

Inspection Report

Name of Service: Blair Lodge
Provider: Corriewood Lodge Ltd
Date of Inspection: 18 July 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:	Corriewood Lodge Ltd
Responsible Individual:	Ms Aisling Byrne
Registered Manager:	Miss Hannah Elwood – not registered
<p>Service Profile –</p> <p>This home is a registered Residential Care Home, which provides health and social care for up to 29 residents. The home is registered to care for residents living with a learning disability, and mental health needs. The home is divided in six units over two floors. The ground floor contains Oakland's, Brookvale and Eastleigh units. The second floor contains Montague, Bryansburn and Byfleet units.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 July 2025 from 9.30am to 5.40pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; 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 established 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.

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 residents, 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. 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 "I am good; my family are coming tomorrow!"

A relative commented, "I have no concerns over the care, communication with the home is good."

A visiting professional spoke of how, "The staff are knowledgeable about residents and are attentive."

There was evidence of regular residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home.

No completed questionnaires from residents or relatives, or the staff survey, were received following the inspection.

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. There was evidence of robust systems in place to manage staffing.

A review of records evidenced staff meetings were not being held on a regular basis. 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day

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.

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

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.

Some staff had identified that residents requiring modified diets were not being offered the same level of choice in the menu as residents who did not require modified diets. There needs to be choice offered, and a record needs to be kept of the same. An area for improvement was identified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. There was no menu on display in some of the units in the home. This was discussed with the manager in the context of the homes resident group and the importance of using visual aids. An area for improvement was identified.

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 outings, arts and crafts, reading, walking and musical activities.

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, well maintained and regularly reviewed. Care plans pertaining to the provision of one to one care lacked sufficient detail to direct the care required, and for the review arrangements for the one to one provision. A care plan did not have enough detail to direct staff in the frequency of repositioning for an identified resident. This was discussed with the manager and two new areas for improvement were 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 Control

The home was 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.

Dust was found in high level surfaces and underneath beds in areas of the home. This was discussed with the manager and the need for cleaning schedules to be consistently applied. An area for improvement was identified.

Some double glazed windows in the home were found to need repair or replacement. The manager confirmed that these windows would be replaced in September 2025. This will be reviewed at a subsequent inspection.

Drawers and some items of kitchen furniture required repair. The manager confirmed via email on the 4 August 2025 that these had all been addressed.

There was evidence 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. Miss Hannah Elwood has been the manager in this home since 30 June 2025.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents. It was discussed with the manager for a wider range of audits to be considered. This will be reviewed at a subsequent inspection.

Residents and their relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address their concerns.

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	6

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)	
<p>Area for improvement 1</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 01 November 2025</p>	<p>The Registered Person shall ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has ensured ongoing communication with staff through individual meetings which were recorded. This was due to the registered manager stepping out of schedule completing individual meetings as she was moving out of post. Staff meetings are now back on schedule and implemented to ensure that meetings take place regularly and at least quarterly going forward.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2025</p>	<p>The Registered Person shall ensure that all resident on a modified diet are offered a choice of meals, and this is recorded.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Residents on a modified diet are offered meal choices in line with their dietary requirements. Additional choice is residents preference and what they prefer. Staff were reminded that alternatives are in place and the importance of recording these choices during the recent individual supervision sessions. The Registered Manager will continue to monitor meal provision and records to ensure compliance with this standard.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2025</p>	<p>The Registered Person shall ensure that the menu is displayed in a suitable format and in an appropriate location for residents and their representatives.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: The menu's are within all units and in an appropriate location that is accessible to residents and their representatives. Staff have been reminded of the importance of ensuring menus are kept up to date and clearly visible. The Registered Manager will monitor compliance during daily walkarounds.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2025</p>	<p>The Registered Person shall ensure that each resident has an individual and up to date care plan. Specifically, care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. The process of one to one provision should be regularly reviewed.</p> <p>Ref: 3.3.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2025</p>	<p>Response by registered person detailing the actions taken: The Resident care plan, as checked during the inspection was reviewed and updated to ensure that it was current and containing sufficient detail to guide staff on specific supervision arrangements. The Registered Manager will ensure that these care plans are regularly reviewed as part of the ongoing care planning process, with audits carried out to monitor compliance.</p> <p>The Registered Person shall ensure that each resident has an individual and up to date care plan. This is stated in relation to the required frequency of repositioning.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Resident Care Plan as checked during the inspection was reviewed and updated to clearly reflect the required frequency of repositioning. Staff have been reminded of the importance of documenting repositioning schedules accurately through staff</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2025</p>	<p>The Registered Person shall ensure that robust cleaning schedules are maintained and implemented. This is stated in relation to high dusting and cleaning under beds.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Robust cleaning schedules have been reviewed and updated to specifically include high dusting and cleaning under beds. Domestic staff have been reminded of these requirements during team meetings and supervision. The Registered Manager will carry out regular spot checks and audits of cleaning records to ensure schedules are consistently implemented and maintained.</p>

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