The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Corkey House**

Provider: **Presbyterian Council of Social Witness**

Date of Inspection: **15 May 2025**

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

1.0 Service information

Organisation/Registered Provider:	Presbyterian Council of Social Witness
Responsible Individual:	Mr Dermot Parsons
Registered Manager:	Mrs Lorraine Coggles

Service Profile –
This home is a registered residential care home which provides health and social care for up to 35 residents. The home provides care for residents needing general residential care and for up to 10 residents living with dementia. The home is divided in three corridors, Glenview, Cavehill and Cairn.

Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and a dining room and an enclosed garden area.

2.0 Inspection summary

An unannounced inspection took place on 15 May 2025 from 9.30 am to 5.30 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection six 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

Residents said that living in the home was a good experience. Residents spoken commented positively about living in the home. Comments included, "staff are very good, they are friendly", "the staff are brilliant, they would do anything for me," and "I wouldn't be here if it wasn't for the care I get."

Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

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.

There was evidence that there was a range of activities offered to the residents regularly. Residents were observed to be engaging in meaningful activities and interacting with one another in a relaxed way and having fun.

One residents' relative said, "over all I am impressed, the girls are friendly, and they are good at keeping in touch."

Staff told us that they enjoyed working in Corkey House, one staff member commented, "things are going well, things are very well settled."

One visiting professional told us, "I am very happy with the care, they are very good at communicating with us."

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

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.

Examination of records confirmed that all staff received supervision and appraisal within the required timeframe.

Residents said that there was enough staff on duty to help them. 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.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. 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. For example, staff were observed facilitating two separate activities during the morning depending on individual choice.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Care records in relation to falls were mostly kept under review, however examination of supplementary records showed inconsistencies in post fall observations, this was discussed with the manager during feedback. An area for improvement was identified.

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.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning activities, which included bingo and a teatime chat confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard advising of future events.

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. Residents, where possible, were involved in planning their own care and the 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 clean and tidy, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Review of the home's environment evidenced that some parts of the home were showing signs of wear and tear. For example, some bedrooms and en suites were in need of redecoration. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks. Evidence was provided that plans were in place to complete structural work within the communal areas in the home, this included addressing actions from the most recent fire risk assessment.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Residents, relatives and staff commented positively about the manager and described her as supportive, approachable.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Compliments to the home reference the 'care and kindness' of the staff in the home.

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	0	3*

* the total number of areas for improvement includes one standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 32 **Stated:** First time **To be completed by:** From date of inspection (20 June 2023)	The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2ºC and 8ºC and action is taken if the temperature of the medicines refrigerator deviates from this range. Ref 2.0 **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Standard 8 **Stated:** First time **To be completed by:** 15 May 2025	The registered person shall ensure that all records are kept up to date, legible and accurate. This area for improvement relates to post fall observation records. Ref: 3.3.2 **Response by registered person detailing the actions taken**: The Registered Manager now reviews all documentation after an incident has occurred to ensure there are no gaps in the 24 hour post falls observations. A falls procedural tool has been devised by the regional management team which will enable staff to follow a step by step guide on all relevant documentation required to be completed after a fall. Incident packs have been put together inclusive of Incident forms, PHA post falls pathway guidance and the falls procedural tool to assist the home's senior staff for effective recording. The Registered Manager completes a monthly falls audit, completing a deep dive on each individual incident, to ensure all records are accurately completed and learning is identified. The Regional Manager has delivered recording and reporting training to the home's senior team. A further training session has been arranged for the 24th June 2025, to discuss and familiarise the senior staff team with the newly updated PHA post falls pathway tool.

Area for improvement 3 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 31 October 2025	The registered person shall ensure that the premises and grounds are safe, well maintained and remain suitable for their stated purpose. This area for improvement is with specific reference to resident's bedrooms and en-suites. Ref: 3.3.4
	Response by registered person detailing the actions taken: The regsitered Manager, has completed a walk around of all the residents bedrooms and ensuites, identifying which, rooms required to be painted as well as which hand rails in the residents ensuites are required to be replaced. The audit identified fourteen ensuites, that would require the sets of hand rails to be replaced. The registered manager has liaised with the head of mainteance, who will be sourcing the replacemnet hand rails. A total of seventeen rooms, were also identified as being required to be painted. Due to the ongoing scheme works at present by CHOICE housing association, the painting of the rooms will be planned once the works have been completed, as all doors throughout the home setting are being changed.

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