The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Bluegate Lodge

Provider: Bluegate Lodge

Date of Inspection: 21 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:	Bluegate Lodge
Responsible Individual/Responsible Person:	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 an outdoor space.

2.0 Inspection summary

An unannounced care inspection took place on 21 April 2026, from 10.15 am to 13.45 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 30 April 2025; 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.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement from the previous care inspection 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 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' told us they were happy with the care and services provided. Comments made included "I'm well looked after" and "all home cooked food".

Residents told us that staff offered choices to them throughout the day, which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, and managerial support.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires within the allocated timeframe.

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 staffing.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

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 interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere throughout the home was relaxed. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were regularly reviewed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required. Discussion with the manager identified that a falls policy was not available for review; an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

There was a programme of activities available to include individual and group activities; and some residents were observed reading or watching television.

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, mostly well maintained and updated to ensure they continued to meet the residents' needs; where a shortfall in one record was identified, the manager provided assurance that the record would be reviewed. 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 clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

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.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Mairead Brolly has been the Manager in this home since 24 August 2010.

Residents and staff commented positively about the manager and described them as supportive and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. A discussion took place with the manager to further develop the suite of audits to include a falls analysis audit. Assurances were provided by the manager that this would be actioned; this will be reviewed at a future inspection.

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	1

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 Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 21 **Stated:** First time **To be completed by:** 21 April 2026	The Registered Person shall ensure that a falls policy is implemented and shared with staff, with records retained. Ref: 3.3.2
	Response by registered person detailing the actions taken: Falls Prevention and Management procedure and Falls Prevention Tool Kit in place. Staff will read and sign to confirm understanding. Staff mandatory training takes place annually, this includes falls prevention, safe movement and handling and use of equipment. Mairead Brolly

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