



Inspection Report

Name of Service: 2-1-2 Old Hollywood Road

Provider: Cornerstone Care 212 Limited

Date of Inspection: 1 July 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:	Cornerstone Care 212 Limited
Responsible Individual:	Mr Cecil McBurney, not registered
Registered Manager:	Mrs Olive Samantha Murdock
Service Profile – This home is a registered residential care home which provides health and social care for up to 15 residents with a learning disability. 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 1 July 2026, between 9.30 am and 3.50 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 11 December 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

As a result of this inspection all areas for improvement identified at the last care inspection were addressed by the provider, 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 described staff as "Good". Residents spoken with said that they were happy living in 2-1-2 Old Hollywood Road. Comments included, "It is very good, I like it", and, "Yes staff are very good". 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.

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

Staff said there was good teamwork within the home. Staff comments included, "I love working here, the staff team are good," and "I like it here, we are a happy staff team."

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. There was evidence of systems in place to manage staffing.

Staff said there was good teamwork and that they felt supported in their role and that they were mostly satisfied with the staffing levels. One staff member said, "I have learnt a lot from the manager, they are always willing to help you if you are stuck."

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

It was observed that a number of residents required bespoke one to one care in the home. While some staff were knowledgeable on why one to one care was in place, others appeared to be unsure. In addition to this some staff were unable to identify how many residents were subject to a Deprivation of Liberty Safeguard (DoLS). 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 resident's needs; their daily routine wishes and preferences.

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.

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. For example, staff were heard using gentle supportive, encouragement throughout the day with one resident who was feeling unwell.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and manager confirmed that the risk of falling was managed, and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. However, there was no evidence of post falls documentation to evidence that residents had been observed following a fall. An area for improvement was identified.

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. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

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.

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

Staff understood that meaningful activity was not isolated to the planned social events or games. Activities for residents were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated. Individual activity schedules were in place for residents to take part in if they wished to do so. One staff member said "Sometimes residents like to choose something different and that is ok."

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Activities in the home included, games, walks and outing to various events and shops.

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.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable. However, some parts of the home were showing signs of wear and tear, the manager confirmed that a plan was in place to address areas in the home that needed further attention.

The outside garden area was designed to support residents living with a learning disability. For example; the garden furniture was painted with bright contrasting colours and the area was spacious which ensured that residents could navigate it safely.

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	0	3*

* the total number of areas for improvement includes one which has been carried forward for review at the next medicines management 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 Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: 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 2-8°C. 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 10.1 Stated: First time To be completed by: 1 July 2026	The Registered Person shall ensure that all staff have knowledge and understanding of each individual resident's assessed needs in regards to one to one care and the provision of DoLS. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff will be debriefed regarding the knowledge and understanding of 1:1 assessed care needs and provisions of DOLs.
Area for improvement 3 Ref: Standard 8 Stated: First time To be completed by: 1 July 2026	The registered person shall ensure that post falls observation records are kept up to date, are legible and reflect accurately the delivery of care. Ref: 3.3.2
	Response by registered person detailing the actions taken: Post falls observation records now in place using standardized charts. All documentation will be legible, factually and documented in real time.

****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