The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Andena

Provider: Wood Green Management Company (NI) Ltd

Date of Inspection: 21 February 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:	Wood Green Management Company (NI) Ltd
Responsible Individual:	Mrs Yvonne Diamond
Registered Manager:	Mrs Assumpta Mc Keown – not registered
Service Profile – This home is a registered residential care home, which provides health and social care for up to 36 residents. Residents have a range of needs and the home provides care for residents living with dementia, general residential care and mental health disorders. The home is divided over two floors and residents have access to communal lounges, a conservatory, a dining area and gardens.	

2.0 Inspection summary

An unannounced inspection took place on 21 February 2026, from 9.30am and 5.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 4 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. 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 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

Residents spoke positively about life in the home. Comments included, "The girls are excellent and the care is excellent!" and, "The staff are very attentive." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "The care is good, there is plenty of choice. My room is kept clean and tidy." Another resident said, "They are all brilliant in here; the food is good, there is plenty to eat. Staff are kind and attentive."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A relative commented on how, "The manager is exceptional, the care is brilliant, there is plenty of choice and the food is brilliant."

Another relative spoke of how, "The care is excellent, the food is good and there is plenty to do."

There was evidence of residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices 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.

Five partially completed responses to the resident/relative questionnaire, and staff survey were received following the inspection. These indicated a high degree of satisfaction with the care, services, and management in the home. One comment included, "The home is very well run."

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. Review of training records highlighted that fire training was not up to date. An area for improvement was identified.

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.

Staff meetings were not being held on a regular basis. An area for improvement was identified.

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.

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.

Review of falls and head injury management within the home, and in discussion with the manager, highlighted that post incident observations were not being recorded on a structured

tool. The manger was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice. An area for improvement was identified.

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, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as games, musical activities and arts and crafts. It was discussed with the manager the need to record if a resident does not participate in an activity, and for the length of the activity to be recorded. The activity planner did not have activities recorded for a Saturday and Sunday. This will be reviewed at a subsequent inspection.

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 and well maintained. A care plan relating to the care of a resident subject to Deprivation of Liberty Safeguards (DoLS), lacked sufficient detail in its effect on the individual, and in how to direct care. An area for improvement was identified. 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

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager 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, resident call system checks, electrical installation checks and water temperature checks.

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 a change in the management of the home since the last inspection. Mrs Assumpta Mc Keown has been the acting manager in this home since 3 February 2026, and has submitted an application with RQIA to be the Registered Manager of the home.

Residents, 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 robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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.

Residents and their relatives said that they knew who to approach if they had a complaint, and had confidence that any complaint 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 Standards.

	Regulations	Standards	
Total number of Areas for Improvement	0	4	

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 Residential Care Homes Minimum Standards (Dec 2022)

Area for improvement 1 **Ref:** Standard 29.4 **Stated:** First time **To be completed by:** 01 April 2026	The Registered Person shall ensure that fire training for staff is up to date. Ref: 3.3.1
	Response by registered person detailing the actions taken: Fire training held during the month of March, and scheduled to be renewed 6 monthly.
Area for improvement 2 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 01 May 2026	The Registered Person shall ensure that staff meetings take place on a regular basis, and at least quarterly. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff meeting held in March. Meeting planner for remainder of the year, with aim to hold quarterly meetings.
Area for improvement 3 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall review and update the home's falls policy in accordance with best practice guidelines. Ref: 3.3.2
	Response by registered person detailing the actions taken: New policy introduced into the home. Staff training on the new falls procedure is ongoing. Auditing of falls will continue to ensure keeping with best practice guidelines.
Area for improvement 4 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 1 March 2026	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to care plans having sufficient detail to direct staff as to the care required for those residents who are subject to any Deprivation of Liberty Safeguards. Ref: 3.3.2
	Response by registered person detailing the actions taken: All Care Plans in relation to residents who are subject to Deprivation of Liberty Safeguards have been updated to reflect resident's current needs. Monitoring of this will continue through auditing.

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

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