

# Inspection Report

19 July 2023



## Corkhill Care Centre

Type of service: Residential Care Home

Address: 27 Coolmaghery Road, Donaghmore, BT70 3HJ

Telephone number: 028 8776 7362

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Mr Gary George Watt<br><br><b>Registered Person:</b><br>Mr Gary George Watt   | <b>Registered Manager:</b><br>Mrs Shona McKeown<br><br><b>Date registered:</b><br>16 July 2018  |
| <b>Person in charge at the time of inspection:</b><br>Mrs Shona McKeown   | <b>Number of registered places:</b><br>11<br><br>A maximum of 10 residents in category RC-DE and a maximum of 1 resident in category RC-I.<br><br>The home is also approved to provide care on a day basis for 2 persons in category RC-DE. |
| <b>Categories of care:</b><br>Residential Care (RC)<br>I – Old age not falling within any other category.<br>DE – Dementia.   | <b>Number of residents accommodated in the residential care home on the day of this inspection:</b><br>11<br>1 person for day care  |
| <b>Brief description of the accommodation/how the service operates:</b><br>This home is a registered Residential Care Home which provides health and social care for up to 11 residents. Accommodation is provided in single en suite bedrooms. All residents have access to communal spaces and a garden.<br><br>The building is shared with a Nursing Home which occupies the ground and first floors and the registered manager for this home manages both services. |   |

## 2.0 Inspection summary

An unannounced inspection took place on 19 July 2023, from 10.15am to 3pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be bright and welcoming, clean and free from odours. Bedrooms were personalised and reflected items which were important to the residents.

Residents advised that they were safe and well cared for in the home. It was evident that staff promoted the dignity and well-being of residents, observed through their interactions and communication.

Staff interactions with residents and relatives were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents. Staff told us that they were well supported in their roles by the management team and they were all approachable.

One area requiring improvement was identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Shona McKeown, manager, at the conclusion of the inspection.

#### 4.0 What people told us about the service

Residents spoken with said they were happy living in the home. Residents stated “It’s a good place; I am happy in here.” Residents described the staff as being approachable and helpful; “they are very good; I can’t say anything bad about the staff.” The residents praised the food provision in the home saying that it was “nice.”

Staff advised that there was a good staff team in Corkhill Care Centre and they all worked well together. 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 reported that the care provided to residents was “excellent” and they could easily raise any issues to the management team.

One relative spoken with during the inspection commented that the care provided to their loved one was excellent. They stated that there was enough staff on duty, the staff ensured there was good communication with the family and they were kept up to date.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 14 April 2022  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |  | Validation of compliance |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Regulation 27 (4) (a)<br><b>Stated:</b> First time          | The registered person shall submit a time bound action plan to the home’s aligned estates inspector, detailing how the 11 recommendations made from the fire safety risk assessment dated 4 February 2022 will be addressed. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |                          |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication with the manager. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with reported staff were responsive to their needs and did not express any concerns in seeking support from staff reporting, "It's great in here. If I need help, I just shout for staff."

### 5.2.2 Care Delivery and Record Keeping

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.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Residents were well presented, clean, neat and tidy.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to their GP, or for physiotherapy.

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.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were observed complying with speech and language recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents and relatives commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was found to be warm, clean and well maintained. Resident bedrooms were found to contain items which were important to them. The home was fresh smelling. We observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

We could see that fire exits and corridors were clear and free from obstruction.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

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

### 5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents 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.

Residents were being supported to colour and engage in puzzles by staff. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

Residents were observed sitting in the lounge watching television and interacting with one another and staff.

One resident told us, “there’s lots to do” when discussing opportunities for activities and interaction.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection: Mrs Shona McKeown is the registered manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

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. Staff commented positively about the manager; described them as supportive, approachable and always available for guidance.

There was a system in place to monitor and report accidents and incidents that happened in the home. However, it was noted that RQIA and the trust were not consistently informed of such incidents. This was identified as an area for improvement.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Relatives said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well.



The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1           | 0         |

Areas for improvement and details of the Quality Improvement Plan were discussed with Shona McKeown (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   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 30 (1) (d)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>With Immediate effect | <p>The registered person shall ensure that all accidents and incidents involving residents are consistently reported to the next of kin, trust key worker and RQIA.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           The registered person will ensure that all accidents/incidents involving residents are reported to Next of Kin, Trust Key Worker and RQIA. The unit's Accident Book has been amended with a section for recording contact with the Care Manager as this section was missing within this particular book. However our electronic documentation reflected that communication was occurring as appropriate. Staff are aware of escalation expected as per the 'Post Falls Guidance'.</p> |

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





The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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