

Inspection Report

Name of Service:	Blair Lodge
Provider:	Corriewood Lodge Ltd
Date of Inspection:	4 June 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:	Corriewood Lodge Ltd
Responsible Individual:	Ms Paula Murray
Registered Manager:	Miss Hannah Elwood
Service Profile – 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 into six units across two floors. The ground floor contains Oakland's, Brookvale and Eastleigh units. The second floor contains Montague, Bryansburn and Byfleet units.	

2.0 Inspection summary

An unannounced inspection took place on 4 June 2026, from 10.15 am to 5.20 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 18 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

There was evidence of some improvements required with regards to staff interactions with residents to ensure person centred care is promoted during all interventions. This is discussed further in the main body of the report.

As a result of this inspection all of the previous areas for improvement 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 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

Residents were seated comfortably across the home and appeared to be relaxed and comfortable in their surroundings and when engaging with staff.

A number of staff were providing enhanced one to one care with residents; staff mostly demonstrated compassionate care delivery when supporting the residents. Other practices observed were shared with the management team for review and action. These are discussed further in section 3.3.2.

A visitor to the home provided positive feedback about the care their loved one was receiving. Some of the comments shared included, "the care is brilliant, no problems at all. The staff are very good, I know all of them very well."

Two healthcare professionals who were visiting the home provided positive feedback about their experiences working with the staff and management in the 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. 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.

There was evidence of systems in place to monitor staffs registration with the Northern Ireland Social Care Council (NISCC); those staff required to be registered, had this in place. A discussion took place with the manager to ensure that staff's names are consistent across both the duty rota and the NISCC tracker.

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 mostly 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. There were some practices observed which did not clearly reflect person centred care, for example: a staff member was observed using their personal mobile phone to take a work call when providing enhanced one to one care for a resident. The incidents were shared with the management team who confirmed the actions taken to address this with staff to promote person centred, safe and compassionate care delivery. An area for improvement was identified.

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.

Residents may require special attention to their skin care, care records accurately reflected the residents' assessed needs and input from the District Nursing team if this was appropriate.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referral to the GP or Physiotherapy. Post fall records did not always clearly evidence that the appropriate post falls observations and body maps had been completed within the timeframes required following a fall. The details of this were shared with the management team and 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.

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. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. 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.

The importance of engaging with residents was well understood by the manager and staff. There was evidence of a range of activities taking place across the home, based on residents own preferences. Some residents were observed sitting in the communal day room completing puzzles, colouring or watching their own preferred show on the iPad.

Staff understood that meaningful activity was not isolated to the planned social events or games. Some of the residents were being supported to go out for the day and expressed their excitement about this. Residents who were able to verbalise their wishes said there were a range of activities taking place across the home and that they enjoyed getting to go out to Crawfordsburn for a walk.

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. 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 mostly 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. It was evident that some residents bedrooms were sparsely decorated, the details of this were shared with the management team and assurances were provided that this was the result of residents own individual preferences or risk assessments.

There was evidence of 'homely' touches across the building such as; wall art and a video on display which evidenced pictures of different events and group work which the residents had taken part in over the year.

A cupboard in the Montague unit was left unlocked with access to cleaning chemicals. This was addressed by a staff member at the time of inspection and an area for improvement was identified.

There was evidence of records maintained to evidence cleaning schedules in the home, however some deficits were identified at the time of inspection, for example: there was evidence of some wardrobes and mirrors requiring enhanced cleaning. The management team advised there is currently ongoing recruitment for additional cleaning staff however, interim arrangements are in place to ensure that cleaning duties are maintained across the home.

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 no 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.

Residents, relatives and staff commented positively about the manager and described her as supportive, approachable 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. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Hannah Elwood, manager and Ms Paula Murray, responsible individual, 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	
Area for improvement 1 Ref: Regulation 14 (1) (a) Stated: First time To be completed by: 4 June 2026	The Registered Person shall ensure as far as reasonably practicable; all parts of the residential care home to which residents have access are free from hazards to their safety. This is with specific reference to ensuring that cupboards with access to cleaning chemicals are safely secured. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person has taken appropriate action to ensure that cupboards containing cleaning chemicals are securely locked and inaccessible to residents, thereby reducing the risk of accidental access. Ongoing monitoring and regular environmental checks will be undertaken to ensure these control measures remain effective and that residents' safety and wellbeing are maintained at all times.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 10 Stated: First time To be completed by: 4 June 2026	The Registered Person shall ensure person centred care and intervention is promoted in all staff interactions and interventions with residents. Ref: 3.3.2
	Response by registered person detailing the actions taken: Regular audits, supervision, observations of practice, and resident feedback will be used to monitor standards, reinforce good practice, and ensure that person-centred principles remain embedded within the culture of the home.

Area for improvement 2	The Registered Person shall ensure post fall records are completed in full, this is with specific reference to post falls observations and body maps.
Ref: Standard 8.5	
Stated: First time	Ref: 3.3.2
To be completed by: 4 June 2026	Response by registered person detailing the actions taken: The Registered Person has addressed the importance of completing post-fall observations and body maps through staff supervision and discussion. Ongoing audits and incident reviews will continue to monitor compliance, identify any gaps in documentation, and ensure post-fall records are completed accurately and to the required standard.

****Please ensure this document is completed in full and returned via the Web Portal****



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