

# Inspection Report

**Name of Service:** Corkhill Care Centre

**Provider:** Mr Gary George Watt

**Date of Inspection:** 24 February 2025

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>Responsible Person:</b>	Mr Gary George Watt
<b>Registered Manager:</b>	Mrs Shona McKeown
<p><b>Service Profile:</b>  This is a registered nursing home which provides care for up to 37 patients living with physical disability, dementia, and/or nursing needs associated with old age. Patient areas are divided into three units over two floors. Rambler's Rest and Robin's Rest provide general nursing care. Angel's Cove provides care for patients with dementia. There are a range of communal areas throughout the home.</p> <p>There is a separate registered residential care home which occupies the same site and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 24 February 2025 from 10 am to 3.10 pm, by a care inspector.

The inspection was undertaken to assess how the home was 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 20 May 2024.

An Inspection Support Volunteer (ISV) was present during this inspection and their comments are included within the report. An ISV is a member of the public who will bring their own experience to our inspections and help us to assess what it is like to live in the home.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a positive experience and complimented the staff on their delivery of care. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in interactions with staff. Please refer to section 3.2 for more detail.

As a result of the inspection eight areas for improvement were assessed as having been addressed by the provider. Two previously identified areas for improvement were assessed as not being met and were stated for a second time, and one area for improvement was not assessed at this inspection and was carried forward for review at the next inspection. Full details 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 patient'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.

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**

Patients spoken with said that they were happy living in the home and that they felt safe. When describing the care they received, patients said, "we're spoiled", and "we are very well looked after."

Patients said that staff were "nice and kind", and told us about how staff helped them with their needs and to bring meaning to the day. For example, one patient talked about staff helping them get up at their preferred rising time, "they wash and dress me and bring me my breakfast." Another patient talked about participating in a bake sale.

Patients said that the food was "excellent."

In reference to the overall care and services provided in the home, one patient said "I wouldn't change a thing."

Relatives spoken with said that they were more than satisfied with the care and services provided in the home, "it's as good as you can get." Relatives said that they had no concerns or complaints, with one relative saying there was no question that their loved one would go anywhere else.

Following observations of life in the home, and engagement with patients, relatives, and staff, the ISV commented that they found staff to be "welcoming and engaging", and that there was evidence of "positive interactions between staff and residents." The ISV also said that the environment was clean.

Staff said that they were happy working in the home and were supported through training and good communication with the management team to carry out their roles in a safe and effective manner.

No completed questionnaires or survey responses were received following the inspection.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Patients spoke positively about their engagements with staff with one patient saying, "I feel very safe here, I'm very well looked after." Interactions between staff and patients were seen to be warm and engaging. Staff demonstrated that they knew the patients and their needs well.

Staff were seen to respond to requests for assistance in a timely manner and were courteous towards each other and any visitors to the home.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

#### **3.3.2 Quality of Life and Care Delivery**

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff confirmed that they conducted a safety pause prior to mealtimes to ensure good communication across the team about changes in patients' needs and to ensure those patients on modified diets, received the correct meals.

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 and their diet modified.

The lunch time meal was observed and found to be a relaxing and social experience. Patients said that they enjoyed their meals and staff were seen to offer choices and provide support and/or assistance where required.

Discussions with patients and staff and observations, confirmed that activities took place in the home. Observation of a planned music activity took place in the morning, where patients joined in a sing song with the activity coordinator who played guitar and took requests for songs. Patients were seen to join in by singing, dancing, and clapping to the music.

Patients confirmed that they could pick and choose what activities they participated in and confirmed that they could spend time in the privacy of their room enjoying their own pastimes and interests. For example, one patient talked about helping make tray bakes for a recent bake sale, while another patient told us that they “have no trouble putting my day in...watching TV.” One patient said “I wouldn’t have it any other way.”

Patients and relatives confirmed that visiting arrangements were in place and working well.

### 3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

Patients’ care records were held confidentially and staff confirmed that they had access to the electronic patient record system when they need to add updates.

Review of a sample of care records found shortfalls in relation to the monitoring of patients’ nutritional risks. The Malnutrition Universal Screening Tool (MUST) should be reviewed at least monthly by nursing staff. Care records indicated gaps in relation to MUST reviews, with some patients’ MUST score not reviewed for several consecutive months. A previously identified area for improvement was stated for a second time.

### 3.3.4 Quality and Management of Patients’ Environment Control

The home was clean and warm for patients’ comfort. There was a welcoming atmosphere.

Communal areas were adequately furnished and there were some homely touches, such as pictures and soft furnishings. Patients’ bedrooms were clean and personalised with items of importance and interest to each patient.

It was observed that some practices in relation to storing of equipment and supplies was not in accordance with infection prevention and control best practice. For example, in a communal toilet a plant pot was used to hold a toilet brush, some laundry baskets were left on top of bins, and some patient toiletries were found in a communal bathroom cupboard. An area for improvement was identified.

A fire door was found to be propped open with a bin. Inappropriate propping open of fire doors can result in the door being ineffective in the event of a fire. A previously identified area for improvement was stated for a second time.

A room in Angel Cove suite was found to be presented as a communal toilet, with door signage stating 'toilet'. However, the room was also set up as a sluice room and had a key pad lock on the door. This was discussed with the manager and it was unclear what the main purpose of the room was. A sluice room cannot also be used as a communal toilet. The provider must clearly define the use of the room, and therefore, an area for improvement was identified.

### 3.3.5 Quality of Management Systems

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

A previously identified area for improvement in relation to governance systems was not fully reviewed during this inspection and remains on the homes quality improvement plan. However, in reviewing IPC and care plan audits it was established that resulting action plans were not robust and did not always evidence if a deficit had been addressed. This area for improvement was not fully met and was stated for a second time.

Staff spoke positively about the manager and said she was approachable and always available for advice, support, or guidance.

## 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
<b>Total number of Areas for Improvement</b>	3*	2*

\* The total number of areas for improvement includes two that have been stated for a second time and one which has been carried forward for review at the next inspection.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 February 2025</p>	<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 of these doors.</p> <p>Ref: 2.0 and 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded not to wedge fire doors open and of the correct use of these doors. This was also reiterated at a recent staff meeting.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 17 March 2025</p>	<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: 2.0 and 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will make every effort to implement and maintain robust governance systems to ensure the safe and effective running of the Home. This will include regular auditing of the environment for potential hazard and infection prevention and control measures and practices. Deficits identified during this process shall be addressed through an action plan which will clearly state the action required, who is responsible and the expected time frame for completion. There will be documentary evidence demonstrating review of these plans and signing off indicating completion.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2025</p>	<p>The registered person must clearly define the purpose of the identified room and communicate this to RQIA. The room must be used for the identified purpose.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The proprietor has indicated to the registered person that the purpose of the identified 'room' is that of a sluice. The proprietor will communicate this directly to RQIA and the registered person will ensure the room is used for the identified purpose.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 10 March 2025</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: 2.0 and 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure the Malnutrition Universal Screening Tool (MUST) is completed for all residents at least monthly.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 46.2 and 46.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 March 2025</p>	<p>The registered person shall ensure that there is a system in place to monitor staffs' adherence to best practice in infection prevention and control. This is with specific reference to the storage of equipment and supplies.</p> <p>The system should evidence actions taken to address any shortfalls identified in staff practice and learning should be shared with relevant staff.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure there is a system in place to monitor staffs' adherence to best practice in infection prevention and control. (specificatly relating to storage of equipment and supplies) This system will evidence actions taken to address shortfalls in staff practices and this learning will be shared with the team.</p>

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



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