The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cornfield Care Centre

Provider: Cornfield Care Centre

Date of Inspection: 25 February 2026

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 Individual:	Mr Marcus Jervis Nutt
Registered Manager:	Mrs Claire Gormley

Service Profile:

Cornfield Care Centre is a registered nursing home, which provides nursing care for up to 52 patients. The home is divided in two units over one ground floor level. Castle Lane provides care for patients living with dementia and Green Lane provides care under the general category of nursing care.

2.0 Inspection summary

An unannounced inspection took place on 25 February 2026, from 9.35 am to 5.10 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 29 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

We found care to be delivered in a compassionate manner and 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 two areas for improvement were assessed as having been addressed by the provider. Two areas for improvement regarding 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: "This place is perfect", "The staff are looking after me well", "I have everything I need here", "They (staff) are all very good", "I feel safe here" and "(The) staff are very kind".

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: "Management are easy to approach and very supportive", "Staffing levels are good", "I love working here" and "Good teamwork".

Two relatives spoken with during the inspection were very satisfied with the overall provision of care. Comments included: "This place is fabulous", "The staff are excellent and keep me really well informed", "My (relative) is always well presented", "I couldn't fault it here", "The home is lovely and clean" and "No concerns about care".

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.

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.

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

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 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, however, a number of records did not confirm that patients were always repositioned in line with their care plans. It was further identified that where a patient was assessed as requiring assistance of two staff to safely reposition them, not all charts had been signed by two staff. An area for improvement was identified.

Whilst the risk of falling was well managed and referrals were made to other healthcare professionals as needed, review of care records regarding an unwitnessed fall resulting in a head injury, evidenced that these were not being completed in accordance with the home's policy. An area for improvement was identified.

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. A mealtime co-ordinator was available within each of the units to ensure the correct delivery of food to patients.

Menus were on display within each of the units and whilst the menu within the general nursing unit was correctly displayed to reflect the meals being offered; there were several menus on display within the dementia unit that were not in keeping with the meals being offered. An area for improvement was identified.

Patients commented positively about the food provided within the home with comments such as: “Very good wholesome food here”, “If I don’t like something on the menu the staff will always make me something that I like” and “The food is fairly good”.

An activity schedule was on display within the home providing a variety of activities. The activity person was very enthusiastic in their role and was observed positively engaging with patients and encouraging them to participate in activities. During the inspection relaxation therapy and hand massage was provided and patients appeared to enjoy this. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff.

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: “Activities every day and I really enjoy them”, and “The activities person is very good”.

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.

Care records specific to risk of dehydration, evidenced that the action to take and at what stage if the recommended fluid target is not achieved was not consistently recorded within all patients care plans. It was further identified that the fluid target for one patient had not been achieved over several days and the General Practitioner (GP) had not been contacted within the timeframe stated within the care plan. An area for improvement was identified.

Review of a sample of care plans regarding repositioning and mobility evidenced that the number of staff and/or equipment required to assist the patient was not always included. It was further identified that the information within one patient’s moving and handling risk assessment was not fully reflective of the equipment required within the care plan. Details were discussed with the manager and two areas for improvement were identified.

A number of shortfalls were identified within wound care records for example; not all care plans had the recommended type of wound care dressings and/or frequency for renewal; a number of dressings had not been completed within the frequency stated; and wound assessment charts were not being completed on a consistent basis following dressing renewals. It was further identified that a care plan for one patient regarding a wound had not been created until several weeks later and one patient’s skin integrity care plan evaluation notes stated that the patient had a wound but this was not documented within the care plan. Details were discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, neat and tidy and fresh smelling. Patient's bedrooms were personalised with items important to the patient. Outdoor spaces and gardens were well maintained with areas for patients to sit.

Some surface damage was evident to a small number of furniture and wall paper; and staining was observed to the ceiling of an identified en-suite and a bath trolley. The manager confirmed that refurbishment work was ongoing within the home and provided assurances both during and after the inspection that necessary action had been taken to address these findings.

Prescribed topical creams were easily accessible within three identified patient's en-suite cabinets; some of which were not labelled, did not include the date of opening and/or had expired. Whilst action had been taken during the inspection to address this, an area for improvement was identified to ensure ongoing compliance with the management of prescribed topical creams.

Review of the most recent fire risk assessment completed in June 2025 evidenced that one action required had been signed off by management as having been completed.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

Observation of staff practices evidenced that they were compliant with infection prevention and control (IPC) best practice.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Claire Gormley has been the Manager in this home since 13 January 2017. The manager said they felt well supported by senior management and the organisation.

Review of a sample of accidents/incidents records and discussion with the manager evidenced that three notifications were to be submitted retrospectively. Following the inspection, the necessary information was received.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

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	4*	6

* The total number of areas for improvement includes two regulations 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 Claire Gormley, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** Immediately and ongoing (7 October 2025)	The registered person shall ensure that a regular system of date checking is in place to ensure that medicines are not administered after their expiry date. **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.** Ref: 2.0
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediately and ongoing (7 October 2025)	The registered person shall ensure that all medicines are administered as prescribed and those detailed in the report are monitored within audit procedures. **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.** Ref: 2.0
Area for improvement 3 **Ref:** Regulation 13 (1) (a) (b)	The registered person shall ensure that head injury observations are obtained and recorded in line with the home's policy. Ref: 3.3.2

Stated: First time **To be completed by:** 25 February 2026	**Response by registered person detailing the actions taken:** To be discussed at upcoming registered nurses meeting on 13.04.26. Regular audits to be completed by lead nurse. Copy of falls policy has been provided to all registered nurses.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall ensure that prescribed topical creams are safely and securely stored at all times, are appropriately labelled and removed when expired. Ref: 3.3.4 **Response by registered person detailing the actions taken:** Prescribed topical creams identified during the inspection were brought to the home by relatives of recently admitted patients. Signage has been displayed in the unit to prevent reoccurence. Regular audits to be completed monthly. To be discussed at registered nurses meeting on 13.04.26.
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall ensure that repositioning recording charts are completed in accordance with the patients care plan and the home's policy. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Home Manager to complete regular audits in relation to repositioning/record charts.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall ensure that menus are correctly displayed within the dementia unit to reflect the meals being offered. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Discussed with catering manager who has advised catering staff will update menu board at each meal time.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall ensure that for any patient at risk of dehydration the action to take and at what stage if the daily fluid target is not met is clearly documented within the care plan and action taken within the recommended timeframe where necessary. Ref: 3.3.3

	Response by registered person detailing the actions taken: To be reiterated at upcoming registered nurses meeting 13.04.26.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall ensure that care plans regarding repositioning and mobility include the number of staff and type of equipment required. Ref: 3.3.3
	Response by registered person detailing the actions taken: Moving and handling assessments and care plans have been updated accordingly. Care plan audit to be completed by allocated named nurses. May/June 2026.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall ensure that the equipment required for moving and handling within the risk assessment is reflective of the care plan. Ref: 3.3.3
	Response by registered person detailing the actions taken: Moving and handling risk assessments have been updated to reflect care plans.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall review the overall management of wound care to ensure that all relevant documentation is completed in accordance with the patients assessed needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: Wound care training for registered nurses undertaken 25.03.26. Assessment and care plans in the management of wound care have been reviewed and updated accordingly as per policy.

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