

# Inspection Report

<b>Name of Service:</b>	<b>Willow Tree Lodge Care Home</b>
<b>Provider:</b>	<b>Wood Green Management Company (NI) Ltd</b>
<b>Date of Inspection:</b>	<b>28 July 2025</b>

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>	Wood Green Management Company (NI) Ltd
<b>Responsible Individual:</b>	Mrs Yvonne Diamond
<b>Registered Manager:</b>	Miss Sheree Quinn
<p><b>Service Profile</b> – This home is a registered nursing home which provides nursing care for up to 18 patients living with a mental disorder or physical disability under and over 65 years. The ground floor has four self-contained apartments and both the first and second floor have en-suite bedrooms each. Communal facilities are provided on each floor and a large self-contained activities room is located at the rear of the home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 28 July 2025 between 9.30 am and 5 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.

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. Only one new areas for improvement was identified; details can be found 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. 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 told us that living in the home was 'fairly satisfactory'; that they felt well looked after and that staff treated them with dignity. Patients also said that staff were quick to respond to them if they used the call bell, that they felt the home was quite clean and that they felt respected saying, "I like that they [staff] knock the door before they come into my room".

There was mixed feedback regarding whether patients enjoyed the food; some saying "it's grand" and others saying they often ask for something else to be prepared. This was shared with the manager for them to review and follow up.

Patients told us that staff offered choices to patients 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.

A small number of surveys were received following the inspection, reflecting that patients were satisfied with the service provided.

## **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 robust systems in place to manage staffing.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, staff attended the activity room in the afternoon to support patients but there were also

staff who remained on the floors to support and meet the needs of patients who chose not to attend. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner and this was reflected in the feedback from patients.

Staff told us that they felt well supported by the manager to ensure they were well trained. For example, one staff member said that they had asked for additional training and that this was quickly facilitated. It was positive to hear that staff were supportive of one another and quick to offer praise and compliments to and about their colleagues in how they worked effectively as a team.

### 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. Patients were well presented and comfortable in their environment.

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. For example, one patient who was showing signs of distress was supported by a staff member who knew the patient well, offered reassurance through humour and the patient became more relaxed; smiling and making jokes back.

It was observed that 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 demonstrated good knowledge of how patients are offered choice; offering choice of how they spend their day in various ways and going back to check if they had change their minds or had decided on what they wanted to do. Patients were also offered outings, for example to shops. Patients said they appreciated this and appreciated the support staff provided to facilitate this.

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. Discussion with staff evidenced that staff were able to identify indicators of abuse or neglect and knew how to escalate these concerns to keep the patients safe.

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

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged to wear appropriate footwear, and use their aid when walking. Patients were also encouraged to use the call bell to ask for assistance.

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.

Observation confirmed that staff were led by one person identified as 'mealtime coordinator' who directed the serving of the lunchtime meal to ensure good communication across the team about changes in patients' needs.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

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. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. For example, condiments were offered to patients and staff served each patient their preferred drink with their meal; some like juice and some had asked for a cup of tea.

The menu displayed was not the same on each floor and the meal served was slightly different to the menu on display. The manager agreed to review this.

The manager and staff understood the importance of engaging with patients. The weekly programme of social events was on display and shared with patients but patients at times chose to engage in something different and staff facilitated this.

In the activities room in the afternoon there were various activities happening simultaneously. For example, some were singing karaoke and playing instruments, some were painting, some were reading magazines and some were just watching on. One patient said, "I don't like doing all that [painting] but I like to watch the others". Patients and staff were enjoying themselves, laughing with one another and having fun. Some patients who did not choose to participate in the afternoon activities chose to remain in their bedroom or another lounge area reading, or watching T.V.

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.

Arrangements were in place to meet patients' religious and spiritual needs within the home. For example, one patient said that staff help them by getting their chosen church's service on the T.V on a Sunday for them.

### 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 detailed and comprehensive, person centred and well maintained. They were regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery and impact 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.

Care plans had key information very accessible and evidenced personal preferences for each patient as well as clearly directing the care required to meet the patients' needs. Risks were clearly documented in the care plans but for one identified patient the manager agreed to revise an identified risk and how this is documented.

Other care records were completed accurately and contemporaneously.

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

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were common touch points throughout the home which needed attention to ensure these areas of the home were in keeping with Infection Prevention and Control Guidance. Review of records indicated that these areas were not considered. The manager has agreed to revise this audit to ensure effective cleaning and manager oversight of this.

There were 'homely' touches such as decorations in the dining rooms, newspapers, magazines in some of the communal areas. Art work undertaken by patients as part of the activity programme provided were on display throughout the home and in the Activity Room.

The domestic trolley was left unsupervised on more than one occasion, throughout the inspection, and an area for improvement was identified.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks and nurse call system checks.

Staff were observed to engage well in effective hand hygiene practices and wore Personal Protective Equipment (PPE) appropriately.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

Patients 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 robust system for reviewing the quality of care, other services and staff practices was in place.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

A record was maintained of compliments which were shared also with staff.

**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
<b>Total number of Areas for Improvement</b>	1	0

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time <b>To be completed by:</b> 28 July 2025	The Registered Person shall ensure that domestic trolleys, containing cleaning chemicals, are not left unattended /unsupervised. Ref: 3.3.4 <b>Response by registered person detailing the actions taken:</b> Supervision shared with learning for all staff regarding storage of domestic trolley and frequently touched areas Managers observing for same during walkarounds Shared learning included in staff meeting. Audits reviewed to include frequently touched areas highlighted areas identified in inspection.

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews