

Inspection Report

Name of Service: Corkhill Care Centre
Provider: Mr Gary George Watt
Date of Inspection: 23 July 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:	Mr Gary George Watt
Responsible Person	Mr Gary George Watt
Registered Manager:	Mrs Shona McKeown
<p>Service Profile This home is a registered residential care home which provides health and social care for up to 11 residents who are living with dementia. Accommodation is provided in single en suite bedrooms and residents have access to dining areas and communal spaces.</p> <p>There is a nursing home located within the same building and the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 July 2025 from 10.00am to 4.15pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified by RQIA, during the last inspection on 24 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean and bedrooms were personalised with items which were important to residents.

Residents reported that they were happy with the care provided to them and praised the activity provision in the home. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable in relation to the needs of the residents.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. 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 commented positively on their experience of living in the home. Such comments included; "I am happy enough in here, the staff are good and kind." Residents were observed engaged in activities and commented that they enjoyed them very much. Residents praised the food provision in the home and choices were readily available.

Staff spoke positively in terms of the provision of care and advised that the residents were all safe and well cared for. Staff commented that there was enough staff on duty to meet the needs of the residents and that the staff team worked well together. Staff told us that the manager was supportive, approachable and available for advice and guidance.

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.

Staff were readily available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty during the inspection. Discussion took place with the manager to ensure that this is kept under regular review.

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.

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 interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and resident's interactions found staff to be reassuring and compassionate particularly when residents were experiencing some distress.

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 offered residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

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.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

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.

The dining experience was an opportunity for residents to socialise and the atmosphere was relaxed and unhurried. The food was attractively presented and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

It was noted that staff were not wearing the appropriate personal protective equipment (PPE) when serving the meals. This was identified as an area for improvement.

The importance of engaging with residents was well understood by the manager and staff. 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 or watching television or doing word searches. Residents were observed engaged in a group activity in the afternoon which they were enjoying.

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.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

There was an odour identified which required to be addressed. This was discussed with the manager for follow up. This will be reviewed at the next inspection.

Areas were identified in the home which required to be improved such as an area of a wall required to be repainted. These improvements were discussed with the manager for attention. This will be followed up at the next inspection.

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. However, this assessment should be reviewed on an annual basis. This was identified as an area for improvement.

It was further noted that there were fire alarm activations which had occurred in the home, which were not reported to RQIA. This was discussed with the manager and these were submitted retrospectively. This was identified as an area for improvement.

Systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, it was noted that one staff was wearing gel nail polish. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

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

Staff spoke positively about the manager in the home, saying there was good support and availability.

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/or the quality of services provided by 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

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.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 35.1 Stated: First time To be completed by: 24 July 2025	The registered person shall ensure that the following IPC matters are addressed: <ul style="list-style-type: none"> • PPE should be worn by staff when serving meals to residents • No staff should be wearing gel nail polish. Ref: 3.3.4 Response by registered person detailing the actions taken: Staff are reminded to ensure they wear PPE when serving meals and not to wear gel nail polish. This will be reinforced to the entire team at the upcoming staff meeting.

<p>Area for improvement 2</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2025</p>	<p>The registered person shall ensure that there is a current Risk Assessment and Fire Management Plan that is revised and actioned when necessary.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Risk Assessment and Fire Management Plan was completed on 31/07/25. No action is required. The registered person will ensure our plan is robust to ensure the date of the next review is prior to the next recommended review date.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2025</p>	<p>The registered person shall ensure that all events that affects the health and welfare of residents, are reported to RQIA. This relates specifically to unplanned fire alarm activations.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person shall endeavour to ensure all events that affect the health and welfare of residents are reported to RQIA and in particular to report unplanned fire alarm activations.</p>

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