

Unannounced Follow Up Inspection Report 30 January 2020



Cullion House

Type of Service: Nursing Home
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU
Tel No: 028 9039 1555
Inspector: Rachel Lloyd

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) and the DHSSPS Care Standards for Nursing Homes, 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care for up to 22 patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: Donnelly Care Group Ltd Responsible Individual: Mr Cathal John Donnelly	Registered Manager: Mrs Dora Syatwinda
Person in charge at the time of inspection: Mrs Dora Syatwinda	Date manager registered: 27 July 2017
Categories of care: Nursing Homes (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 30 January 2020 from 10.30 to 14.50 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the management of medicines, staffing, communication between staff and patients and taking account of the views of patients and their families.

One area for improvement regarding the appropriate monitoring and recording of neurological observations, following a possible head injury, was stated for a third and final time.

Patients spoken to described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1*	0

*The total number of areas for improvement includes one which has been stated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Dora Syatwinda, manager and Karen Donnelly, owner, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 21 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the care inspection on 21 May 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection we met with three patients, the manager, one nurse, three care assistants and one of the owners.

During the inspection a sample of records was examined which included:

- two patients' records of care
- medicine audit records
- medicine records
- RQIA registration certificate
- accident and incident records since the last inspection
- neurological observation records for four patients
- patient weight records and MUST (malnutrition universal screening tool) assessments

Areas for improvement identified at the last care inspection and one carried forward from the last medicines management inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care and medicines management inspections dated 21 May 2019 and 10 January 2019

Areas for improvement from the most recent care inspection dated 21 May 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Second time	<p>The registered person shall ensure that neurological observations are recorded and monitored, in accordance with best practice guidance, on the identified patient in the event of the patient sustaining a head injury.</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of accident and neurological observation records following an unwitnessed fall evidenced that the monitoring of neurological observations was not in accordance with best practice.</p> <p>In addition, the date and time of each observation was at times unclear. The manager agreed to address this following the inspection.</p> <p>This area for improvement was stated for a third and final time.</p>	
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated Second time	<p>The registered person shall ensure that the practice of propping/wedging open doors ceases with immediate effect. Other measures must be implemented if the identified door is to remain in an open position.</p>	Met
	<p>Action taken as confirmed during the inspection: No doors were propped or wedged open. The bedroom door referred to in the last inspection report has been fitted with a door guard.</p>	

Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall review the auditing process to ensure that it covers all aspects of medicines management.	Met
	Action taken as confirmed during the inspection: The auditing process has been reviewed. Weekly spot checks are performed by nursing staff on medicines to check that they have been administered as prescribed. Nurses oversee records completed by care staff and spot check these on a weekly basis. In addition, a quarterly audit of all aspects of medicines management is undertaken by the manager, which is reviewed regularly in conjunction with nursing staff.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that MUST assessments are accurately calculated.	Met
	Action taken as confirmed during the inspection: MUST assessments were reviewed following the last inspection. Nursing staff received training on 31 May 2019 from an external agency on the calculation and recording of these assessments. Evidence that these had been accurately calculated and a referral made to a dietician, as necessary, was observed.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived in the home at 10:30 hours and were greeted by the owner and staff who were helpful and attentive. Patients were in the lounges, dining area or their bedroom according to their preference.

Observation of the delivery of care throughout the inspection evidenced that staff attended to patients' needs in a timely and caring manner. Staff said that they felt that there were enough staff on duty at all times to meet the needs of the patients.

The home was observed to be clean, warm and fresh; all areas inspected were appropriately decorated. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by patients. Ongoing environmental improvement works were taking place including the recent redecoration of some communal areas, the refurbishment of a bathroom and the replacement of worn bedrail bumpers.

Medicines were stored securely and according to the manufacturer's instructions and all medicines examined were marked with the date of opening. Available space in the treatment room/medicines storage area continues to be limited and overcrowded, with minimal space to complete records and prepare medicines. This had been discussed previously with the home owner and manager. A refurbishment of this area was intended and plans had been obtained from a specialist contractor. We acknowledge that an ongoing programme of improvement works is taking place in the home and that this work will take place as soon as practicable.

We reviewed a sample of five personal medication records and medication administration records and found that they had mostly been appropriately maintained. A couple of discrepancies between personal medication records and printed medication administration records/medicine labels were observed. Brand medicine names were often recorded on personal medication records when medication administration records and labels were marked with the generic medicine name as prescribed. These issues were highlighted to the manager for immediate attention. The manager advised that all personal medication records were due for review and rewriting in the coming weeks and these would be verified on completion by a second member of staff to ensure correlation and accuracy.

A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

There was evidence of good compliance with infection prevention and control. Personal protective equipment (PPE) was available and observed to be used appropriately by staff. All staff observed were bare below the elbows, which is expected practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines, infection prevention and control and improvements to the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay.

There were procedures in place to verify prescribed medicines on admission to the home.

We reviewed the serving of lunch which commenced at 12:30 hours. Patients dined in the main dining area or their preferred dining area such as the lounge. Seven of the patients were at the day centre during the inspection. Tables had been laid appropriately for the meal. The meal served correlated with the planned menu and an alternative was available. Patients who required their meals modified were also afforded choice of meal. Staff were knowledgeable in relation to patients' dietary requirements. Food was served from a heated trolley when patients were ready to eat their meals. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were available throughout the meal and were observed assisting and chatting with patients in an unhurried manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the systems in place for the management of medicines and the encouragement/assistance provided by staff to throughout lunchtime.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Consultation with three patients confirmed that living in the home was a positive experience. Comments included:

- "I like the food and the treats we get. He (the nurse) does everything I ask him for."
- "I enjoyed my lunch."
- "I'm keeping great."

Of the questionnaires that were issued to patients/their representatives, none were returned within the specified time. Any comments received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and listening to and valuing patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There were arrangements in place for the management of any incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

There were auditing processes in place with regard to medicines management. A sample of these audits was reviewed; satisfactory outcomes were observed indicating that medicines were administered as prescribed.

We spoke with one nurse and three care assistants on duty as well as the manager. They advised that that they had received comprehensive training and felt well supported in the home. Comments included:

- “I’m very happy in my role here.”
- “I feel well supported.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

Regarding the Deprivation of Liberty Safeguards, the manager advised that staff had received training relevant to their roles in the home. Staff demonstrated general awareness and knowledge of what a deprivation of liberty was and how to ensure the appropriate safeguards were in place to comply with the new legislation.

Not all of the areas for improvement identified at the last inspection had been addressed effectively. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process.

Areas of good practice

There were examples of good practice found in relation to incident management and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dora Syatwinda, manager and Karen Donnelly, owner, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Third time</p> <p>To be completed by: 1 March 2020</p>	<p>The registered person shall ensure that neurological observations are recorded and monitored, in accordance with best practice guidance, on the identified patient in the event of the patient sustaining a head injury.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: A meeting with all staff nurses was held to remind them to ensure that neurological observations are recorded and monitored in accordance with best practice guidance on the identified patient in the event of the resident sustaining a head injury. The home manager is overseeing this to ensure compliance and liaising with the residents GP in respect of this.</p>

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



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