The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Willow Tree Lodge Care Home**

Provider: **Wood Green Management Company (NI) Ltd**

Date of Inspection: **28 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:	Wood Green Management Company (NI) Ltd
Responsible Individual/Responsible Person:	Mrs Yvonne Diamond
Registered Manager:	Miss Sheree Quinn

Service Profile – 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. The first and second floor have seven en-suite bedrooms each. Communal facilities are provided on each floor and a large self-contained activities room is located on the ground floor at the rear of the home. There is also a secure outdoor space.

2.0 Inspection summary

An unannounced inspection took place on 28 April 2026, between 9.25 am and 4.45 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 28 July 2025; 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.

It was evident that staff promoted the well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to the meal time experience. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection one area 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 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 a good experience. They told us that the staff are 'very good' and that 'it is a home from home'. They said that they felt listened to and staff helped them promptly when required.

Patients told us that staff offered them choice throughout the day which included what they wished to eat and wear. They also told us there was a range of activities during the day should they wish to participate.

Visitors told us that they were happy with the care received and that staff were approachable and friendly.

Patient questionnaires returned confirmed that overall, they were happy with the care they received in the home.

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 a system 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, there were enough staff available to support patients in the activity room, their bedrooms or other communal areas, depending on patients' preferences.

Staff said that they support each other and 'float' to other units to help when the need arises, and are committed to working effectively as a staff team.

Staff told us that when a patient has a hospital appointment, or admitted to hospital in an emergency, a staff member accompanies them as a chaperone. However; staff advised that this occasionally can leave the home short staffed. These comments were passed on to the management team for their review and action.

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 who could not engage fully with their care due to cognitive impairment were neatly presented and observed to be 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. Staff were observed using distraction and diversion techniques and endeavoured to maintain a calm environment.

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.

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. Staff were aware of how to escalate any issues around safeguarding, or any other concerns which could arise.

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 and review of treatment plans from other healthcare professionals involved in their care.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, buzzer mats were in place to alert staff if at risk patients got out of bed unassisted. Call bells where in use and in reach for the patient to alert staff when required.

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.

Meal time is led by a 'meal time coordinator' who checked each patient dietary needs. Staff were knowledgeable about individual SALT guidance for the patient. Patients were given a choice of meals and where they wished to eat their meal. In the dining rooms there was an orientation board which displayed the menu for the day.

Observation of the meal time delivery identified that food had to be reheated due to not being at the advised temperature on arrival to the unit. This caused a delay in some patients receiving their lunch time meal in a timely way. Some food ordered by patients did not arrive and staff had to leave the dining room to check with other units if they received their meals. An area for improvement was identified.

Some staff were standing while assisting residents with their meals, rather than sitting at eye level to support a more dignified meal time experience for patients. Staff were also wearing gloves when assisting patients who required additional support with eating. These observations were shared with the management team for immediate action. An area for improvement was also identified.

The importance of engaging with patients was well understood by the manager and staff. There were a number of planned activities happening during the day led by the activities coordinator to meet a range of patient preference such as 1-1 activity, exercises, quiz, singing and a visit from the pastor. Patients were also supported to enjoy their own interests such as watching T.V or reading. Patients told us they enjoyed the therapy pony visits and that there was an interesting variety of activities and outings.

Activities were clearly displayed in a user-friendly board visible to patients and visitors.

Life story work completed 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.

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. For example, bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm, homely and comfortable. There were displays throughout the home of photographs of patients undertaking activities and art work completed by patients. The management team advised of ongoing efforts to enhance the patient space and making it meaningful for them, for example a sensory space and portable hairdressing area.

There was evidence of robust infection prevention and control measures; completed audits evidenced managerial oversight; staff were observed to be adhering to Infection Prevention and Control best practice.

A 'quiet room' for patient and visitors was inaccessible as it was being used for the storage of equipment. An area for improvement has been identified.

The management team agreed to review the open access to two staff changing facilities on the ground floor unit and consider the option to add a lock to these doors. It was agreed that this would be taken forward as a priority.

The fire risk assessment was up to date, with no identified action plan.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Quinn has been the manager in this home since 25 February 2022.

Patients and 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 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 or the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint.

There was a system to capture compliments. It was positive to note that Thank you, cards were displayed across the home. Some compliments from patients included, 'You have helped cheer us up…', 'thank you for giving me treats' and 'Thank you for singing with me…'.

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	0	3

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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12.2 **Stated:** First time **To be completed by:** 28 April 2026	The registered person shall review the arrangements of the transportation of food so that it arrives at the correct temperature and served in a timely way. Ref: 3.3.2
	Response by registered person detailing the actions taken: Observations of mealtimes completed and feedback provided to all staff. Food temperatures continue to be taken and any issues with food temperature to be reported to kitchen immediately. Kitchen obtained new specific bain marie for Willow tree to ensure temperature of food is maintained.
Area for improvement 2 **Ref:** Standard 12.14 **Stated:** First time **To be completed by:** 28 April 2026	The Registered Person shall ensure that independent eating is maintained for as long as possible. Where residents require assistance with meals, this is given in a discreet, unhurried and sensitive manner. 3.3.2
	Response by registered person detailing the actions taken: To assist residents that require specialist seating, higher chairs have been purchased for staff to be seated whilst assisting with meals. Home manager will continue to monitor during walkarounds.
Area for improvement 3 **Ref:** Standard 44.3 **Stated:** First time **To be completed by:** 28 April 2026	The Registered Person shall ensure that all spaces are only used for the purpose that they were registered for. Ref: 3.3.4
	Response by registered person detailing the actions taken: Lounges have been reviewed and all moving and handling equipment has been removed. Refurb plan in place to enhance the service user experience

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

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