

Inspection Report

27 January 2022



Cullion House

Type of Service: Nursing Home
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU
Tel no: 028 9039 1555

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Assurance, Challenge and Improvement in Health and Social Care

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: Donnelly Care Group Ltd Responsible Individual: Mr Cathal John Donnelly	Registered Manager: Mrs Dora Syatwinda Date registered: 27 July 2017
Person in charge at the time of inspection: Mrs Dora Syatwinda	Number of registered places: 22
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 21
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 22 patients. Patients' bedrooms are located over two floors. Communal lounges and the dining room are located on the ground floor. Patients have access to a large enclosed patio area to the side of the property.	

2.0 Inspection summary

An unannounced inspection took place on 27 January 2022 from 9.35 am to 4.40 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said that they felt well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that they enjoyed working in the home and felt well supported by the manager.

The home was found to be warm, clean and tidy.

Areas for improvement were identified regarding recruitment and face to face fire training.

RQIA were assured that the delivery of care and service provided in Cullion House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement identified will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that they felt well looked after and that the staff were kind and helpful. Comments included, "I love it here, it's a good home", "the staff are great", "all the staff are lovely" and "any worries are absolutely sorted out".

Staff told us that teamwork was very good and the manager was very approachable. One staff member said "teamwork is absolutely excellent, we all help each other out". Another staff member commented that "we are a really good team and work well together".

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

Following the inspection RQIA received completed questionnaires from seven patients and 15 staff responded to the on-line survey.

All of the patients who responded indicated that they feel safe living in the home, staff are kind, the care is good and things are well organised.

Staff commented positively about, for example, their experience of working in the home, teamwork, the approachability of the manager, communication and feeling supported and appreciated by the management team. All of the staff who responded indicated that they were satisfied/very satisfied that the care provided in Cullion House is safe, effective, compassionate and well led.

Comments made by patients and staff were brought to the attention of the manager for information and action if required.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 October 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure regular monitoring, audit and review of the quality of nursing and other services provided within the home.	Met
	Action taken as confirmed during the inspection: Review of a sample of audits completed evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a record of recruitment identified that neither a second reference nor an up to date Access NI check had been obtained for an identified employee. An area for improvement was identified. Following the inspection it was confirmed that appropriate actions had been taken to address the identified issues.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The manager said that patient dependencies were reviewed at least monthly to determine required staffing levels. The home's own bank staff were used as necessary to ensure that shifts were covered. Staff told us

that there was enough staff on duty to meet the needs of the patients and confirmed that efforts were made to cover absences such as short notice sick leave.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Staff received on-line mandatory training in a range of topics relevant to their role including dementia awareness, infection prevention and control (IPC) and first aid. It was established that staff required face to face fire awareness training; an area for improvement was identified. Staff said that they were reminded when mandatory training was due and that they felt well supported in their various roles.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff were seen to provide patients with care and assistance at the right time and in a caring and compassionate manner.

Patients said that there were enough staff to help them and that they felt well looked after.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs and preferences for example, they knew who liked a lie in and a later breakfast.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and lap belts were in use where required. Those patients who were at risk from falls had relevant care plans in place. There was evidence that appropriate action was taken in the event of a fall.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records reflected the use of equipment such as pressure relieving mattresses and accurately reflected the recommended frequency of repositioning.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care in a discreet and considerate manner.

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, from simple encouragement through to full assistance, and staff were seen to provide them with the help they required. Menus were appropriately on display. The dining experience was seen to be calm, relaxed and unhurried. The food was attractively presented and looked appetising. Patients were offered a choice of meals. The cook said there are lots of options available should a patient change their mind or prefer something different. Patients who liked to be involved in tasks around mealtimes and to help clear away their dishes were enabled to do so.

Staff demonstrated their knowledge of individual patient's likes and dislikes and told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the Dietician.

Records were kept of what patients had to eat and drink daily. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and that appropriate actions were taken regarding this.

Patients said they enjoyed the food in the home and were provided with a good choice of meals. One patient said "the food is lovely; there is always a choice, if you don't like something you just have to ask for something else, no problem". After lunch patients said that the food was "lovely", "tasty" and "very nice". Patients were offered regular drinks and snacks throughout the day.

Patients' needs were assessed 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; these included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records, for example, preferred time to go to bed and get up, clothing and footwear choices and how they like to spend the day.

Care plans were generally detailed and contained specific information on each patient's care needs. It was noted that the wound care plan for an identified patient needed to be updated to reflect the type and frequency of dressing; this was brought to the attention of staff and appropriate action was taken. Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff were seen to be attentive to patients and to offer them choices and options throughout the day. Staff asked patients, for example, whereabouts they wanted to sit, what they wanted to eat and what activities they wanted to take part in. A patient said that they chose themselves when to get up and have their shower and that staff help them when they need it.

Staff discussed the importance of making sure patients feel "at home" and "comfortable" as Cullion House is their home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. Patients' bedrooms were attractively personalised with items that were important to them such as family photographs, ornaments, books and cuddly toys. Communal lounges and the dining room were observed to be welcoming spaces for patients.

The manager discussed the refurbishment/redecoration plan in place for the home and said that since the last inspection a new nurse call bell system had been installed and significant improvements had been made to the patio area. Patients' bedrooms are being redecorated; patients are consulted about colour schemes and themes for their own rooms. The plan in place also includes redecoration of communal areas and lounges. It was obvious that thought

had been given to patients' individual tastes and preferences in the bedrooms that have been redecorated to date.

The housekeeper said that teamwork was very good. Domestic and laundry staff would help each other out, for example, if there was short notice leave in either department to ensure that the domestic and laundry needs of the home were met.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home participated in the regional testing arrangements for patients, staff and Care Partners.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients said that the home was kept clean and tidy. One patient said that "I recently got my bedroom painted and I really love it".

5.2.4 Quality of Life for Patients

Discussion with patients and observations during the inspection confirmed that they were able to choose how they spent their day. Staff offered patients choices regarding, for example, when they wanted to get up, if they wanted to watch TV, if they would like to go outside and what activities they wanted to take part in.

The atmosphere throughout the home was warm, welcoming and friendly. Staff were seen to speak to patients in a polite and caring manner; it was obvious that staff knew the patients well. Patients were observed to be comfortable and content in their surroundings and in their interactions with staff.

The manager said that prior to the COVID-19 pandemic a lot of the patients had attended day care facilities and they really missed this aspect of life. Staff were aware of the importance of providing suitable diversional therapies in the home as an alternative. There was a range of activities provided for patients by staff which included, for example, bowling, arts and crafts, board games and musical activities.

Staff were seen to assist patients with their hobbies and interests, for example, helping a patient who liked to crochet and ensuring another patient who enjoyed drawing and colouring in had enough paper and pencils. A patient said "I love doing crafts, there is loads to do", another said "I like watching TV and get to choose my programmes".

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls. Visiting and care partner arrangements were in place as per the current guidance in this area.

One patient said that she kept in touch with her family using her ipad and that staff were happy to help her with this if necessary.

Patients said that staff listened to them and took time to help them sort out any concerns or worries they might have.

Staff said that good communication was very important to ensure patients' needs were met and that families were kept well informed.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Dora Syatwinda has been the registered manager in this home since 27 July 2017. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were completed on a regular basis and action plans were kept under review.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was evidence that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

The home was visited each month by a representative of the registered provider 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 available for review. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Dora Syatwinda, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that, prior to making an offer of employment, two written references are obtained and an Access NI check should be completed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The missing reference from the existing employees file was sought again from the same referee and is in the staff members file. A further Access Ni check has been carried out due to becoming permanent staff where previously they were bank staff. This will be adhered to for all future applicants and more robust systems are in place.</p>
Area for improvement 2 Ref: Regulation 27 (4) (e) Stated: First time To be completed by: 31 March 2022	<p>The registered person shall ensure that all staff complete suitable face to face fire awareness training.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Contact has been made with a qualified registered trainer who has our staff scheduled for his next upcoming face to face fire training .</p>

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