The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Corkhill Care Centre**

Provider: **Mr Gary George Watt**

Date of Inspection: **8 January 2026**

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

1.0 Service information

Registered Provider:	Mr Gary George Watt
Responsible Person:	Mr Gary George Watt
Registered Manager:	Mrs Shona McKeown

Service Profile:
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.

There is a separate registered residential care home which occupies the same site and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 8 January 2026 from 09.45 am to 6.15 pm, by a care inspector and an estates 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 24 February 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection three 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 4.0.

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

Due to the nature of dementia, some patients were unable to fully express their views about the home. However, these patients looked well cared for, in that they were comfortable, clean and dressed appropriately.

Patients spoken with said that they were very happy with the care provided to them. They said that the food was "tasty" and that staff were "very good."

Relatives spoken with were very complimentary about the care and services provided by the home. Relatives described the care as, "excellent", with one relative saying "we couldn't speak highly enough about the place."

Relatives said that staff were "wonderful" and "like family" and that the manager was readily available. One relative talked about the importance of "small touches" provided to them as a family.

RQIA received one completed questionnaire from a relative following the inspection. This relative indicated that they were generally satisfied with the care and services provided. They described the care as "very good" and said that staff checked on patients regularly. They said that their loved one's care needs were met. They indicated that staff were more visible on week days and that the food choices and quality were also better on week days. They also suggested that they would like to see more interaction and activities between staff and patients. Feedback was shared with the manager for consideration, review and action where required.

Staff told us that they were happy working in the home, that they understood their roles and responsibilities and that they felt supported by the manager.

No staff survey responses 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 patients. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care, review of documents and discussions with staff, patients, and relatives, evidenced that patients' needs were met through the skill mix and number of staff on duty each day.

Staff were observed to be polite and warm in their interactions with patients and were seen to respond to requests for assistance in a compassionate and timely manner.

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 patients. 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 offered patient's 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 and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with a nurse confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP or for physiotherapy.

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, music was playing and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff were seen to assist patients with their meals where required.

Patients and relatives confirmed that there was an activities programme available in the home. The activities arrangements will be reviewed at the next care inspection.

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.

Review of a sample of care records evidenced that assessments and care plans were up to date. A number of minor recommendations were made in relation to one identified patient's pressure prevention care plan and for another patient's falls care plan. This was discussed with the nurse and manager for their review and action.

A number of patient care records were found to be unsecured. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and warm. There was homely touches throughout the home, such as flowers, pictures and ornaments.

Patient bedrooms were clean and personalised with items of importance or interest to the patient. Communal areas were accessible for patients.

A previously identified area for improvement relating to the purpose of a room in Angel Cove suite was reviewed. While the provider had previously stated that the room would be used solely as a sluice, a number of anomalies were found on inspection. The room had a keypad lock fitted but the lock was not deployed and the room was therefore accessible by patients. There was a sign on the door stating it was a 'toilet'. Therefore, the area for improvement was stated for a second time. In addition, items were inappropriately stored in the room. The manager was asked to have the room cleared of any inappropriate items.

A number of hazards were identified in the environment. For example, two sluice rooms / cleaning stores were left unlocked and the kitchen in the dementia unit was open while staff were not in attendance. There was a potential for harm to patients as there was unsecure access to cleaning chemicals, equipment and kitchen appliances. An area for improvement was identified.

Medicine trolleys when not in use should be locked and secured to the wall in a temperature monitored treatment room. During the inspection, a medicine trolley was found unattended in the open kitchen in Angel's Cove unit. The trolley was locked but not secured as required. Discussion with the nurse and manager indicated that this was a common practice.

In addition, a container of prescribed food thickening agent was found unsecured in a patient's bedroom. An area for improvement was identified.

While the home was clean, some areas, including furnishings and equipment could not be effectively cleaned due to damage and/or wear and tear. For example, patient seating, cushions and bedrail wedges with exposed foam, worn membrane on pillows, chipped paint on surfaces, unlamented notices in patient areas and toilet brushes that where not air-drying. This was not in line with infection prevention and control standards and an area for improvement was identified.

3.3.5 Estates Findings

Documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment were installed and commissioned in line with relevant legislation, Approved Codes of Practice (ACoP) and best practice guidance. It was noted that the nurse call system had not been inspected and tested by a competent person. Arrangements have been made to have this carried out on 23 February 2026 and report submitted to RQIA on completion.

The legionella risk assessment was reviewed and action plan recommendations are being implemented. Records confirming measures are in place for the effective control of legionella bacteria in the water system were not available for review during inspection but were submitted to RQIA for review following the inspection. Advice was given on how to make these systems more robust and has since been implemented. For example ensuring Thermostatic Mixing Valves are serviced annually / or in accordance with the manufacturer's instructions. It is good to note the Health and Safety Executive NI have also visited the home as part of their inspection campaign focusing on the management of legionella bacteria in hot and cold water systems.

A current and up to date fire risk assessment was in place and action plan was being implemented. Records reviewed confirmed that systems were in place to manage fire safety within the home. A number of fire doors were not closing effectively, this was discussed with the manager and it has been confirmed this has been addressed.

During the inspection it was noted that the décor in some of the bedrooms required attention. These rooms were discussed with the manager and have since been addressed or have been placed on a time bound action plan to be addressed.

3.3.6 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.

Patients, relatives and staff spoke highly of the manager. Staff said that the manager was always available for support and guidance and was regularly visible around the home.

Relatives said they knew the manager by name and that she was very approachable. Relatives said that they had confidence that any issues or concerns raised to the manager would be dealt with appropriately.

There were some systems in place to review the quality of care, other services and staff practices. Review of a sample of auditing systems evidenced that some improvements had been made since the last care inspection. For example, care record audits now had action plans in place. However, some systems were not robust as to effectively drive the necessary improvements. For example, the infection prevention and control audits did not pick up on the deficits identified in the environment during the inspection and when deficits were identified there was no clear action plan in place to address the issues. A previously identified area for improvement relating to governance systems had already been stated for a second time; first identified on 20 May 2024 and stated for a second time on 24 February 2025.

Following the inspection, RQIA met to review the inspection findings and enforcement action was considered. However, given that some progress had been made by the manager with some auditing systems it was decided to state the area for improvement for a third time. This was discussed with the manager who was advised that future non-compliance could lead to enforcement action.

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	7*	1*

*The total number of areas for improvement includes one that has been stated for a third time, one that has been stated for a second time, and two that have 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, 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 29 July 2025	The registered person shall ensure medication administration records generated in the home are checked and signed by two trained members of staff to verify they are accurate. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Regulation 10 (1) **Stated:** Third time **To be completed by:** 29 January 2026	The registered person 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. 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. There should be evidence that plans have been reviewed and signed off once the required actions have been taken. Ref: 2.0 and 3.3.6 **Response by registered person detailing the actions taken**: The registered person will strive to ensure robust governance systems are in place to ensure safe and effective running of the Home. Audits (Regular) of the environment for potential hazard and infection prevention and control measures and practices will be carried out. An action plan will be formatted clearly stating actions required, who is responsible and the expected time frame for completion. These will be reviewed and signed off once completed.
Area for improvement 3 **Ref:** Regulation 27 (2) (a) **Stated:** Second time	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. Ref: 2.0 and 3.3.4

To be completed by: 8 January 2026	**Response by registered person detailing the actions taken**: A meeting was held 02/03/26 involving RQIA Estates and Corkhill Care Centre - Proprieter/Nurse Manager. The toilet/washing and sluicing provison in the Angels Unit was discussed. It was proposed that to meet the minimum standards for toilet requirements that this room is best identified as a toilet area with the plan to add a shower area.. Within this proposal the sluice facility would be removed from this room and 'Angels' staff would share the sluice room provided in the link corridor. Whilst all in the meeting agreed with the proposal the registered person will discuss this with PHA/ Trust IPC within the next week for how best to manage this.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 January 2026	The registered person shall ensure that patient records are held securely at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person will ensure that patient records are held securely at all times. Staff upstairs will keep confidential records in the allocated treatment/admin room.
Area for improvement 5 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 8 January 2026	The registered person shall make all reasonable efforts to reduce hazards in the environment. This is with reference to unsecured sluice rooms / domestic stores and the kitchen in the Angel's Cove. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will make all reasonable efforts to reduce hazards in the environment ensuring the sluice rooms, domestic stores and kitchen in Angels Unit are kept secure.
Area for improvement 6 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 January 2026	The registered person shall ensure that medicines are stored securely. This is with specific reference to medicine trolleys when not in use and prescribed thickening agents. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure medicines are stored securely. Medicine trolleys and prescribed thickening agents will be secured when not in use.

Area for improvement 7 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 15 January 2026	The registered person shall ensure that there are systems in place to identify and address furnishings and equipment that cannot be effectively cleaned. The deficits identified during the inspection should be addressed without delay. That is, damaged furnishings and or equipment, unlamented notices, surfaces with chipped or peeling paint and toilet brushes. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure systems are in place to identify and address furnishings/equipment that cannot be effectively cleaned. The deficits identified during the inspection were addressed. Monthly audits will detail issues providing an action plan/who is responsbible/ time frame and follow up evidencing that issues have been addressed.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 29 July 2025	The registered person shall ensure that room temperatures are recorded daily in medication storage areas. 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.

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