

# Inspection Report

16 June 2023



## The Gate Lodge

**Type of Service: Residential Care Home**

**Address: 3 Station Road, Castlewellan, BT31 9NF**

**Tel no: 028 4377 8230**

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b> Corriewood Private Clinic Limited  <b>Responsible Individual:</b> Mrs Maria Therese McGrady	<b>Registered Manager:</b> Mrs Charlene Parkin - not registered
<b>Person in charge at the time of inspection:</b> Mrs Charlene Parkin	<b>Number of registered places:</b> 4  The home is usually registered for a maximum of 4 approved places but on a temporary basis is approved to provide care to two named residents only. Any further admissions are only to take place with the approval of RQIA. The agreed change in the use of rooms in The Gate Lodge will revert back to their original usage when they are no longer required for the named resident and RQIA must be notified.
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 2
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for two people who have a learning disability. Each resident has their own bedroom and living spaces. The home has extensive gardens on the grounds.  There is a nursing home which occupies the same grounds as the residential care home and the manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 June 2023 from 9.00am to 1.50pm by a care inspector.

The inspection was to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The staff on duty were knowledgeable of the residents' needs and personal preferences. There was a good working relationship between staff and management.

No areas for improvement were identified during this inspection.

RQIA was assured that the delivery of care and service provided in The Gate Lodge was safe, effective and compassionate and that the home was well led.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we consulted with staff and the management team. Both residents were not present in the home during the inspection due to their normal daily activity. The staff told us that they felt they were trained well and enjoyed working in the home and interacting with the residents.

We received no questionnaire responses or any response from the online survey.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to The Gate Lodge was undertaken on 16 January 2023 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Staff were recruited safely ensuring all pre-employment checks were checked and verified prior to the staff member commencing their post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Staff told us that they had to complete an identified list of training as part of their induction before working with the residents.

Regular checks were made to ensure that care staff applied to and maintained their registrations with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were well trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, autism awareness, challenging behaviours and deprivation of liberty. There was a system in place to ensure staff were compliant with mandatory training requirements. Training records showed that 91.7 percent of staff were up to date with mandatory training.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of both residents was safely met. Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Staff spoke positively on the teamwork in the home.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the person in charge of the home when the manager was not on duty. The rota was colour coded identifying which staff were allocated to work with each resident. In addition to the rota, there was a person in charge file which included the manager on call rota should staff need to seek assistance or advice from a manager.

### **5.2.2 Care Delivery and Record Keeping**

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. A handover book was completed to aid in this process. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences.

Residents' needs were assessed 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. Deprivation of Liberty (DoL) assessments had been completed and reviewed accordingly. Care plans were in place to rationalise the use of the DoL and guide staff on how to manage this aspect of care.

Care plans focused on the social aspects of the residents' lives and also considered physical needs such as moving and handling, nutritional requirements and continence needs. The care plans took human rights into consideration and identified individual likes and dislikes. They focused on effective communication, activity provision and how the resident likes to spend their day. The care plans identified triggers which may cause residents' behaviours to be challenging and the strategies in place to manage this should the need arise.

Daily records were maintained within support workers' files on how each resident spent their day and which activities they were involved in. These records also recorded the care delivered to residents such as personal care needs, continence needs and nutritional intakes.

Residents were weighed regularly to monitor for weight loss or weight gain. The menu offered residents a choice of meal. Food was transferred to the home from the main kitchen in the nursing home. Food temperatures were checked on receipt to the home to ensure that food remained warm.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Extensive gardens to the front and rear of the home had been well maintained and offered seating areas for residents to enjoy being outside. Staff told us that the residents enjoyed being outside and going for walks.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Rooms which contained hazards to residents had been appropriately locked to restrict access to them.

Staff were assigned daily cleaning duties during day and night shifts. This was reviewed daily to ensure completion. Cleanliness was also reviewed as part of the environmental monthly audits and the housekeeping audits. Hand hygiene audits had been completed regularly. There was good compliance with infection control identified during the inspection. There were good supplies of personal protective equipment (PPE) and hand hygiene.

#### 5.2.4 Quality of Life for Residents

The residents' preferred daily routines were clearly identified within the care records. This included the planned visits out of the home. Staff were fully aware of the residents' routines and what they liked to do during the day. Residents enjoyed outings to areas of interest, such as, the beach, amusements and the cinema.

Staff were able to demonstrate how they supported the residents on a daily basis and how they communicated with each other. Staff knew which activities the residents liked to be involved in and days were structured in facilitating the residents' holistic needs.

Visiting arrangements were in line with Department of Health guidelines. Visiting was open and visits could take place at the residents' preferred visiting area; including their bedrooms. Residents were free to leave the home with their relatives if they wished to go out.

#### 5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change to the management arrangements. Mrs Charlene Parkin has been the manager of the home since 12 March 2023. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager to be 'very approachable'.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included medicines management, finance, nutrition, the environment, activities and care records.

The manager had a system in place to monitor any accidents and incidents that happened in the home. There were no accidents requiring medical attention from both residents' admission to the home.

A system was in place to record any complaints received in the home. There were no recent or ongoing complaints relating to the home. We discussed that any area of dissatisfaction identified from residents or relatives should be recorded as a complaint. Compliments received were recorded and shared with staff.

Staff told us they were confident about reporting any concerns about residents' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

The home was visited each month by 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 reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Reports were available for review by residents and their relatives, the Commissioning Trust and RQIA.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Charlene Parkin, manager and the management team.



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