

Inspection Report

Name of Service: Cornfield Care Centre

Provider: Cornfield Care Centre

Date of Inspection: 18 November 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:	Cornfield Care Centre
Responsible Person:	Mr Marcus Jervis Nutt
Registered Manager:	Ms Katrina Canning
Service Profile:	
<p>Cornfield Care Centre is a nursing home registered to provide nursing care for up to 76 patients. The home is divided into three units on the ground floor. The Nightingale suite provides care for patients living with dementia and the Goldfinch and Kingfisher suites provide general nursing care for frail elderly over 65 years of age and physical disability over and under 65 years of age. Patients have access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 November 2025, from 9.30 am to 5.50 pm by two care inspectors.

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 16 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment, care records and General Data Protection Regulation (GDPR).

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Three areas for improvement relating to medicines management have been carried forward for review at a future 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 patients, 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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I love it here", "(The) staff are excellent", "Getting well looked after by the staff", "I feel very safe here" and "I have everything I need".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I love working here", "The manager is fantastic" and "We all work well as a team".

One relative spoken with during the inspection commented positively regarding the overall provision of care. Comments included: "(Relative) always well presented", "Staff always about and keep me updated" and "(Relative) content".

There were two questionnaires returned from relatives following the inspection. The respondents were very satisfied with the overall provision of care. Comments included: "Professional, compassionate and reliable staff who go above and beyond to make my (relative) feel supported and dignified", "100% caring thoughtful and spotless home" and "Nothing is of any bother".

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 patients. Review of a sample of staff recruitment files evidenced a number of discrepancies that were not in keeping with legislative requirements. Details were discussed with the management team and an area for improvement was identified.

Patients 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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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.

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of care records evidenced that patients were being repositioned in accordance with the recommended frequency within their care plan. However, a number of repositioning charts did not have the date recorded or the patient's full name. An area for improvement was identified.

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 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 dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their

dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a meal time co-ordinator to oversee the correct delivery of meals to patients.

The majority of patients commented positively about the food provided within the home with comments such as: "The food is very good here and plenty of choices", "The staff will always make you something you like" and "The food is pretty good here".

The importance of engaging with patients was well understood by management and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as bingo, movies, arts and crafts, games and music.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "There is always something going on in the home and lots of different activities", "You couldn't beat this place" and "Plenty of activities here".

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. However, a number of care plans for newly admitted patients had not been completed within the required timeframe. An area for improvement was identified.

Whilst care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. The care plan for one identified patient had not been updated to reflect a change in their dietary needs. An area for improvement was identified.

Review of electronic care records regarding patient's dietary intake evidenced that the quantity of food consumed at each mealtime was recorded, but did not provide details regarding the type of food consumed. Details were discussed with the management team who agreed to have the electronic recording system reviewed to include such details. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Patients care records were not held confidentially in one area of the home. Details were discussed with the management team and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection and the manager confirmed that further refurbishment works were on the homes agenda including replacement of identified wall paper as required, ongoing painting throughout the home and the cleaning of identified floor coverings.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 16 June 2025. One action was required following this assessment which was signed by the manager as completed.

There was evidence that systems and processes were in place to manage infection prevention and control, with 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. Ms Katrina Canning has been the Manager in this home since 5 April 2024.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team 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	1	7*

* The total number of areas for improvement includes three standards that have 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (a) (b) (c) Stated: First time To be completed by: 18 November 2025	<p>The registered person shall review the effectiveness of the home's staff recruitment and selection processes to ensure that all persons are recruited in accordance with best practice and legislation.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Staff personnel files have been reviewed to ensure that all persons are recruited in accordance with best practice and legislation.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: Second time To be completed by: 12 September 2023	<p>The registered person shall ensure that the reason for and the outcome of administration is recorded on every occasion, when medication is administered on a 'when required' basis, for the management of distressed reactions.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 12 September 2023	<p>The registered person shall ensure that changes made to prescribed medicines are recorded clearly on personal medication records and any discontinued medicines removed from stock promptly to prevent their potential administration in error.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
Area for improvement 3 Ref: Standard 31 Stated: First time	<p>The registered person shall ensure that controlled drug records are completed contemporaneously by the two members of staff involved, in line with legislative requirements, professional standards and guidelines.</p>

<p>To be completed by: 12 September 2023</p>	<p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that repositioning charts are accurately completed to reflect the date that information is recorded and the patient's full name.</p> <p>Ref: 3.3.2</p>
<p>To be completed by: 18 November 2025</p>	<p>Response by registered person detailing the actions taken: Staff have been informed that patients' repositioning books are to be fully recorded to include the date and the patient's full name.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are in place for any newly admitted patient within the required timeframe.</p> <p>Ref: 3.3.3</p>
<p>To be completed by: 18 November 2025</p>	<p>Response by registered person detailing the actions taken: Newly admitted patients have their care plans in place within 5 days. On this occasion not all of the patient's activities of daily living were recorded within the required time frame. This has been addressed.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans accurately reflect any changes to a patients dietary needs.</p> <p>Ref: 3.3.3</p>
<p>To be completed by: 18 November 2025</p>	<p>Response by registered person detailing the actions taken: The identified patient's care plan was reviewed and updated to reflect the changes to his dietary needs.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards.</p> <p>Ref: 3.3.3</p>
<p>To be completed by: 18 November 2025</p>	<p>Response by registered person detailing the actions taken: On the morning of the inspection the door handle of the store cupboard was broken, this was reported to maintenance who could not repair it during the inspection visit. As a result the door could not securly close and a filing cabinet was in the room. This was actioned the following day.</p>

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