

# Inspection Report

25 July 2024



## Corkhill Care Centre

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Mr Gary George Watt	<b>Registered Manager:</b> Mrs Shona McKeown
<b>Registered Person:</b> Mr Gary George Watt	<b>Date registered:</b> 16 July 2018
<b>Person in charge at the time of inspection:</b> Mrs Shona McKeown	<b>Number of registered places:</b> 11
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 11
<b>Brief description of the accommodation/how the service operates:</b> 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 and residents have access to dining areas and communal spaces.  There is a nursing home located within the same building and the manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 July 2024 from 10.30am to 3.40pm. The inspection was conducted 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 warm, welcoming and clean. Bedrooms were personalised with items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Two areas of improvement were identified during this inspection. This is detailed within the report and in section 6.

RQIA were assured that the delivery of care and service provided in Corkhill Care Centre was safe, effective, compassionate and that the home was well led. Addressing these areas for improvement will further enhance the safety of care in the home.

### **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 quality improvement plan, 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.

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

Residents spoke positively about staff and their experience of living in the home. Residents advised that this was "a great place, the staff are very good; if you want anything, just ask" and "I am well cared for, I feel safe in here." Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was "good." Compassionate interactions were observed between staff and the residents.

Staff commented that there was enough staff on duty to meet the needs of the residents. 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 there was a good staff team in Corkhill Care Centre and they all worked well together. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive. One staff member commented "I love working here; it's like a family; it's a great place to work."

One relative spoken with during the inspection commented: "I couldn't speak highly enough of the staff; they are brilliant. They are so attentive and we all work together as part of a team. I have no concerns; my relative is very safe and well cared for. It's like a family in here."

Two questionnaires were received following the inspection from relatives. They commented that "The care provided is of a very high standard. The staff team have been very constant, which means they know the needs well and consequently respond very well. The staff team are caring and interested. They provide stimulating activities every day." Further comments made were "I am full of admiration for the staff who provide care every day. My relative is safe and looked after in a way that I couldn't manage."

## 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 19 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (d)  <b>Stated:</b> First time	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.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Whilst there was evidence that a system was in place to ensure staff were recruited correctly, it was noted that were gaps in employment for the applicant which had not been explored. This was identified as an area for improvement.

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 and the full names and grades of staff were recorded.

Any person who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Arrangements were in place to ensure that staff appraisals and supervision were completed.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

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. Comments made by residents were to describe the care provision were: "I am well looked after," "content" and "happy in here."

There were systems in place to ensure staff were trained and supported to do their job. Review of the record of staff mandatory training identified that fire safety training was not completed twice yearly by all staff. This was identified as an area for improvement.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "What would you like..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Care records were held confidentially and stored electronically. Care records were person centred and reflected the needs of the residents.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff were observed assisting residents with meals where required. Residents received assistance in preparing for meals; to mobilise to the dining room and assistance with clothing protectors, if needed. The dining room was comfortable and calm.

The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Any resident who chose not to come to the dining room for their meal was able to do so, and their meal was covered during transportation to their bedroom or preferred area.

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

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

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

The home was clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

Fire safety exits and corridors were free from obstruction. The home's most recent fire safety risk assessment was completed on 29 February 2024. Any recommendations made as a result of this assessment were signed off as actioned.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### **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, they could return to bed after breakfast. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

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 listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

The residents, their relatives and staff praised the activity provision in the home.

### 5.2.5 Management and Governance Arrangements

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 said that the manager was approachable and accessible.

There has been no change in the management of the home: Mrs Shona McKeown is the registered manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan was put in place to ensure the necessary improvements were made.

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.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

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

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Shona McKeown, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> 26 July 2024	<p>The registered person shall ensure that before making an offer of employment to any staff, all gaps in employment record are fully explored and explanations are recorded.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The registered person when recruiting staff shall ensure that all gaps in employment are fully explored and explanations are recorded prior to making an offer of employment to all staff.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.4  <b>Stated:</b> First time  <b>To be completed by:</b> 25 August 2024	<p>The registered person shall ensure that all staff complete fire safety training twice yearly.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The registered person will ensure staff complete fire training twice yearly.</p>

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



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