



Inspection Report

Name of Service:	Corkhill Care Centre
Provider:	Mr Gary George Watt
Date of Inspection:	21 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:	Mr Gary George Watt
Responsible Person:	Mr Gary George Watt
Registered Manager:	Mrs Shona McKeown
Service Profile This home is a registered residential care home which provides health and social care for up to 11 residents. Residents are accommodated in single bedrooms with ensuite facilities and they have access to communal and dining areas. There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2026 from 10am to 4.15pm, 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 23 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean and bedrooms were meaningfully personalised with items important to each resident.

Residents reported that they were satisfied with the care provided to them in the home. Residents also praised the meal provision.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents. Staff were observed to be responsive to any requests for assistance from the residents.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider. Full details including new areas for improvement, 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 commented positively on the care provided in Corkhill Care Centre. Such comments included; "I am happy enough, there are good carers in here and I am well looked after." "This is a good place, I am happy enough" and "I am happy enough, I have no complaints."

Some residents may have difficulty telling us about their experiences. Residents who had communication difficulties were observed to be relaxed in their environment and in their interactions with the staff. It was noted that staff understood what residents wanted to express.

Staff confirmed that there was enough staff on duty to meet the needs of the residents. Staff advised that morale and teamwork were good and that they were fully supported by the management team.

One questionnaire was returned to RQIA following the inspection. The respondent advised that they were satisfied with the care provided and commented "The care given is great; happy with the care provided."

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 robust systems in place to manage staffing.

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.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff on duty in the home. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was noted that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the residents at all times.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. 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. This was evident during the inspection when a resident became distressed. All of the staff were patient and provided support and reassurance to the resident and other team members.

It was observed that staff respected residents' privacy by their actions such as 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.

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.

Examination of care records and discussion with the manager 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 if required.

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 served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and relaxed and there was a choice of meal and drinks available. Anyone who required specific support with their meal was provided with this.

Activities for residents were provided which included both group and one to one activities. During the inspection a number of the residents attended the hairdresser. There was a relaxed atmosphere in the communal area and all residents commented positively about the hairdresser.

A number of the residents were also involved in music activities with the activity person. Residents appeared to enjoy this very much. Residents also had opportunities to watch television or engage in their own preferred activities such as reading their paper.

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.

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

The home was clean and comfortable. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Corridors were found to be clear and unobstructed. The fire safety risk assessment was completed on 31 July 2026. There were no recommendations made as a result of this assessment. However it was noted that there was a fire door held open with a wedge. This was discussed with the manager and an area for improvement was identified.

It was further noted that residents had access to denture cleaning products. This is harmful if accidentally ingested. This was discussed with the manager and an area for improvement was identified.

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.

It was observed that the medicine trolley was not secured to the wall following the administration of the medication. This was discussed with the manager and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Shona McKeown is the registered manager of the home.

Staff commented positively about the all of 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 manager 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 in the home.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment.

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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: As from the date of this inspection (21 July 2026)	The Registered Person shall ensure that fire doors are not held open. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person will ensure that fire doors in future are not held open.
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: As from the date of this inspection (21 July 2026)	The Registered Person shall ensure that any substances which may be harmful to residents are stored securely. This relates specifically to the management of denture cleaning products. Ref 3.3.4
	Response by registered person detailing the actions taken: The Registered Person will ensure that any substances which may be harmful to residents are stored securely and not in reach of residents. In particular denture cleaning products will be stored securely in future.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 32.1 Stated: First time To be completed by: As from the date of this inspection (21 July 2026)	The registered person shall ensure that following administration of the medication, the medicine trolley should be secured to the wall. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person will ensure that following administration of medication, the medicine trolley will be secured safely to the wall.

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Quality Improvement
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