

Inspection Report

Name of Service:	Cullion House
Provider:	Donnelly Care Group Ltd
Date of Inspection:	28 November 2024

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
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 22 patients 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 property.</p>	

2.0 Inspection summary

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last inspection on 14 September 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. However, improvements were required in regard to the care records and risk management.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. One area for improvement was carried forward for review at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Staff are nice", "Food is good", "I go swimming once a week and go to the gym" and, "It's great here".

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

Staff told us they were happy working in the home and feel that they are well supported by the management. Staff told us they feel valued and individual staff told us how they have been assisted by the providers with further education and training.

Eight questionnaire responses from patients and/or their visitors were received all indicating satisfaction with the services provided.

Eleven responses to the staff online survey was received all indicating they were satisfied or very satisfied with the services provided in Cullion House. Comments such as "good people. good place to work. wouldn't change it." and "Love my job. Owner and manager are very friendly and approachable. Wouldn't change anything about it. We are treated very well as staff and our service users are so well looked after and have everything they need and more. Owner puts the service users first and makes this a brilliant place to for the service users to live. Nothing we ask for as staff is too much." A further comment received stated "Cullion House is like a family home everyone looks out for each other and management is very approachable and supportive. The residents are also well catered for."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. A system was in place to make sure staff were informed when a patient's dietary needs changed.

Patients confirmed that activities took place in the home. An activities planner was available for review identifying planned morning and afternoon activities. Activities included games, arts and crafts, exercises, sing-a-longs, music, swimming and trips to the theatre.

There was a well maintained garden to the front and back of the home which had a seating area for patients to sit and enjoy the fresh air. Seasonal decorations were also on show in the home and garden. Patients were eager to tell us about the planned activities over the Christmas period including a party and carol service.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

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. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff and choking risk assessments were in place, however, a review of one record had not been fully updated to reflect changes made to a patient's diet following a recent review by the speech and language therapist. However, staff were aware of the correct nutritional requirements for patients. An area for improvement was partially met and stated for a second time.

Patients who were less able to mobilise required attention to their skin care. These patients were assisted by staff to change their position regularly. Repositioning records were reviewed; whilst care plans were in place to direct the care it was noted that care had not been delivered in keeping with the frequency detailed in the care plans. An area for improvement in this regard previously stated under the minimum standards has been now been stated as an area for improvement under regulation.

Some care plans lacked sufficient detail to direct the care required such as distressed reaction care plans and communication and mobility care plans were inconsistently updated. These deficits had not been identified during the auditing processes. This was discussed with the provider and an area for improvement was identified.

Evaluations of the care provided were recorded on a daily and monthly basis. Some of these records evidenced a lack of detail and were not patient centred. Some of these entries were also not clearly written. This was discussed with the manager and an area for improvement was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy and patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. It was positive to observe a recent redecoration programme had been undertaken in the home within corridors, communal areas and patients' bedrooms. A number of new floors had also been installed. The outdoor areas to the home had also been refurbished with new seating areas to the back of the home.

A number of radiators in patients' bedrooms and a communal lounge were hot to touch and observed not to have an appropriate cover on them. This was discussed with the provider and an area for improvement was identified.

A tin of thickening agent was also observed unattended in an identified bedroom; this was removed immediately and assurances were provided that this would be addressed with staff.

Fire safety measures were in place to protect patients, visitors and staff in the home. Actions required from the most recent fire risk assessment had been completed in a timely manner.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Patients told us they were happy with the redecoration and one patient keenly showed us their new bedroom.

3.3.5 Quality of Management Systems

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 commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care, other services and staff practices. As discussed in section 3.3.2, an area for improvement in relation to the auditing of care records was identified.

There was a system in place to manage any complaints received. A compliments log was maintained and any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	2*

* the total number of areas for improvement includes one under standards stated for a second time and one carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Karen Donnelly, Provider, 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 13 (4) Stated: First time To be completed by: 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:2.0 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.
Area for improvement 2 Ref: Regulation 16 (1) (2) (b) Stated: Second time To be completed by: 1 December 2024	The registered person shall ensure for those patients who require a modified diet: <ul style="list-style-type: none"> • choking risk assessments are sufficiently detailed • care plans are reflective of the current SALT advice. Ref: 3.3.3 Response by registered person detailing the actions taken: Staff Nurse have all been made aware of the appropriate risk assessments and will be reflected in the Care Plans as per SALT advice
Area for improvement 3 Ref: Regulation 16 (1) (2) (b) Stated: First time	The registered person shall ensure that patients are repositioned in accordance with their care plan direction. Ref: 3.3.3

To be completed by: 31 January 2024	Response by registered person detailing the actions taken: All nurses have been made aware of appropriate recording to minimise risks with reference to repositioning and nurses to ensure that nursing assistants comply with the recorded directive pertaining to each resident
Area for improvement 4 Ref: Regulation 10 (1) Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that the home's current audit processes are reviewed to ensure they are effective. This is stated in reference, but not limited to, the care record audits Ref:3.3.3
	Response by registered person detailing the actions taken: The auditing process is being reviewed to ensure that they are more effective with reference to the governance of the home.
Area for improvement 5 Ref: Regulation 27 (2) (p) Stated: First time To be completed by: 31 December 2024	The registered person shall ensure a risk assessment is completed to include all radiators in the home and covers are applied where necessary to ensure patient safety. Ref:3.3.4
	Response by registered person detailing the actions taken: Maintenance have been informed and appropriate radiators that are a risk to residents have been allocated to ensure the safety of the residents
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 14 October 2023	The registered person shall review the storage arrangements for medicines as detailed in the report.
	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.
Area for improvement 2 Ref: Standard 4 Stated: Second time time To be completed by: 31 December 2024	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. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff Nurses are aware and advised of appropriate recording and evaluation is consistent and person centred to residents needs at that specific time and moment. Staff nurse are also aware that

	needs can change so they should be specifically recorded
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