

# Inspection Report

## 14 September 2023



## Cullion House

Type of service: Nursing Home  
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU  
Telephone number: 028 9039 1555

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Donnelly Care Group Ltd	<b>Registered Manager:</b> Mrs Dora Syatwinda
<b>Responsible Individual:</b> Mr Cathal John Donnelly	<b>Date registered:</b> 27 July 2017
<b>Person in charge at the time of inspection:</b> Mrs Dora Syatwinda, Manager	<b>Number of registered places:</b> 22
<b>Categories of care:</b> Nursing (NH): LD – learning disability LD(E) – learning disability – over 65 years	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 22
<b>Brief description of the accommodation/how the service operates:</b> Cullion House is a registered nursing home which provides nursing care for up to 22 patients living with a learning disability. 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 home.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 September 2023, from 10.15am to 3.00pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection, with the exception of one, would be followed up at the next care inspection.

Review of medicines management found that there were processes in place to ensure staff were trained and competent to manage medicines. Medicine related records and care plans were largely maintained to a satisfactory standard. The area for improvement reviewed from the last care inspection had been addressed.

Two new areas for improvement were identified in relation to the management of insulin and the storage of medicines.

Whilst areas for improvement were identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed.

RQIA would like to thank the staff for their assistance throughout the inspection.

### **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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines within the home.

### **4.0 What people told us about the service**

The inspector spoke briefly to a number of patients. Some patients were observed to be enjoying a musical performance from a musician in the home during the inspection. It was evident they enjoyed the activities provided.

The inspector also met with nursing staff and the manager. Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 31 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that the falls risk assessment and patients' care plans are updated following any fall which occurs in the home. Clinical and neurological observations should be accurately and consistently recorded in line with best practice guidance following any patients' fall in the home where a head injury, or the potential for a head injury, is suspected.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> First time	The registered person shall ensure for those patients who require a modified diet: <ul style="list-style-type: none"> <li>• choking risk assessments are sufficiently detailed</li> <li>• care plans are reflective of the current SALT advice.</li> </ul>	<b>Carried forward to the next inspection</b>
	Care plans were in place for three patients prescribed thickening agents and these were reflective of SALT advice. Choking risk assessments were not reviewed during this inspection.  <b>Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety patients is identified and so far as possible eliminated. This is stated in reference to ensuring the medicines are securely stored and the treatment room is locked when not in use.</p> <p><b>Action taken as confirmed during the inspection:</b> Medicines were securely stored and the treatment room was locked when not in use.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39.9  <b>Stated:</b> Second time	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Second time	<p>The registered person shall ensure repositioning charts are accurately maintained with legible entries to evidence care delivery.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>

<b>Area for Improvement 4</b> <b>Ref:</b> Standard 4.1 <b>Stated:</b> Second time	The registered person shall ensure that the home's current audit processes are reviewed to ensure they are effective.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure robust arrangements are in place to effectively monitor the registration of staff with NISCC.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 6</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	The registered person shall ensure that all patients have access to the nurse call system or other measures care planned for them to seek help should they require this.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for Improvement 7</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that the monthly care plan reviews and daily evaluations of care are meaningful; patient centred and include oversight of the supplementary care.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and the outcome. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain or infection. Records included the reason for and outcome of each administration.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents and nutritional supplements were reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained. Staff on duty advised that they had received training and felt confident to manage medicines and nutrition via the enteral route. Records of the training were available for inspection.

The management of insulin was reviewed. Care plans were in place and there was sufficient detail to direct staff if the patient's blood sugar was outside the recommended range.



However, review of the medicine administration records identified that the insulin dose administered was not always clearly and accurately recorded. As a result, it could not be determined if insulin had been administered as prescribed. The need for an improved insulin administration record, which allows for efficient recording and review of the dose administered, was discussed with the manager. An area for improvement was identified.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. However, the treatment room used to store medicines was heavily cluttered and untidy. There was little space available to store and dispense medicines and complete the relevant medicine records. The room could not be effectively cleaned due to the amount of clutter and did not conform to infection and prevention control measures. The need for adequate storage and space to prepare and manage medicines was discussed with the manager. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. With the exception of the insulin administration records as detailed above, most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.



The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, as stated above, the administration of insulin could not be accurately audited as the records had not been completed in a manner which facilitated audit. The need to include the review of insulin administration in the home's medicine audit process was discussed with the manager.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place and readily available to staff.

## 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 and the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	8*

\* The total number of areas for improvement includes nine which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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 Home Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (31 May 2023)	The registered person shall ensure that the falls risk assessment and patients' care plans are updated following any fall which occurs in the home. Clinical and neurological observations should be accurately and consistently recorded in line with best practice guidance following any patients' fall in the home where a head injury, or the potential for a head injury, is suspected.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (31 May 2023)	The registered person shall ensure for those patients who require a modified diet: <ul style="list-style-type: none"> <li>• choking risk assessments are sufficiently detailed</li> <li>• care plans are reflective of the current SALT advice.</li> </ul>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (14 September 2023)	The registered person shall review the management of insulin to ensure the dose administered is clearly and accurately recorded.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Audits in respect of this area have commenced and are ongoing to ensure the dose of insulin administered is clearly and accurately recorded.

<b>Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39.9  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required (31 May 2023)	The registered person shall ensure that mandatory training requirements are met.
	<b>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.</b>  Ref: 5.1
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 July 2023	The registered person shall ensure repositioning charts are accurately maintained with legible entries to evidence care delivery.
	<b>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.</b>  Ref: 5.1
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 August 2023	The registered person shall ensure that the home's current audit processes are reviewed to ensure they are effective.
	<b>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.</b>  Ref: 5.1
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (31 May 2023)	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.
	<b>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.</b>  Ref: 5.1

<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (31 May 2023)	The registered person shall ensure robust arrangements are in place to effectively monitor the registration of staff with NISCC.
	<b>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.</b>  Ref: 5.1
<b>Area for Improvement 6</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (31 May 2023)	The registered person shall ensure that all patients have access to the nurse call system or other measures care planned for them to seek help should they require this.
	<b>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.</b>  Ref: 5.1
<b>Area for Improvement 7</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2023	The registered person shall ensure that the monthly care plan reviews and daily evaluations of care are meaningful; patient centred and include oversight of the supplementary care.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 14 October 2023	The registered person shall review the storage arrangements for medicines as detailed in the report.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The home is working towards addressing this area with view to facilitating this.

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



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