The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Wood Green Residential Home

Provider: Wood Green Management Company (NI) Ltd

Date of Inspection: 24 October 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
Service Profile: The 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 on each floor. There is a mature outside garden area with seating for residents use	

2.0 Inspection summary

An announced combined estates & care inspection took place 24 October 2025 from 10.30am to 12:00 in connection with the Variation Application reference number VA012981.

The Variation Application VA012981 received by RQIA on 24 April 2025 sought the following changes to be made to the currently registered premises: Second floor : Bedroom to be converted into a sensory room, link corridor to be utilised for dining and a servery to be constructed in the link corridor. Thus reducing the numbers from 78-77.

The inspection focused solely on the works carried out for the purpose of the variation application.

No new areas for improvement were identified as a result of this inspection. Areas for improvement identified at the previous care inspection were carried forward for review at the next inspection.

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 residents, relatives, staff or the commissioning Trust.

3.3 Inspection findings

3.3.1 Estates Inspector Findings

Documentation presented prior to and during the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, Approved Codes Of Practice and best practice guidance.

The accommodation as specified in this variation application was inspected and found to be compliant with current DoH minimum standards.

The fire risk assessment had been reviewed with no further actions required.

From an estates perspective RQIA were satisfied that the premises' were suitable to meet the aims and objectives, as described in the home's Statement of Purpose.

No areas for improvement were identified.

3.3.2 Staffing

The duty rota reflected the planned staffing levels for the home on a daily basis. The person in charge of the home was identified on the rota. Discussion with the manager confirmed the planned staffing levels for the separate units on the top floor and following the inspection a plan for the activities staff cover was provided to RQIA.

Staff training was provided including mandatory dementia awarenness training for all care staff. This was also included on staff induction to the home.

3.3.3 Management of the Environement and Infection Prevention and Control

Observation of the environment found that the home was clean and tidy and provided equipment for residents to meet their needs. The décor was bright and colourful and showed outdoor scenes.

Bedrooms were well decorated with a range of furniture to meet residents needs. Some rooms required a nurse call bell to be inserted. This was put in place before the end of the inspection.

3.3.4 Quality of Management Systems

The home has established governance systems in place including; monthly auditing systems of the care and services provided in the home and monthly visits of a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home.

The manager has a system in place to check the registration of staff with the Northern Ireland Social Care Council (NISCC).

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	0*

* the total number of areas for improvement include one that has been stated for a second time.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Tara Watters and the management team, as part of the inspection process and can be found in the main body of the report.

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	The Registered Person shall ensure that all stairwells in the home are free from obstruction. Ref: 2.0 and 3.3.4
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 24 July 2025	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. Ref: 3.3.4
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
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	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. Ref: 2.0 and 3.3.4
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 15 August 2025	The Registered Person shall ensure the cracked toilet flooring, a worktop and a pipe cover are repaired. Ref: 2.0 and 3.3.3
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 3 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 25 July 2025	The Registered Person shall ensure the areas identified in the inspection are kept clean. This is in relation to chairs and bathroom tiles. Ref: 2.0 and 3.3.4 **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 4 **Ref:** Standard 44.3 **Stated:** First time **To be completed by:** 26 July 2025	The Registered Person shall ensure the nursing home, including all spaces, are used for the purpose for which they are registered. Ref: 2.0 and 3.3.4 **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 5 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 July 2025	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. Ref: 2.0 and 3.3.5 **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**

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

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews