The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Corkey House

Provider: Presbyterian Council of Social Witness

Date of Inspection: 12 January 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:	Presbyterian Council of Social Witness
Responsible Person:	Mrs Caroline Yeomans - acting
Registered Manager:	Mrs Lorraine Coggles
Service Profile – This home is a registered residential care home that provides health and social care for up to 35 residents. The home is divided into three corridors, Glenview, Cavehill and Cairn. The home provides care for up to 10 residents living with dementia and 2 residents with a mental health diagnosis. Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 12 January 2026 from 9.30 am to 6.00 pm by two care inspectors.

Prior to the inspection RQIA received information raising concerns in relation to the overall organisational governance and culture within the Presbyterian Council of Social Witness (PSCW).

In response to this information, RQIA decided to undertake an unannounced inspection, which focused on the following areas:

- Governance and management arrangements
- the management of concerns
- the lived experience of residents
- staffing arrangements, induction, training and support of staff and managers
- staff knowledge regarding management of adult safeguarding

Areas for improvement identified at the last care inspection on 15 May 2025 were also reviewed as part of this inspection.

Some of the areas of concern regarding staffing arrangements, inductions of staff and the manager and systems to support staff were substantiated during this inspection. Two previous 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.

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 residents, 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 said that living in the home was "very good". Comments included, "I'm very happy here, staff are all excellent," "I'm happy with staff, they're approachable," and "Would feel I could ask for anything if I needed to."

One relative spoken to said, "I am very happy with the care my relative is receiving in the home."

Staff told us that they enjoyed working in Corkey House and that the resident's care was very important to them. One staff member said, "I really enjoy my job."

External workers carrying out renovations in the home were asked their view on the care in the home. They said, "I have no concerns with how care is given," and "I think it is very good."

No additional feedback was received from residents, relatives or staff following the inspection.

3.3 Inspection findings

3.3.1 Governance and management arrangements

RQIA were informed by Dermot Parson, Responsible Individual (RI), on the 7 November, that he would be stepping down on a temporary basis and that Caroline Yeomans would be the acting RI from 10 November 2025. RQIA have since been notified that Mr Parsons has resigned from his role with PCSW.

There has been no change to the day to day operational management of the home since the last inspection. Mrs Lorraine Coggles has been the manager in this home since 8 January 2024. She has been registered with RQIA since March 2025 and is supported by a regional manager, who was also present during the inspection to support the manager.

Discussion with the manager evidenced that, although she had worked in the home in various roles for a number of years, she had not received an induction into her present post. This was discussed with the senior manager who confirmed that they were aware of this oversight and a full and meaningful induction was now being implemented. The manager confirmed that there were supervision and appraisal arrangements in place to support her in her role. Staff supervision and appraisal are further discussed in section 3.3.4.

Residents and staff commented positively about the manager and the regional manager and described them as supportive, approachable and able to provide guidance.

The manager confirmed that she was completing the 'My Home Life' program with the University of Ulster as part of her professional development. The manager was able to describe how this was a beneficial program as she was able to engage in shared learning and peer support.

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 through their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The manager reported that due to a vacant senior care assistant and deputy manager post she often undertook the duties of the senior care assistant. The potential for this to impact on governance and managerial oversight in the home was discussed with the management team. It was agreed that the manager would review and consider the use of agency staff to cover shifts. The manager confirmed that recruitment was ongoing across all roles in the home. The hours in which the manager worked on the floor was not reflected in the staff duty rota. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. Some areas for improvement with regard to care plans and risk assessments had been identified during the monthly monitoring visits as an action, however these actions were identified as incomplete and carried forward from month to month. Discussion with the management team

confirmed that there is now an action plan in place to address these areas and progress is monitored by the regional manager. The reports were available for review by residents, their representatives, the Trust and RQIA.

3.3.2 Management of Concerns

Residents and staff said that they knew how to report any concerns or complaints and said they were confident that the manager would address these concerns. A review of complaints to the home evidenced that these had been addressed in a timely manner. There was evidence of access to the current complaints and whistle blowing policies and signage in place to direct residents, their relatives and staff on how to raise a concern.

A review of the organisations policies and procedures evidenced that although these were in place, they were due to be reviewed. The senior manager confirmed that this review was taking place.

There was system in place which evidenced reporting of incidents and accidents to the appropriate organisations and bodies. However, there was evidence of one incident had not been reported to RQIA as required. This was discussed with the manager who agreed to review and appropriately notify RQIA with any future concerns.

3.3.3 The lived experience of Residents

The home was warm and welcoming, residents were observed to be seated comfortably in communal areas or in their bedrooms, based on their preferred choice. There was a homely atmosphere.

The standard of décor and cleanliness of the home is important to the well-being and dignity of the residents and their enjoyment of their home. The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was a calm, relaxed atmosphere in the home.

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 resident choice in how and where they spent their day or how they wanted to engage socially with others.

Residents commented positively about the staff in the home, describing staff as "very good" and "really nice."

Residents said they knew who the manager was and were confident that any concerns raised would be dealt with.

Discussion with staff evidenced good knowledge of residents' needs in the home. Care records were mostly person centred and well maintained.

Discussion with staff and a review of records confirmed that systems were in place to ensure that staff were suitably trained to meet the assessed needs of residents. Staff evidenced good knowledge of the residents living in the home. Staff confirmed that they had received specialised training to meet the needs of residents in the home, for example, catheter care.

Shortfalls were identified concerning the effective management of potential risk to residents' health and wellbeing; specifically, open access to the domestic and caretaker's stores, in addition to power tools left unattended and plugged in with trailing flexes across an open room. An area for improvement was identified.

3.3.4 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.

Discussion with staff on duty confirmed that before commencing work in the home, they had an induction. However, a review of records evidenced that inductions for both permanent and agency staff were not fully completed or robust. For example, gaps were noted throughout the induction paperwork, signatures were missing and in some agency inductions, there was no evidence that identity had been checked prior to the agency staff member commencing employment in the home. Senior managers advised that they were aware of these gaps and were in the process of addressing this. An area for improvement was identified.

Some staff and residents raised concerns about the staffing levels in the home. Discussion with the staff on duty and review of two weeks duty rotas identified that most day duty shifts were falling below planned staffing levels. As previously discussed, the manager often worked on the floor to augment the staffing, rather than use agency staff. Whilst no impact on care was noted during the inspection, prolonged periods of staff shortages has the potential to impact on the quality of care. An area for improvement in relation to staffing levels was identified.

Systems were in place for staff supervision and appraisal, however, a number of staff had not received individual, formal supervision. Staff meetings can provide staff with opportunities to discuss the day to day operation of the home and consider ways to improve it. Team meeting involving care staff had not taken place on at least a quarterly basis. Two areas for improvement were identified.

Staff all commented on the positive teamwork in the home and on the support offered to them by the manager.

3.3.5 Adult safeguarding

Systems and processes were in place to safeguard residents and ensure that they feel safe within the home. A safeguarding policy was in place and staff demonstrated a sound understanding of their role within the safeguarding processes. Discussion with staff confirmed knowledge of safeguarding systems and protocols; and how to escalate concerns. There was evidence that staff had attended safeguarding training relevant to their role.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the homes safeguarding policy. The safeguarding officer was identified as the safeguarding champion for regulated services within the organisation. Discussion with staff evidenced that they were aware of recent changes to the safeguarding champion in the organisation and signage was in place throughout the home to reflect this.

There were records in place to evidence that any safeguarding concerns recorded had been appropriately reported.

3.3.6 Quality 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.

Care records were mostly person centred and well maintained. One care file reviewed, required more information regarding the resident's assessed care needs. The manager confirmed that the staff in the home were in the process of updating all care files in the home following recent care planning training.

Residents' care plans and risk assessments were not always being kept under regular review in and in one instance a care plan had been accidentally signed off as being discontinued. The manager confirmed that this care plan was still active. Two areas for improvement regarding the regular reviewing of care plans and risk assessments were identified.

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	8*

* the total number of areas for improvement includes one that has 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 12 January 2026	The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Service Manager completes daily walkaounds of the service, to ensure that the service is free from hazards. This is completed in the absence of the service manager by the senior in charge. The Service Manager has held supervisons with the housekeeping staff and maintenance officer to ensure all store doors are locked. The Regional Management Team completes and records a daily walkaround record on all vsitis to the service to ensure the service is hazard free as reasonably practicable.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 32 **Stated:** First time **To be completed by:** From date of inspection (20 June 2023)	The registered person shall ensure that medicines that require cold storage are stored within the required temperature range of 2^{o}C and 8^{o}C and action is taken if the temperature of the medicines refrigerator deviates from this range. 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 **Ref:** Standard 23.1 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that the manager's hours and the capacity in which these were worked should be clearly identified on the staff off duty. Ref 3.3.1
	Response by registered person detailing the actions taken: The Service Manager's hours that are worked on the floor in the absence of a Senior Care Assistant are now clearly recorded on the staff rota. This is reviewed during the Monthly Monitoring Visits. The Service Managers hours worked on the floor are discussed during monthly supervsions held with the Service Manager and the aligned Regional Care Manager.

Area for improvement 3 **Ref:** Standard 5 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that individual risk assessments are kept under regular review for residents. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Service Manager, has devised a realistic time frame for all service user's risk assessments to be reviewed. Once all the Risk assessments have been reviewed and updated, Senior Care Assistants will be appointed as keyworkers to identified Service Users to maintain and review the risk assessments. This will be reviewed by the aligned Regional Care Manager during the Monthly Monitoring visits for progression, compliance and accuracy.
Area for improvement 4 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that individual care plans are kept under regular review for residents. Ref: 3.3.6
	Response by registered person detailing the actions taken: The Service Manager, has devised a realistic time frame, for all service users care plans to be reviewed and rewritten. Once all the care plans have been rewritten, senior care staff will be appointed as keyworkers, to identfied service users to maintain and review the care plans. This will be reviewed by the aligned Regional Care Manager durting the Monthly Monitoring visit's for progression, compliance and accuracy.
Area for improvement 5 **Ref:** Standard 23.1 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that all staff receive a structured induction. Records must be maintained to evidence full completion and managerial oversight of the induction process. This area for improvement refers to both permanent and agency staff. Ref: 3.3.1 & 3.3.4
	Response by registered person detailing the actions taken: The Service Manager has implemented an induction matrix, to ensure that all inductions are maintained and fully completed within the timeframe identified. All agency staff, (from the date of the RQIA inspection), are being reinducted into the service, to ensure that the agency induction record is completed and meaningful. This will then be completed for all new agency staff who are supporting the service. Inductions for permanent and agency staff, are being reviewed by the aligned Regional Care Manager during the Monthly Monitoring Visits to ensure that inductions are being completed meaningfully.

Area for improvement 6 **Ref:** Standard 25.1 **Stated:** First Time **To be completed by:** 28 February 2026	The registered person shall ensure that the identified planned staffing levels are provided. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Service Manager reviews the staffing rota and any identified shortfalls are covered either by internal staff or agency staff. These are accurately recorded and reflected on the staffing rota for review. The aligned Regional Care Manager reviews the staffing rota during the Monthly Monitoring Visits to ensure the service is staffed as required to meet the needs of the service.
Area for improvement 7 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref:3.3.4
	Response by registered person detailing the actions taken: The Service Manager has a supervision planner in place with preplanned dates for all staff to receive a formal supervisions. Supervisions that were requiring completion at time of inspection have now been completed. As part of our updated policy our organisation requires supervisions to be carried out quarterly. The aligned Regional Care Manager reviews the supervsion planner during the Monthly Monitioring Visits.
Area for improvement 8 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that care staff meetings take place on a regular basis and at least every three months. Ref:3.3.4
	Response by registered person detailing the actions taken: The Service Manager has implemented a staff meeting planner with dates preplanned, to ensure that full staff meetings will be taking place every three months. The aligned Regional Care Manager, will also be reviewing staff meetings during the Monthly Monitoring Visits.

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

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