

Inspection Report

20 May 2024



Corkhill Care Centre

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Mr Gary George Watt</p> <p>Registered Person: Mr Gary George Watt</p>	<p>Registered Manager: Mrs Shona McKeown</p> <p>Date registered: 4 April 2017</p>
<p>Person in charge at the time of inspection: Mrs Shona McKeown</p>	<p>Number of registered places: 37</p> <p>There shall be a maximum of 10 persons in category NH-DE and maximum of 2 patients in category NH-LD/LD(E)</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 35</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 37 patients. The home is divided into three units over two floors. Rambler's Rest and Robin's Rest provide general nursing care. Angel's Cove unit provides care for patients with dementia. Patients have access to communal lounges, dining rooms and a garden.</p> <p>There is also an adjacent residential care home and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 20 May 2024 from 9.40 am to 5 pm 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.

Patients told us that their experience of living in Corkhill Care Centre were positive and that they were happy and content with the care and services provided. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Relatives told us that they were satisfied with the care that their loved ones received in the home.

Staff were seen to provide care in a compassionate manner and were polite and warm during interactions with patients and each other. It was evident that staff knew the patients well and were familiar with individuals' likes, dislikes, and preferred routines.

The home's quality improvement plan was reviewed and three areas for improvement were met. Three areas for improvement were not met; one relating to hazards in the environment was not met and stated for a third time, and two areas for improvement relating to the reporting of notifiable events to RQIA, and the auditing of care records, were not met and stated for a second time.

New areas for improvement were identified in relation to, infection prevention and control (IPC), governance, care records pertaining to pressure prevention, nutritional assessments, and repositioning of patients, staffs' ability to access electronic records, and the misuse of net pants.

RQIA held a meeting to discuss the inspection findings due to the repeated failings over time to manage easily identifiable risks to patients, staff and visitors, in relation to IPC, hazards in the environment, fire safety, and the Control of Substances Hazardous to Health (COSHH) regulations.

This inspection did not result in enforcement action, however, further failings to comply with minimum standards and regulations may result in enforcement action.

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 Mrs Shona McKeown at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said that they felt well looked after and that staff were always available and helpful. Patients told us that they could choose how they spent their day and talked about meal options and spending time in the garden on sunny days.

Comments from patients included: “the staff are always friendly and helpful...the food is good and we get to pick”, “I get help whenever I need”, “the staff are very good and they have welcomed me in...I see the manager coming and going...it’s good.”

A relative told us that they were happy with the care their loved one received in the home and said that as a family they were kept informed about any changes.

One relative questionnaire was received following the inspection which indicated overall satisfaction with the care and services provided in Corkhill. Comments from the relative included, “care provided is excellent”, “(patient) is happy and content and the home is secure at all times.”

Staff told us that they were happy working in Corkhill Care Centre and described good working relationships between each other and with management. Some staff told us that they had difficulty getting care records completed in a timely manner due to a lack of computers or tablets to access the patient electronic records. This is discussed further in section 5.1.2.

There was no feedback received from staff via the online survey.

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 24 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time	<p>The registered person shall ensure that robust arrangements are in place for the management of medicines prescribed for eye conditions, through confirming that:</p> <p>The route of application is always recorded on the personal medication records and medicines administration records.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.</p>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met, with a number of potential hazards identified in the environment. Details can be found in section 5.2.3 of this report.</p> <p>This area for improvement was stated for a third time.</p>	

Area for improvement 3 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure that all notifiable events are reported to RQIA within the agreed timeframe.</p>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met, as records showed a number of notifiable events being submitted to RQIA with significant delays. Further detail can be found in section 5.2.5 of this report.</p> <p>This area for improvement was stated for a second time.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 12.11 Stated: First time	<p>The registered person shall ensure that staff providing full assistance with meals are seated and positioned correctly to allow for full observation of the patient.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Standard 12 Stated: First time	<p>The registered person shall make arrangements to ensure that patients' meals are served at the correct temperature in accordance with food standards guidance and the Nutritional Guidance for Residential and Nursing Homes.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 3 Ref: Standard 35.3 Stated: First time	<p>The registered person shall ensure that a robust system is in place for the auditing of care records.</p> <p>There should be a planner in place to ensure all patients' care records are reviewed a minimum of yearly and evidence should be maintained of actions taken and be dated and signed off when completed.</p>	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was partially met, with some improvements made. However, the auditing system in place was not sufficiently robust. Further detail can be found in section 5.2.5 of this report.</p> <p>This area for improvement was stated for a second time.</p>	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

A sample of recruitment records evidenced that there was a system in place to ensure that staff were recruited correctly to protect patients. All pre-employment checks were completed prior to any person starting work in the home. Newly appointed staff were provided with an induction to their role and were supported by more experienced staff to become familiar with the procedures and policies in the home.

Appropriate checks had been made to ensure that nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. The manager had oversight of staff compliance with mandatory training and there was a procedure in place to address any shortfalls in compliance.

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 between staff and management.

The duty rota accurately reflected the staff working in the home on a daily basis. The manager's hours were stated on the duty rota but did not specify how many of these hours were office based or providing direct care. If a manager is also providing direct care, it is important that adequate hours or allocated towards governance duties. This was discussed with the manager who provided assurances that this would be stated on the duty rota going forward.

The duty rota identified the nurse in charge when the manager was not on duty. Records evidenced that any nurses taking charge of the home had competency assessments in place to ensure they held the knowledge and skills required.

A system was in place for staff supervision and appraisals and records showed that progress was being made to ensure all staff had an annual appraisal and a minimum of two supervisions for this year.

Patients spoke positively about staff, describing staff as “lovely”, and “friendly and helpful.” Patients said that staff were available to them when they needed anything.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm, and supportive. The atmosphere in the home was relaxed and welcoming. Staff were knowledgeable about patients' individual needs, wishes, and preferred daily routines. Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patient care records were held securely on an electronic record system. Staff were trained in the use of this system and were seen to ensure patient privacy by locking the computers before leaving them unattended.

Some staff told us that they often had difficulty recording their interventions with patients in a timely manner due to a lack of sufficient computers or tablets. It was noted that Robin's Rest unit and Angel's Cove unit had one computer located at the nursing station along the corridor between the two units. This meant that staff in the secure dementia unit would have to leave the unit to record patient interventions. This was not conducive to contemporaneous record keeping nor efficient use of staffing. An area for improvement was identified.

Care records evidenced that patients who were at increased risk of pressure ulcers did not have their needs in relation to this assessed at least monthly. In addition, one patient who was assessed as being at moderate risk of pressure damage, did not have a care plan in place. This was brought to the attention of the manager who took steps to ensure that a care plan was completed before the end of the inspection. An area for improvement was identified.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly; however, it was noted that the records pertaining to these interventions were not well maintained. For example, the records for one patient, who was required to be assisted to change position every four hours, showed gaps of up to eight hours when nothing was recorded. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff provided assistance with certain mobility tasks, patients were encouraged to use the nurse call system and had buzzers within reach, and patient areas were maintained free from clutter. Where appropriate, special equipment was used such as low beds, or bed rails.

Examination of records and discussion with staff 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, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The lunch serving was observed and found to be a relaxed and unhurried experience. Staff were well coordinated in relation to their roles and were seen to provide appropriate support to patients. There was a choice of meals and drinks available, and patients told us that they always enjoyed the meals.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. Review of care records evidenced that some patients did not have the Malnutrition Universal Screening Tool (MUST) completed monthly. An area for improvement was identified.

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

Patients told us that they were "well looked after", and relatives described the care as "excellent."

5.2.3 Management of the Environment and Infection Prevention and Control

The home was generally clean and warm, and there was a welcoming atmosphere. There were homely touches such as flowers, reading materials, ornaments, and pictures throughout the home.

Patients' bedrooms were personalised with items of importance or interest to each individual, and patients told us that their rooms were cleaned daily and that they were happy with the environment.

The most recent fire risk assessment was conducted on 18 April 2024, and any recommendations made had been actioned. Corridors and emergency exits were maintained free from obstruction and fire extinguishers were wall mounted and easily accessible. An internal fire door was seen to be inappropriately wedged open by staff. This was brought to the attention of staff and immediate action was taken to close the door properly. An area for improvement was identified.

Further environmental hazards were seen which breached general health and safety and COSHH regulations. For example, a profiling bed lead had exposed wiring, a hot-press room was accessible by patients, and there were unlabelled bottles of alcohol gel in the dementia unit. A previously identified area for improvement was stated for a third time.

A number of measures and practices in relation to IPC were found to be below minimum standards: a number of bedrail bumpers, bed wedges, wheelchair cushions, an armchair, and a specialist OT chair were found to be visibly dirty and/or torn or damaged, there was inappropriate storage of toiletries in communal bathrooms, and there was inappropriate storage of equipment throughout the home. A linen store was found to be untidy and dirty, with laundered items touching the floor. An area for improvement was identified.

In the linen cupboard we found a collection of laundered and unlabelled net pants. Discussion with staff evidenced that these net pants were being used communally. An area for improvement was identified.

The home appropriately liaised with the Public Health Authority (PHA) in relation to any outbreaks of infectious disease.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engage with patients individually and in groups. Interactions between staff and patients were warm, familiar, and at times fun.

Patients told us that they made use of the communal areas of the home, including the garden, and talked about enjoying being outside in the recent good weather.

During the inspection we observed group activities in the communal areas, and those patients who chose to spend time in their bedrooms were encouraged or assisted by staff to engage in their preferred individual pastimes, such as watching a DVD or listening to a favourite musical performer. Patients were also seen to make use of the smart TV by selecting musical genres via the internet. Patients were relaxed and comfortable.

There was a range of organised activities provided for patients by staff and by visiting musicians to the home. The range of activities included social, community, cultural, religious, spiritual and creative events.

5.2.5 Management and Governance Arrangements

There had been no changes in the management arrangements of the home since the last inspection. Mrs Shona McKeown has been the registered manager since 4 April 2017.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Records showed that some incidents were not reported to RQIA within the required timeframe. A previously identified area for improvement was stated for a second time.

There were systems of auditing in place to monitor the quality of care and services in the home, however a number of these audits were found to be insufficiently robust. For example, environmental and IPC audits did not pick up on issues found during the inspection, and the IPC audits did not result in clear actions plans. An area for improvement in relation to governance was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. Patients and relatives spoken with knew how to report concerns and expressed that they were confident that these would be managed well.

Staff were aware of their roles and responsibilities in relation to reporting any concerns or worries about patients, care practices, or the environment.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Discussion with the manager evidenced that complaints were seen as an opportunity for the team to learn and improve, all learning outcomes were shared with staff.

Staff said that the manager was very approachable and available to them. Comments included. "Shona is lovely", "you could go to Shona with anything...if you have any problems we always work things out together."

The home was visited at least once a month by the registered provider or a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and it was noted that the details of these visits were not always accurate. For example, one report which contained a lot of information, stated that this particular visit was completed in 30 minutes. Discussion with the registered provider evidenced that this visit actually took place over several days. The importance of accurate details on the report was discussed with the management team. This will be reviewed again at the next inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	5*	6*

*The total number of areas for improvement includes one that has been stated for a third time and two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Third time To be completed by: 20 May 2024	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will make every effort to ensure all parts of the home which patients have access are free from hazards to their safety.</p>
Area for improvement 2 Ref: Regulation 30 Stated: Second time To be completed by: 20 May 2024	<p>The registered person shall ensure that all notifiable events are reported to RQIA within the agreed timeframe.</p> <p>Ref: 5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure all notifiable events are reported to RQIA within the agreed time frame.</p>
Area for improvement 3 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: 20 May 2024	<p>The registered persons shall ensure that the practice of wedging open fire doors ceases immediately, and that all staff are reminded of the correct use these doors.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure fire doors are not wedged open with immediate affect. Staff have been reminded of the correct use of these doors.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2024</p>	<p>The registered person shall ensure that systems and practices are in place to minimise the risk of the spread of infection.</p> <p>This is with specific reference to, the storage of equipment, linen, and toiletries. And any equipment or furnishings in the home can be effectively cleaned.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure equipment , linen and toiletries are stored appropriately and that equipment and furnishings can be effectively cleaned.</p> <hr/> <p>The registered persons shall implement and maintain robust governance systems to ensure the safe and effective running of the home. This includes, but is not limited to, regular auditing of the environment for potential hazards, and infection prevention and control measures and practices.</p> <p>Deficits identified during the process of auditing should be addressed through an action plan that clearly states the action required, who is responsible, and expected timeframe for completion.</p> <p>There should be evidence that plans have been reviewed and signed off once the required actions have been taken.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will make every effort to maintain robust governance systems to ensure safe and effective running of the home which will include infection control and environmental audits. Action plans will address deficits allocating timeframe of completion, the person responsible and finally they will be signed off.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 35.3 Stated: Second time To be completed by: 27 May 2024	<p>The registered person shall ensure that a robust system is in place for the auditing of care records.</p> <p>There should be a planner in place to ensure all patients' care records are reviewed a minimum of yearly and evidence should be maintained of actions taken and be dated and signed off when completed.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure robust auditing of the care records using a planner to evidence actions to be dated and signed off at completion.</p>
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: 29 July 2024	<p>The registered persons shall ensure that there is an adequate supply of equipment for staff to quickly and easily access the patient electronic record system.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure there is an adequate supply of IT equipment for staff to quickly and easily access the patient electronic record system.</p>
Area for improvement 3 Ref: Standard 23.2 Stated: First time To be completed by: 20 May 2024	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, that assessments are reviewed regularly and that a plan of care is put in place.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure the residents identified as "at risk of pressure damage" will have their assessments reviewed regularly with a plan of care in place.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2024</p>	<p>The registered persons shall ensure that patient repositioning records are maintained accurately and up to date.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure patient repositioning records are maintained accurately and kept up to date.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2024</p>	<p>The registered persons shall ensure that the Malnutrition Universal Screening Tool (MUST) is completed for all patients at least monthly.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure the MUST is completed for all patients at least monthly.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2024</p>	<p>The registered persons shall ensure that net pants are only ever provided for individual patient use and any unlabelled items of clothing are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure net pants are provided for individual patient use and that unlabelled items of clothing are identified / labelled or disposed of to eliminate the potential for communal use.</p>

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