

Inspection Report

Name of Service: Bluegate Lodge
Provider: Bluegate Lodge
Date of Inspection: 30 April 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:	Bluegate Lodge
Responsible Individual:	Mrs Mairead Bernadette Brolly
Registered Manager:	Mrs Mairead Bernadette Brolly
Service Profile – This home is a registered residential care home which provides health and social care for up to 5 residents. The home is located across one floor and residents have access to communal spaces and outdoor space.	

An unannounced inspection took place on 30 April 2025, from 10.30 am to 4.30 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 8 May 2024; 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 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 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.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider; one area for improvement has been stated for a second time. 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.

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 spoken with who were able to make their wishes known said they enjoyed living in the home and that it was a good experience. Some of the comments shared by residents included; "the staff are just great", and "Im well looked after."

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Questionnaires returned from relatives indicated that they were very happy and satisfied with the care their relatives were receiving in the home. Some of the comments shared in the responses included; "the care in this home is excellent" and "Blue gate Lodge is a fabulous care 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 residents. The previous inspection had identified an area for improvement pertaining to pre employment recruitment checks, whilst improvements were noted, a review of a sample of records, evidenced that not all of the relevant recruitment checks had been obtained in a timely manner. This was discussed with the manager and assurance was provided that the system in place would be reviewed; the area for improvement was stated for a second time.

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. For example; staff were supporting residents with activities and pamper time in the lounge area.

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.

Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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.

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. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Observation of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

The importance of engaging with residents was well understood by the manager and staff. Observation of activities took place before lunch in the lounge area and was based on the resident's individual preference; some residents were observed having their nails painted, others were reading and others watching the television. It was observed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom or communal space with their chosen activity such as reading, or waiting for their visitors to arrive.

Residents said they were able to sit outside in the outdoor garden area when the weather was appropriate and that staff supported them with this.

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.

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. 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

The home was clean, 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. There was evidence of 'homely' touches such as flowers, newspapers and magazines.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of this home since the last inspection. Mrs Mairead Brolly has been managing this home since August 2010.

Residents 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 shortfalls in the frequency of audits pertaining to, for example, hand hygiene and infection prevention and control. This was discussed with the manager for immediate review and action as appropriate; an area for improvement was identified.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

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*	1

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mairead Brolly, Manager 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall not employ a person to work at the registered premises unless they have obtained the information and documents specified in paragraphs 1 to 7 of Schedule 2.</p> <p>Ref: 3.3.1</p>
<p>To be completed by: From the date of inspection (30 April 2025)</p>	<p>Response by registered person detailing the actions taken: Refresh of induction procedures. Cover note in folders going forward for all new employees with check boxes to identify that references have been obtained before employee can start. Candidate Mairead Brolly 04/07/2025</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (30 April 2025)</p>	<p>The registered person shall ensure that working practices in the home are systematically audited to ensure they are consistent and evidence managerial oversight of the day to day services provided by the home.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Calendar reminders set to ensure that audits are carried out. Mairead Brolly 04/07/2025</p>

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