The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** 2-1-2 Old Holywood Road

**Provider:** Cornerstone Care 212 Limited

**Date of Inspection:** 11 December 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:** | Cornerstone Care 212 Limited |
| **Responsible Individual:** | Mr Cecil McBurney - Acting |
| **Registered Manager:** | Mrs Olive Samantha Murdock |
| **Service Profile –**<br>This home is a registered residential care home which provides health and social care for up to 15 residents with a learning disability.<br><br>The home is based across three units: Cityview, Redburn and Palace. There are a range of communal areas throughout the home and residents have access to an enclosed outdoor area. | |

## 2.0 Inspection summary

An unannounced inspection took place on 11 December 2025, from 9.40 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 11 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection one area for improvement was assessed as not met and will be stated again for a second time. One medicine related area for improvement was 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 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 spoken with who were able to verbalise their wishes provided mostly positive feedback about residing in the home. One of the residents said they would like to get out more to attend activities in the community. The details of this were shared with the manager for review and action. Other residents who were less able to make their wishes known, were observed to be relaxed and comfortable observed smiling and laughing when engaging in their preferred activity in the communal areas or their bedrooms.

A relative who was visiting the home provided positive feedback about care delivery, staff and management in the home. Comments shared, included, "the staff are wonderful, they go above and beyond. We can rest easy knowing our relative is so well cared for."

## 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. Pre-employment checks did not clearly evidence the staff member's, right to work, full employment history, gaps in employment or reasons for leaving. The details of this were shared with the manager and assurances were provided that these were in place. An area for improvement was identified.

Details of the system to monitor staff compliance with mandatory training was submitted in writing to RQIA following the inspection. It was evident that there was a system in place to ensure staff were compliant with their mandatory training. A discussion took place with the management team to ensure this is made available for future inspections.

There was evidence of systems in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC); however, the system did not clearly identify if a staff member was registered with conditions. There was evidence that all staff requiring to be registered had this in place; however, further enhancement of the current NISCC system is required to ensure this is robust at identifying any potential conditions or action required to be taken by the employer. The details of this were shared with the manager and an area for improvement was identified.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that a number of residents required bespoke one to one care in the home; however, it was not always evident that staff remained with the identified resident as stipulated in the residents care plans. The details of this were shared with the manager and an area for improvement was identified.

### 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 residents 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. A review of the system in place to monitor those residents with a Deprivation of Liberty Safeguard (DoLS) was provided following

the inspection. Review of this confirmed that further enhancement of this system was required to ensure this reflects liaison with the trust.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP.

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 demonstrated that the overall mealtime experience required review. For example, there was a system in place to ensure that residents received the correct diet, however this was not robust as staff were unable to refer back to this system. There was no individual designated mealtime champion, which resulted in the mealtime becoming unorganised.

Residents received the correct diets at the time of inspection however, the current system in place to identify those residents requiring International Dysphagia Diet Standardisation Initiatives (IDDSI) levels requires review to ensure this supports staff to provide residents with the correct meal. The details of this were shared with the manager and two new areas for improvement were identified.

It was evident that staff were compassionate in the delivery of meals to residents and supporting those residents who required assistance with feeding.

The importance of engaging with residents was well understood by the manager and staff. Discussion with staff evidenced they knew and understood residents' preferences and wishes and helped residents to participate in activities or to remain in their bedroom with their chosen activity such as listening to music or watching their own preferred movies on the television. Other residents were supported to attend outings such as, swimming or for walks in the local area. Other comments made by a resident regarding access to activities were shared with the manager for review and action as appropriate.

There was no evidence of a weekly programme of social events on display; however, individual planned activities were maintained in resident's rooms with their own preferred schedule.

### 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.

A review of residents Deprivation of Liberty Safeguard (DoLS) care plans did not clearly evidence if the residents DoLS was in place and the date that this was in place from as there was conflicting information accessible in residents care files. The details of this were shared with the manager; the previous area for improvement identified has not been met and will be stated again for a second time.

Residents care records were held confidentially.

Care records were person centred and mostly well maintained. Care staff recorded regular evaluations about the delivery of care.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of refurbishments, which had taken place across the home, for example, paintwork had been completed across communal areas.

There was evidence of personalisation of resident's bedrooms with items important to the residents. Residents appeared relaxed and comfortable in their rooms with some of these decorated for Christmas.

The kitchen area had been left unsupervised with access to potentially hazardous materials and a hot stove. This was addressed at the time and the details of this were shared with the manager. An area for improvement was identified.

A discussion took place with the manager regarding access to the laundry area. The manager agreed to review and risk assess this so action would be taken with regards to the securing of this area. This will be reviewed at a future inspection.

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 was safe to live in, work in and visit. For example, fire safety checks.

Review of records and observations confirmed 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. Mrs Olive Samantha Murdock has been the Registered Manager in this home since 19 October 2020.

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

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** | 2 | 6* |

* the total number of areas for improvement includes one standard that has been stated for a second time and 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 Mrs Olive Samantha Murdock, 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 Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 21 (1) (b) Schedule 2 (1, 4 & 6)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>11 December 2025 | The Registered Person shall ensure that applicants pre-employment checks evidence the following, prior to commencing work in the home:<br>• Right to work in the United Kingdom (UK), if appropriate<br>• A full employment history, including explanations for any gaps in employment<br>• Reasons for leaving previous employment<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br><br>Pre employment check sheet to be enhanced to include sign off by management prior to any employment offer being made. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 20 (1) (c) (ii)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>11 December 2025 | The Registered Person shall ensure the system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC) includes evidence of any conditions attached to a staff member's registration (if applicable). This should evidence any action taken by the employer to ensure that the staff member can work in the home.<br><br>Ref: 3.3.1 |

| | |
|---|---|
| | **Response by registered person detailing the actions taken**:<br><br>System updated to ensure that if any conditions are attached to an employees Northern Ireland Social Care Council (NISCC) registration that it is followed up and closed out appropriately. |
| **Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 32<br><br>**Stated:** First time<br><br>**To be completed by:**<br>7 September 2023 | The Responsible Person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8ºC.<br><br>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**<br><br>**Ref:** Standard 6.2<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>8 January 2025 | The Registered Person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is with regards to Deprivation of Liberty Safeguards (DoLS).<br><br>Ref: 2.0 & 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Care plans reviewed and updates implemented accordingly to ensure more sufficient detail to direct the care required to meet the resident's needs in relation to (DoLS). |
| **Area for improvement 3**<br><br>**Ref:** Standard 9<br><br>**Stated:** First time<br><br>**To be completed by:**<br>11 December 2025 | The Registered Person shall ensure that bespoke one to one carers adhere to their duties and do not leave their assigned role; unless directed in the residents care plan.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>All staff rebriefed of their roles & responsibilities when on bespoke 1-1 care support. Management to complete follow-up spot checks to ensure adherence. |

| | |
|---|---|
| **Area for improvement 4**<br><br>**Ref:** Standard 12.10<br><br>**Stated:** First time<br><br>**To be completed by:**<br>11 December 2025 | The Registered Person shall review the mealtime experience to ensure this is structured and organised, with a designated mealtime champion, to ensure there is a robust system for staff when distributing meals, so that resident's receive the correct diet.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Mealtime experience has been reviewed and a mealtime champion put in place to help support structure and organisation. |
| **Area for improvement 5**<br><br>**Ref:** Standard 12.10<br><br>**Stated:** First time<br><br>**To be completed by:**<br>11 December 2025 | The Registered Person shall ensure there is a robust system in place, clearly outlining the details of residents Regional Speech and Language Therapy Eating, Drinking and Swallowing Difficulties Recommendations Sheet (REDS). This should be accessible to all staff supporting with meal provision.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>(REDS) documentation for each Service User was in place and located within a folder in the kitchen.The appointed mealtime Champion will have access to the (REDS) documentation during mealtimes as required. |
| **Area for improvement 6**<br><br>**Ref:** Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>11 December 2025 | The Registered Person shall ensure that the kitchen area is secured appropriately when not in use.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br><br>Fob access control to be installed February on the entrance door into the Kitchen from the hallway, restricting access to authorised personnel only. Staff have been briefed to ensure kitchen door is locked when not in use until fob access is installed. |

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

The Regulation and Quality Improvement Authority

**The Regulation and Quality Improvement Authority**

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews