handling equipment was noted to be stored in a stairwell causing an obstruction to the fire exit. This was brought to the manager's attention for immediate action and this area for improvement has been stated for a second time.

Some staff were not complying with the best practice of being bare below the elbow for infection prevention and control. This is in relation to wearing jewellery and nail polish. An area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Tara Watters has been the manager in this home since 13 October 2021.

Staff commented positively about the management team and described them 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, however, actions following care plan audits required to be followed up. Evidence showed that there was no hand hygiene audits being completed. This was discussed with the manager who agreed to put this in place. An area for improvement was identified.

Residents and their relatives said that they knew who to approach if they had any concerns and had confidence that any concern would be managed well.

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*	5*

*the total number of areas for improvement includes one under Regulation and one under the Standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tara Watters, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) Stated: Second time To be completed by: 25 July 2025	<p>The Registered Person shall ensure that all stairwells in the home are free from obstruction.</p> <p>Ref: 2.0 and 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Checks are now completed every morning by management and at the weekends by Team Leads to ensure that stairwells are kept clear at all times.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 24 July 2025	<p>The Registered Person shall ensure all areas of the home to which patients have access are free from hazards to their safety. This is in relation to the secure storage of cleaning chemicals and denture cleaning tablets.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: All denture cleaning tablets were removed from the bathroom cabinets on the day of the inspection. Notices were placed on the cabinets for all relatives and staff advising to leave denture tablets with the senior so they can be stored safely in the treatment rooms. Weekly check of all cabinets to be completed by night staff, this has been included on the peer audit sheets. All domestic staff informed to ensure that the domestic trolley is brought into the bedroom with them when they are cleaning the en-suite bathrooms, monitoring of this will continue.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 25 July 2025	<p>The Registered Person shall ensure Infection Prevention and Control training (IPC) is embedded into practice. This is stated in relation to the use of PPE, and the staff practice of wearing nail polish and jewellery.</p> <p>Ref: 2.0 and 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: It was identified that some staff members have fixed piercings due to religious reasons. Risk assessments for those staff identified have been completed. IPC checks have also been introduced on the peer audits for all SCA's to complete a check at the beginning of each shift. Pouches have been purchased for staff who require to hold jewellery on their person for religious reasons, and these are now held in their pockets.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2025</p>	<p>The Registered Person shall ensure the cracked toilet flooring, a worktop and a pipe cover are repaired.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: As discussed at inspection date for flooring repair identified for 19th August 2025. There are various areas of flooring being replaced, which were previously identified. Damaged worktop was replaced on the second day of the inspection. Work is ongoing to replace all boxes covering pipework in bathrooms.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2025</p>	<p>The Registered Person shall ensure the areas identified in the inspection are kept clean. This is in relation to chairs and bathroom tiles.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: As discussed at inspection we have already began to replace all lounge and dining room chairs in the home. Thirty-two chairs where replaced in January 2025, thirty two chairs where replaced in March 2025, twenty four dining room chairs replaced in August 2025, thirty two lounge chairs ordered in August and currently waiting on delivery. Refurbishment plan is in place for quarterly upgrades. Chairs identified have been deep cleaned, though are being replaced in near future. Deep clean completed of all bathrooms with the cleaning of tiles included in domestic cleaning schedule.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2025</p>	<p>The Registered Person shall ensure the nursing home, including all spaces, are used for the purpose for which they are registered.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Variation requested for the residential lounge on the ground floor, as it is often used as a training / meeting room, though residents would go in there rarely. Spot checks completed by management and Team Leads to ensure that rooms are being used for their intended use</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure quality care audits are in place for hand hygiene practices and actions required following care plan audits are followed up in a timely manner.</p> <p>Ref: 3.3.5</p>

<p>To be completed by: 31 July 2025</p>	<p>Response by registered person detailing the actions taken: Infection control audit has since been reviewed and questions specifically around hand hygiene have been added. Deputy manager and Team Leads have been informed on the importance of reviewing audits and reminded of same. Deputy will ensure that managers audits are reviewed in good time in my absence. Manager will ensure that a review of all actions are followed up in good time.</p>
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