

Inspection Report

Name of Service: The Gate Lodge
Provider: Corriewood Private Clinic Limited
Date of Inspection: 10 July 2025

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

1.0 Service information

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| Registered Provider: | Corriewood Private Clinic Limited |
| Responsible Individual: | Mr Ricardo Daniel Goncalves Oliveira |
| Registered Manager: | Mr Moses Abile – not registered |
| <p>Service Profile – This home is a registered residential care home which provides health and social care for up to three residents who are living with a learning disability. All accommodation is provided on the ground floor. Residents have access to communal lounges, a dining area and a secure outdoor space.</p> <p>There is a separate registered nursing home which occupies the same site and the manager for this home manages both services.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 10 July 2025 from 12.10 pm to 6.00 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment and induction of staff, management of falls and the governance arrangements relating to the environment and infection prevention and control practices.

As a result of this inspection four new areas for improvement were identified. 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

Observations of residents found that they appeared content in their environment and in their interactions with staff. Residents were able to make their own choices and decisions, where possible.

Relatives commented positively about the overall provision of care within the home. Comments included: "Our son is very happy here. It's testimony to the staff" and "Our son loves it here and we are very happy."

Staff were found to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with said that the care provided to residents was important to them and was of a good standard. Staff were observed to be very vigilant and attentive to residents, particularly when trying to redirect them.

Staff said that the manager was very approachable, that teamwork was good and that they were supported in their role. Staff comments included: "We do a lot of training," "The residents are our priority," and "The teamwork is very good."

We did not receive any responses from the staff online survey within the timescale specified.

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 systems in place to manage most aspects of staffing, although review of staff recruitment records established that all pre-employment checks had not been completed prior to each staff member commencing in post and an induction to the home for an identified staff member had been completed within one day. Areas for improvement were identified.

Staff said there was good team work and that they felt well supported in their role. Staff were always available and responded promptly to residents' needs. Staff knew what they were required to do each day in order to ensure they met the needs of the residents.

The staff duty rota reflected the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, 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. Staff were also observed offering residents choice in how and where they spent their day.

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 interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

At times some residents may live in a unit that is secure in order to keep them safe or may have other restrictions in place. This deprivation of their liberty was reflected in their care plans. Staff confirmed that there was a deprivation of liberty safeguards register in place.

Examination of records and discussion with staff regarding the management of falls confirmed that staff did not have sufficient knowledge to manage falls in keeping with best practice guidance. There was no evidence that staff had access to appropriate documentation to monitor residents for signs and symptoms of a head injury. 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. Staff were knowledgeable in relation to the residents' specific needs in relation to nutrition.

The importance of engaging with residents was well understood by the staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to relax. Activities for residents were provided which included both group and one to one activities. For those residents who preferred not to participate in the planned activity; staff were observed sitting with them, engaging in discussion, playing games or going for a walk. Residents also had opportunities to listen to music or watch television or engage in their own preferred 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, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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 tidy and fresh smelling throughout, although shortfalls were identified regarding the upkeep of the home environment and some resident's equipment such as armchairs. These were acknowledged by the responsible individual who provided RQIA with a detailed action plan to address the deficits identified following the inspection.

Concerns relating to a boundary wall and the use of the kitchen area as an office space were discussed with the manager and responsible individual. These matters will require further discussion with the estates team in RQIA and will be addressed under separate regulatory processes.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Moses Abile has been the manager in this home since 27 May 2025.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, improvements are required to the oversight arrangements in relation to the home environment and IPC audits to ensure these drive the necessary improvements. An area for improvement was identified.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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 | 3 | 1 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Moses Abile, Manager, and Mr Daniel Oliveira, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2025</p> | <p>The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: We have reviewed our recruitment processes to ensure that no staff member commences employment in the home until all pre-employment checks are fully completed and verified by the Home Manager. A tracker system has been introduced to monitor progress of checks and to provide an auditable record of compliance</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2025</p> | <p>The registered person shall ensure that staff have access to the appropriate post fall monitoring documentation to assist them with management of falls in keeping with best practice.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All staff have been provided with copies of the post-fall monitoring protocol, and supervisions have been completed to ensure understanding and correct implementation. This will continue to be reviewed and monitored.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2025</p> | <p>The registered person shall review the home's current audit processes relating to the environment and infection prevention and control practices to ensure they are effective.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The registered person has reviewed the home's audit processes for environment and infection prevention and control, and these have been updated to ensure they are effective and consistently implemented. A new tracker has been developed and implemented to ensure effective monitoring and auditing. This will continue to be reviewed by the Home Manager and monthly, during Provider visits.</p> |

| Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) | |
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| <p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2025</p> | <p>The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in keeping with policies and procedures and best practice guidance. Evidence should be retained of managerial oversight of all such records.</p> <p>Ref: 3.3.1</p> |
| | <p>Response by registered person detailing the actions taken: All newly appointed staff, complete a structured orientation and induction programme in line with policy and best practice, with records retained and subject to managerial oversight</p> |

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