

Inspection Report

Name of Service:	The Gate Lodge
Provider:	Corriewood Private Clinic Limited
Date of Inspection:	25 June 2026

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

1.0 Service information

Registered Provider:	Corriewood Private Clinic Limited
Responsible Individual:	Mr Ricardo Daniel Goncalves Oliveira
Registered Manager:	Mr Moses Abile
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. There is a separate registered nursing home which occupies the same site and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 25 June 2026 from 11.45 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Details and examples of the inspection findings can be found in the main body of the report.

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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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

Some residents living in the home were not able to communicate verbally, however observations of their wellbeing, engagement and positive interactions with staff indicated they were comfortable and relaxed in the company of staff. Staff demonstrated competence at being able to communicate effectively with residents and supporting them to transition throughout their day, which is an important strategy when working alongside residents living with learning disability and autism.

Staff were found to be knowledgeable of resident's 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 resident's needs, using appropriate redirection techniques in a person-centred manner.

Staff said that the manager was very approachable, that teamwork was good and that they were supported in their role. Staff comments included: "I love working here. We all collaborate. The manager is good and comes almost every day. He is visible and supportive" and "The teamwork is really good. The staff are really good with the boys."

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 robust systems in place to manage staffing.

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. In addition to the usual, core staffing levels, some resident's required enhanced staffing levels to meet their assessed needs. It was evident through observation, discussion with staff and review of relevant staffing records that planned staffing levels were achieved.

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

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the relevant information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

Staff were observed interacting positively with the residents living in the home. Interactions were respectful, patient and person-centred, with staff demonstrating an awareness of individual's communication needs and preferences. Staff supported residents to transition from one activity or task to another and reinforced this strategy using various communication styles such as objects of reference or verbally.

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 staff 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. Staff confirmed that meals are brought from the sister home to the Gate Lodge and that enough staff were present to support residents with their meal. Residents are offered choice at mealtimes.

Residents were offered a range of activities to meet their social and emotional well-being needs. 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, watch television or engage in their own preferred activities.

Staff confirmed that sensory aids such as floor tiles, wax melts and post box activities were used to stimulate residents motor sensory skills.

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. 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 and floor coverings. This was discussed during the previous care inspection and it was disappointing to note that despite some of these issues being identified in monthly monitoring reports, progress had not been made to address the deficits. Details were discussed with the manager, including the need to consider a review of décor in the home to better support the needs of residents living in the home, such as their need for sensory input. An area for improvement was identified.

Some beds were found to be dressed with bed linen that was stained or of poor quality. A number of mattresses were found to be stained or of poor quality despite this being identified in a monthly monitoring report some two months previous. This was discussed with the manager who confirmed that there was sufficient clean bed linen in the home and arranged for the identified bed linen to be changed immediately and for the mattresses to be replaced. Areas for improvement were identified.

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. The manager confirmed that no corrective actions were outstanding from the most recent fire risk assessment.

There was evidence that robust systems and processes were not in place to manage infection prevention and control (IPC) practices.

Regular monitoring of the environment and staff practice to ensure compliance did not identify the absence of liquid soap and disposable hand towels in residents bedrooms or the need to review the absence of running water in residents bedroom sinks. Alcohol hand gels were also not readily available throughout the home. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Moses Abile has been the registered manager in this home since 22 September 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.

Examination of a selection of IPC and environment audits identified concerns regarding their effectiveness. The shortfalls highlighted during the inspection had either not been identified or had not been actioned. An area for improvement was stated for a second time.

There was also evidence that deficits identified within the monthly monitoring reports had not been addressed in a timely manner, while the mattress audits completed were not robust. It was not clear if the person completing the audits had sufficient competence and skill to conduct them effectively. An area for improvement was identified.

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*	3

*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 Mr Moses Abile, registered 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	
Area for improvement 1 Ref: Regulation 17 (1) Stated: Second time To be completed by: 25 June 2026	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. Ref: 2.0 and 3.3.5 Response by registered person detailing the actions taken: Following the inspection, the home's audit and governance arrangements were reviewed and revised. Additional environmental, housekeeping, IPC and equipment audit tools have been introduced to strengthen oversight and ensure any deficits are identified, actioned and monitored promptly. Audit responsibilities have been reinforced with management and staff, and compliance is reviewed through regular quality assurance processes.
Area for improvement 2 Ref: Regulation 27 (2) (a) (d) Stated: First time To be completed by: 25 June 2026	The registered person shall ensure the décor of the home is reviewed to better support the residents need for sensory input. Deficits with resident equipment and the environment highlighted on inspection must be addressed without delay. Ref: 3.3.4 Response by registered person detailing the actions taken: The home's environment has been reviewed in consultation with residents' families and the multidisciplinary team. Due to the complex needs of residents, including learning disability and behavioural support needs, any proposed environmental changes are subject to individual risk assessment and professional review to ensure they do not adversely impact wellbeing or increase behaviours of concern. A planned programme of environmental enhancement has been agreed, including the gradual introduction of sensory resources and therapeutic furnishings, with their effectiveness monitored and reviewed on an ongoing basis.

Area for improvement 3 Ref: Regulation 13 (8) (a) Stated: First time To be completed by: 25 June 2026	The registered person shall ensure that the home's environment is conducted in a manner which respects the privacy and dignity of all residents living in the home. This area for improvement is made with specific reference to the oversight of mattresses and bedding for residents use. Ref: 3.3.4 Response by registered person detailing the actions taken: Following the inspection, discussions were held with families regarding mattresses and bedding within the home. In some cases, families had chosen specific mattresses and bed linen to reflect individual preferences and support residents' comfort. Following review, mattresses identified as unsuitable were replaced and additional bedding supplies, consistent with residents' preferences and needs, were obtained in consultation with families. The home's auditing and monitoring arrangements have also been strengthened to ensure mattresses, bedding and related equipment remain of an appropriate standard and continue to promote residents' comfort, privacy and digni
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: 25 June 2026	The registered person shall ensure bed linen and clothing is of good quality and changed when required. Ref: 3.3.4 Response by registered person detailing the actions taken: Bedding supplies have been reviewed and replenished, with additional stock now available to ensure items are changed promptly when required. Ongoing audits have been strengthened to monitor standards and maintain compliance.
Area for improvement 2 Ref: Standard 35.7 Stated: First time To be completed by: 25 June 2026	The registered person shall ensure that there is access to running water, supplies of liquid soap and disposable towels in resident bedrooms subject to appropriate risk assessment in keeping with residents assessed needs. Alcohol hand gels should be readily available throughout the home to promote high standards of hand hygiene among residents, staff and visitors. Ref: 3.3.4 Response by registered person detailing the actions taken: Following the inspection, arrangements regarding water access in residents' bedrooms were reviewed with the multidisciplinary team. The original arrangement had been agreed as a best interests decision based on residents' assessed needs and associated behavioural risks. Following review, running water has been reintroduced within bedrooms and is being monitored

	through individual risk assessments. Hand hygiene arrangements have also been strengthened throughout the home, taking account of residents' assessed safety needs.
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 25 June 2026	The registered person shall ensure that persons completing audits have sufficient competence and skill to do so. Any deficits identified through the homes audit systems must be managed and actioned within a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: Competency assessments have been completed for staff responsible for carrying out audits, with additional guidance provided where required. Audit processes have been strengthened to improve oversight, ensure findings are actioned promptly and support continuous quality improvement.

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