



Unannounced Care Inspection Report 21 May 2019



Cullion House

Type of Service: Nursing Home
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU
Tel No: 028 9039 1555
Inspectors: Dermot Walsh and Gillian Dowds

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) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Donnelly Care Group Ltd Responsible Individual: Cathal John Donnelly	Registered Manager and date registered: Dora Syatwinda 27 July 2017
Person in charge at the time of inspection: Dora Syatwinda	Number of registered places: 22 Associated physical disablement
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: 20

4.0 Inspection summary

An unannounced inspection took place on 21 May 2019 from 09.20 to 17.50.

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

Areas for improvement identified at the previous medicines management inspection have also been reviewed and validated.

Evidence of good practice was found in relation to the staffing arrangements, recruitment of staff, provision of staff training, staff supervision and appraisal, management of complaints and governance. Further good practice was observed in relation to the delivery of compassionate and dignified care; teamwork and the maintaining of good working relationships.

An area requiring improvement was identified in relation to nutritional risk assessment. Areas for improvement in relation to recording of neurological observations following a head injury and fire safety were stated for a second time. An area for improvement in relation to the auditing of medicines management has been carried forward for review to the next care inspection.

Patients 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 others.

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	*2	*2

*The total number of areas for improvement includes two under regulation which have been stated for a second time and one under standards which has been carried forward for review to the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Dora Syatwinda, registered 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 5 February 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 5 February 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

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 and 'Have We Missed You' cards 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.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 13 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring.
- RQIA registration certificate.

Areas for improvement identified at the last 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 outstanding areas for improvement from previous inspections

Areas for improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement five were met and two not met have been included in the QIP at the back of this report.

Areas for improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement four were met and one has been carried forward for review at the next care inspection.

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.

The registered manager confirmed the number of staff and skill mix of the staff on duty and also the staff who were providing one to one care for patients. A review of the duty rota for week commencing 13 May 2019 confirmed that the planned staffing level was adhered to. Patients' needs and requests for assistance were observed to have been met in a timely manner

Patients and visitors consulted spoke positively in relation to the care provision in the home and provided comments such as, “I like living here” and “The food’s alright”.

Staff consulted also spoke positively in relation to the staffing arrangements in the home. Discussion with housekeeping staff confirmed the systems in place to ensure that hygiene was maintained in the home. Staff also discussed their patients’ likes and dislikes; musical tastes and activities they enjoyed. Staff openly made comments such as, “I love working here” and “We are like one big family. “

A review of one recruitment record confirmed the appropriate pre-employment checks had been completed prior to the staff member commencing in post. Reference checks and AccessNI checks had been conducted and an application to Northern Ireland Social Care Council (NISCC) had been made.

We also reviewed the system to ensure that all nurses were registered with the Nursing Midwifery Council (NMC). Checks were also conducted on care workers to ensure they were on the NISCC register and that no restrictions to their employment were identified. All new care staff are required to join the NISCC register as soon as possible after commencement of their employment. The registered manager evidenced regular checks made on all staff to ensure they maintained their registration with NMC and NISCC.

One recently employed staff member consulted confirmed that she received a structured induction programme on commencement of employment. Supernumerary hours were allocated during this time to allow the newly employed staff member to work alongside more experienced team members to gain knowledge of the home’s policies and procedures.

The registered manager confirmed a system in place to ensure all staff received regular supervisions and annual appraisals.

There was also evidence that registered nurses who took charge of the home in the absence of the registered manager had relevant competency and capability assessments completed prior to doing so.

A training record in the home was reviewed and discussed with the owner; systems and plans were in place to maintain and update staff. Mandatory training was in place for new staff working in the home. Staff confirmed they receive Adult Safeguarding training and what actions to take should they need to raise a concern and to whom they had to report to.

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. However, some staff were observed not to be bare below the elbows which would impede effective hand hygiene. This was discussed with owner and registered manager who agreed to review and action this shortfall with immediate effect.

A review of the home’s environment was undertaken and included a number of patients’ bedrooms and showers/bathrooms. We found the areas bright, clean and well-presented and improvements made throughout the home were observed. Patients’ bedrooms were clean and tidy and personalised. There was evidence of new flooring in areas of the home and discussion with the owner confirmed a plan in place to replace further floors in the home. Improvement plans also included refurbishment of a bathroom and replacement of worn bedrail bumpers.

During the inspection one bedroom door was noted to be propped open. As this was a fire risk an area for improvement in this regard will be stated for the second time to ensure fire safety. Following the inspection we contacted the home to seek further assurance in relation to fire safety. An assurance was provided confirming that a door guard had been fitted to the door. Fire exits and corridors were observed to be clear of clutter and obstruction and discussion with the owner confirmed staff attendance to fire training and fire drills.

Review of three patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Uses of restrictive practices in the home were reflected in risk assessments and care planning. There was evidence that consent forms had been signed and there was relevant Trust personnel and family involvement in the decision making process. However, shortfalls in record keeping were identified within two patients’ care records this will be discussed in section 6.5

We reviewed accidents and incidents from August 2018 and both were monitored monthly for pattern and trend. We identified that some incidents were being recorded incorrectly and some required more detail. For example, one unwitnessed fall was recorded as an incident and not considered as an accident. A review of accident records where the patient sustained a head injury evidenced that neurological observations had not been monitored appropriately following the accident. An area for improvement in this regard has been stated for the second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment, training and staff attentiveness to patients and patient safety.

Areas for improvement

No new areas for improvement were identified during the inspection. Areas for improvement in relation to fire safety and recording of neurological observations following a head injury will be stated for the second time.

	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.

We spoke to seven patients who were happy with the care they were receiving and were happy living in Cullion House. We observed a relaxed atmosphere throughout the home.

We spoke to eight members of staff throughout the inspection and staff confirmed effective teamwork and communication describing this as:

“very good”

“we work well together”

Staff confirmed if they had any concerns they would report them to the registered manager or the nurse in charge and confirmed they received safeguarding training.

Staff were able to verbalise the changing needs of their patients. Staff were also able to discuss patients' likes and dislikes including activities and food choices and were able to discuss attending training on the new International Dysphagia Diet Standardisation Initiative (IDDSI) guidelines for modification of food and fluids and how these were included in patients' personal placemats.

Care records reflected where appropriate referrals were made to healthcare professionals such as care managers, dietician and speech and language therapists (SALT). However, in one patient's care record, the dietician's recommendation was not reflected in the patient's care plan. This was discussed with the registered manager who confirmed that this will be updated to reflect the recommendation made.

There was evidence of good practice in relation to care planning in relation to SALT recommendations and the conversion of these guidelines in relation to IDDSI. There was also evidence of a wound care plan incorporated in a personal cleansing and dressing care plan. and it was clarified the patient did not have a wound at the time, this was discussed with the registered manager and she agreed that wound care plan should be in place for a patient only when they have a wound being actively treated.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST). A review of one patient's MUST score evidenced that this had been incorrectly calculated. Discussion with a staff member identified a knowledge deficit with regards to the calculation of MUST. This was discussed with the owner and registered manager and identified as an area of improvement. Although the MUST score was incorrect, the patient had been managed in accordance with best practice and this was evidenced within the patient's care records. Appropriate referrals had been made and care plans were current and relevant to the patient's needs. Information sent to RQIA following the inspection confirmed that all patients' MUST scores had been reviewed and were correct and that all relevant staff had repeated MUST training.

Food and fluid intake records reviewed had been completed well for individual patients. Menus were visible in the home and discussion with the cook evidenced that she was able to discuss different textures of modified meals and confirmed she had attended training for this. Staff confirmed that there were no patients in the home requiring wound dressing.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication and interaction with staff and patients. Staff knowledge and record keeping in relation to modification of foods was in keeping with best practice guidelines.

Areas for improvement

The following areas were identified for improvement in relation to nurses ability to correctly calculate the MUST score (Malnutrition Universal Screening Tool) for nutritional risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

When we arrived at the home at 09.20 we were greeted by staff who were friendly and attentive. Patients also greeted us and were enjoying breakfast or a cup of tea or coffee in the lounge. Patients also had the option of having their breakfast in their bedrooms at their own choice.

Staff/patient interaction was positive with patients calling staff by name and staff were visible throughout the home. Staff demonstrated a detailed knowledge of their patients' likes and dislikes and interactions were observed to be compassionate and caring.

Patient's bedrooms were well presented; clean, tidy and personalised. Discussion with patients confirmed living in Cullion House was a positive experience.

Patient's comments included:

"I like it here."

"It's good. "

Ten patient questionnaires were left in the home for completion. Four were returned and indicated they were very satisfied with the care provision in the home.

Two visitors were consulted during the inspection and spoke positively about the care their relative was receiving. No questionnaires were returned from patients' representatives in the timescale provided. Comments from visitors included:

"Very happy; very pleased."

"Happy with the care in Cullion House."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from staff consulted during the inspection included:

"Love it here."

"Really enjoy working here. "

"Prefer working here to my other job."

Any comments from patients, patient's representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager.

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, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	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.

The RQIA certificate of registration was displayed in the foyer and observation confirmed that the home was operating within its registered category of care.

The duty rota viewed on the day of inspection identified clearly staffing levels and identified staff that were allocated to the patients requiring one to one care.

The registered manager and owner were on duty in the home on day of inspection and there have been no changes to management arrangements since last inspection. A review of the duty rota clearly identified the registered manager's hours worked and the capacity in which these were worked. Discussion with staff and visitors confirmed the registered manager's accessibility in the home.

The complaints record was reviewed and good practice was observed in how complaints were recorded and the outcome of complaints received.

Staff spoken to were aware of the whistleblowing policy and how to raise a concern within the home and their responsibility around this.

Staff confirmed through discussion good working relationships and they felt that they were supported by management.

Monthly Monitoring reports were available for review for patients, their representatives, staff and Trust personnel.

A number of audits were completed to assure the quality of the care and service provided. For example, audits were completed regarding care records, infection prevention and control and accidents and incidents. Good practice was noted with some but in some cases action plans needed to be timed, dated and also dated when actions completed and signed by the person conducting the final check. An area for improvement in respect of the auditing of medicines management has been carried forward for review to the next care inspection.

We reviewed a sample of medicines with a limited shelf life once opened. The date of opening was recorded to facilitate disposal at expiry. All of the medicines examined were within the expiry date and only one supply of the patient's medicine was opened at a time. Management advised of the action taken to improve the stock control of medicines. This included ensuring that medicines were ordered as needed and current stock was used before ordering a new supply. We were advised that all medicines were available for administration. We reviewed the medicine cupboards and satisfactory stock levels were observed. There was evidence that the disposal of medicines had been reviewed. A clinical waste bin for the disposal of medicines and denaturing kits for the safe disposal of controlled drugs had been brought into use. We were advised that the disposal records were monitored with the audit process. Management advised of the ongoing work regarding improvements in the cold storage of medicines and further advised of the programme of work planned in relation to refurbishment of the treatment room which was awaiting commencement.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas of improvement were identified during the inspection in the well led domain.

	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, registered 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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 QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Second time To be completed by: With immediate effect	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. Ref: 6.3 Response by registered person detailing the actions taken: This has been actioned with immediate effect. The Home Manager and all Staff Nurses have been reminded and are aware of their responsibilities in relation to this.
Area for improvement 2 Ref: Regulation 13 (1) a Stated Second time To be completed by: With Immediate effect	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. Ref: 6.3 Response by registered person detailing the actions taken: Door Guards have been fitted onto the identified door and other doors in the home. Staff reminded again of the risks associated with propping doors open in relation to fire safety.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: 10 February 2019	The registered person shall review the auditing process to ensure that it covers all aspects of medicines management. Ref: 6.6 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 17 June 2019	The registered person shall ensure that MUST assessments are accurately calculated. Ref: 6.4 Response by registered person detailing the actions taken: All MUST assessments have been reviewed and are accurately calculated. The Home Manager and Staff Nurses have received new up to date training from an accredited training agency in relation to MUST assessments.

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



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