The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Wood Lodge**

Provider: **G & M Lodge Caring Ltd**

Date of Inspection: **21 April 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:	G & M Lodge Caring Ltd
Responsible Individual:	Mr Ricardo Daniel Goncalves Oliveira
Registered Manager:	Mrs Maria O'Hare
Service Profile – This home is a registered nursing home which provides general nursing care for up to 49 patients, including patients with a learning disability and patients with a terminal illness. Wood Lodge also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years. The home is also registered to care for a maximum of three residents with a learning disability and two residents receiving residential care. Patients' bedrooms are located over two floors and patients have access to communal lounges, dining and garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 21 April 2026 from 09.20 am to 4:25 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 assess progress with the areas for improvement identified by RQIA, during the last care inspection on 3 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, the provision of activities and the patient dining experience.

Patients said that living in the home was a good experience. Patients 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, the previous area for improvement was assessed as having been addressed by the provider. Full details including new areas for improvement 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 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "the staff treat me well and the food is beautiful "and "the staff are really approachable and I feel well supported".

Staff confirmed that there were good working relationships; there was enough staff on duty to meet patients' needs; that the manager was approachable and they felt supported in their role.

Following the inspection, we received no patient, patient representative or staff questionnaires within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of newly appointed staff recruitment records evidenced that gaps in employment were not fully explored. An area for improvement was identified.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was a short notice absence.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

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

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 manage this aspect of care. Review of the restrictive practice audits evidenced that they required further detail. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position however, examination of the repositioning records evidenced gaps in the recording of repositioning and one care plan reviewed had conflicting information in regards to the recommended repositioning regime. An area for improvement was identified.

Wound care records for an identified patient were reviewed. A wound care plan was in place to direct care, however, the recommended frequency of dressing changes in the care plan was different to the frequency of dressing changes being carried out and it was unclear as to the status of the wound. An area for improvement was identified.

The dining experience was an opportunity for patients to socialise. The menu was displayed on the notice board, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their

meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as playing bingo, music activities, ball games and puzzles.

Patients spoken with said they enjoyed the activities they attended.

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

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important them. Bedrooms and communal areas were suitably furnished, warm and comfortable. However, some infection prevention and control deficits were noted in relation to the cleanliness of patient equipment, in particular moving and handling equipment. An area for improvement was identified.

Observation of the environment identified that the kitchen door was propped open, preventing it from closing in the event of the fire alarm being activated and door wedges were found in a small number of bedrooms. An area for improvement was identified.

A small number of medicine management related issues were identified during the inspection. Medication for one patient was observed in a communal space and another in a bedroom. An area for improvement was identified.

Observation of staff and their practices evidenced that some staff did not use personal protective equipment (PPE) correctly and some staff were observed to have gel nails. An area for improvement was identified.

3.3.5 Quality of Management Systems

Since the last inspection there has been no change in the management arrangements. Mrs Maria O'Hare has been the manager in this home since 18 October 2023.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. 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 the quality of services provided by the home.

Cards and letters of compliment and thanks were received by the home.

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	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Ricardo Daniel Goncalves Oliveira, Responsible Individual, 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) (b) **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been reminded of the importance of maintaining fire doors closed at all times unless fitted with an approved automatic release device linked to the fire alarm system. Compliance will be monitored through regular environmental checks, daily walkarounds and fire safety audits to ensure ongoing adherence to fire safety requirements and to maintain the safety of residents, staff, and visitors.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 38 **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure that before staff commence working in the home that their employment history is fully explored and recorded. Ref: 3.3.1
	Response by registered person detailing the actions taken: Recruitment processes have been reviewed with management to ensure any gaps in employment are clarified and documented before appointment. Regular audits of recruitment records will be undertaken to ensure ongoing compliance.
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 31 May 2026	The registered person shall ensure that where a patient has been assessed as requiring repositioning: • care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning • the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. Ref: 3.3.2

	Response by registered person detailing the actions taken: Training and supervision have been completed with staff regarding repositioning requirements and accurate documentation. Care plans, repositioning charts, and recording systems have been reviewed to ensure consistency in relation to the required frequency of repositioning and to support ongoing compliance with safe care practices.This will continue to be monitored by the Home Manager.
Area for improvement 3 **Ref:** Standard 4.8 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that care plans for wound care reflect the current needs of the patient. Ref: 3.3.2
	Response by registered person detailing the actions taken: Training and supervision have been provided to staff regarding wound care documentation and care planning. Wound care plans and recording systems have been reviewed to ensure they accurately reflect the current needs of each patient and support ongoing safe and effective care delivery.
Area for improvement 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure that a system is in place to ensure that patient equipment is effectively cleaned. Ref: 3.3.4
	Response by registered person detailing the actions taken: Systems for the cleaning of patient equipment have been reviewed and updated to ensure effective cleaning processes are in place. Daily management walkarounds will be completed to monitor compliance, with monthly audits undertaken to provide ongoing assurance of cleanliness and equipment safety standards.
Area for improvement 5 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures. This is in relation to the wearing of gel nails and appropriate use of gloves. Ref: 3.3.4
	Response by registered person detailing the actions taken: Training and supervision have been completed with staff regarding IPC responsibilities, including the prohibition of gel nails and the appropriate use of gloves. IPC systems and practices have been reviewed to promote ongoing compliance with infection prevention and control standards.

Area for improvement 6 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure that prescribed medication is stored safely and securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervision has been completed with staff nurses regarding the safe and secure storage of prescribed medication. Daily management walkarounds will be undertaken to monitor compliance and ensure ongoing adherence to medication management standards.

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

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