The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cornfield Care Centre

Provider: Cornfield Care Centre

Date of Inspection: 27 August 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 Person:	Mr Marcus Jervis Nutt
Registered Manager:	Ms Katrina Canning

Service Profile –
Cornfield Care Centre is a nursing home registered to provide nursing care for up to 76 patients. The home is divided into three units on the ground floor. The Nightingale suite provides care for patients living with dementia and the Goldfinch and Kingfisher suites provide general nursing care for frail elderly and physical disability. Patients have access to communal lounges, dining rooms and a garden.

2.0 Inspection summary

An unannounced inspection took place on 27 August 2026, from 9.30 am and 4.30 pm by 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 18 November 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care. 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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. 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 spoken with said they were happy and well cared for. Patients spoke positively about the care provided by staff, the quality of the food and the activities provided.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff said they worked well as a team, had no concerns about staffing levels, and received regular training for their roles and support from the manager.

Completed questionnaires received following the inspection confirmed that patients/relatives were very satisfied that care was safe, effective, compassionate and well-led.

Responses received from the online staff survey confirmed that staff were assured that care was safe, effective, compassionate and well-led.

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.

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

Review of the record of supervision for staff identified that regular six monthly supervision had not taken place. An area for improvement was identified.

Review of the system to manage the registration of nurses and care staff evidenced checks were in place to ensure staff were registered appropriately with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 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 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. One identified care plan was not consistent with the patient's mobility levels. This was discussed with the manager for her assessment and will be reviewed at a future inspection.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision and mobility aids.

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.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

The menu displayed did not match the meal provided. This was discussed with the manager and an area for improvement was identified.

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.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

Whilst care records were person centred; care plans were not in place to direct staff in meeting patients' needs who were unable to use call bells. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was generally clean, tidy and well presented. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Review of the home's environment and records confirmed that while the manager did have a refurbishment plan in place to address usual wear and tear of the walls, furniture or patient equipment, there were no clear timescales. It was further identified that not all areas requiring repair were included in the plan. An area for improvement was identified.

Whilst staff were observed washing their hands correctly and to use personal protective equipment (PPE) inappropriately, not all staff were compliant with infection prevention and control (IPC) best practice when handling soiled linen. It was further identified that a number of toilets had not been cleaned effectively. An area for improvement was identified.

Medication was observed to be left with one patient and no supervision from staff. This was brought to the manager's attention for review 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. Ms Katrina Canning has been the manager in this home since 5 April 2024.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. The action from the environmental and infection prevention and control audits were not always followed up and signed as complete. An area for improvement was identified.

Patients and their relatives said that they knew who to approach if they had a complaint and were confident that any complaint would be managed well. Review of the record of complaints identified that more detail was required regarding the process and outcome of the complaint. This was discussed with the manager for her review and will be examined at a future inspection

Review of the record of reporting of notifiable events showed that not all falls/incidents were reported appropriately to RQIA. An area for improvement was 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	2	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Katrina Canning, 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 30 **Stated:** First time **To be completed by:** 27 August 2026	The Registered Person shall ensure that all notifiable events which occur in the home are reported to RQIA. Ref: 3.3.5
	Response by registered person detailing the actions taken: All notifiable incidents are reported to RQIA however in this regard the Registered Person was not aware that should Out of Hours be contacted for advice following a patient's fall then RQIA had to be notified. Currently we notify RQIA if medical intervention was sought. The identified notifiable incidents were forwarded to RQIA retrospectively after the inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) (b) **Stated:** First time **To be completed by:** 27 August 2026	The Registered Person shall make suitable arrangements for the safe administration of medications. Ref: 3.3.4
	Response by registered person detailing the actions taken:
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 30 September 2026	The Registered Person shall ensure all staff receive supervision for their role on at least a six monthly basis. Ref: 3.3.1
	Response by registered person detailing the actions taken: 79% of staff had received supervision. The other 21% have now received supervision for their role.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 28 August 2026	The Registered Person shall ensure the menu displayed matches the meal provided at each meal time. Ref: 3.3.2
	Response by registered person detailing the actions taken: On the day of inspection the menus on the dining room tables in the general nursing units confirmed that Caribbean Pork was on the lunch menu. The pictorial menu in the Nightingale unit displayed pork but not Caribbean Pork. This now has been actioned by photographic menus which will highlight the specific colour of the pork.

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 28 August 2026	The Registered Person shall ensure care plans are completed to direct care for patients who were unable to use call bells. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans have been updated to direct care for patients who were unable to use call bells.
Area for improvement 4 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 30 September 2026	The Registered Person shall ensure there is a clear timescale when repairs to the environment are to be completed to areas of the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: Environmental repairs to the Home have been recorded with a date of completion.
Area for improvement 5 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 28 August 2026	The Registered Person shall ensure the premises are kept clean and staff practices are sufficient to prevent the spread of infection. Ref: 3.3.4
	Response by registered person detailing the actions taken: One member of staff was not compliant with IPC best Practice. IPC training was undertaken in May 2026 and all staff were trained in the safe handling of soiled linen. On the day of the inspection and during the inspection feedback there was no discussion regarding toilets that were not effectively cleaned. Every toilet and bathroom facility in the home has a signed record of the date and signature the toilets were cleaned.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 28 August 2026	The Registered Person shall ensure the actions required following the environmental and infection prevention and control audits are completed signed and dated. Ref: 3.3.5
	Response by registered person detailing the actions taken: Regular audits are undertaken including environmental and IPC, these are now signed and dated appropriately.

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

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