

Inspection Report

31 May 2023



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

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1.0 Service information

Organisation/Registered Provider: Donnelly Care Group Ltd	Registered Manager: Mrs Dora Syatwinda
Responsible Individual: Mr Cathal John Donnelly	Date registered: 27 July 2017
Person in charge at the time of inspection: Mrs 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: 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 31 May 2023 from 9.30 am to 6.50 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Discussion with patients confirmed that they were able to choose how they spent their day. There was a range of activities planned and delivered and patients said that they enjoyed the activities provided. Photos were displayed in the home of patients enjoying some of the activities.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Staff were observed to be prompt in recognising patients' needs and skilled in communicating with them.

RQIA were assured that the delivery of care and service provided in Cullion House was provided in a compassionate manner by staff that knew and understood the needs of the patients.

New areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 the home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "I love it here, everyone is friendly and they look after me well." Another patient said, "It is good, I like it here." Comments from patients were passed to the manager for action or review as necessary.

Staff spoken with told us they enjoyed working in Cullion House. Staff commented positively about the management and described them as supportive. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Ten written questionnaires were returned by residents all indicating they were satisfied with the services provided in Cullion House. Partially completed responses were received from staff in the online survey. The respondents were mostly either satisfied or very satisfied with the care provided to patients in the home and the management arrangements. However, within one response, it was indicated that they were not satisfied and raised comments regarding staff allocation and communication in the home. One staff member also raised concerns regarding the meals provided in the home. All comments were passed to the manager to review and action as necessary.

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 14 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (e) Stated: Second time	The registered person shall ensure that all staff complete suitable face to face fire awareness training.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13(1)(b) Stated: First time	The registered person shall ensure choking risk assessments are in place for those patients at high risk of choking.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • Domestic trollies are supervised to ensure patients do not have unrestricted access to cleaning chemicals. • The practice of storing combustible items under stairwells ceases with immediately effect. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (f)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once per year.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Action taken as confirmed during the inspection: Discussion with staff and observation on the day of inspection evidenced this area for improvement was met.</p>	<p>Met</p>

Area for improvement 6 Ref: Regulation 29 Stated: First time	The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These visits should be robust and clearly identify the actions required to drive the necessary improvements to ensure compliance with regulations and standards.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39.1 Stated: First time	The registered person shall ensure that staff who all newly appointed, agency staff and students complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure the staffing rota includes the full name of each member of staff, the capacity in which the nurse manager worked and the actual hours worked by all staff. The rota must be signed by the nurse manager or a designated representative.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Partially Met
	Action taken as confirmed during the inspection: This area for improvement was partially met and is stated for a second time. This is discussed further in section 5.2.1.	

Area for improvement 4 Ref: Standard 4.9 Stated: First time	The registered person shall ensure repositioning charts are accurately maintained with legible entries to evidence care delivery.	Partially Met
	Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 5 Ref: Standard 23.2 Stated: First time	The registered person shall ensure that pressure relieving equipment required, and any equipment setting, are included in the relevant care plan.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that supplementary care charts contain the patient's name, date and exact time of care delivery.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Standard 4.1 Stated: First time	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.	Carried forward to the next inspection
	Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	
	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 8 Ref: Standard 4.1 Stated: First time	The registered person shall ensure that the home's current audit processes to ensure they are effective.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and is stated for a second time. This is discussed further in section 5.2.5.	
Area for improvement 9 Ref: Standard 44 Stated: First time	The registered person shall ensure the necessary environmental improvements are made to the home. An update on the current refurbishment action plan should be submitted to RQIA with the returned QIP.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2.1 Staffing Arrangements

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). However, it was not clear if all care staff were registered with NISCC. This was discussed with the manager who confirmed the registration status of the staff and an area for improvement was identified.

Staff told us they were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety. There was a system in place to ensure staff were compliant with mandatory training requirements, however, the records evidencing this training were not fully updated to reflect all staff or the training they had completed. This was discussed with the manager and an area for improvement previously made in this regard was stated for a second time.

Staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Review of records confirmed staff who take charge of the home in the absence of the manager had completed a competency and capability assessment prior to commencing the role.

Staff mostly said they felt well supported in their role and most said they were satisfied with the level of communication between staff and management. However, one response received through the online staff survey indicated they were dissatisfied with the communication in the home. All comments from the online survey were passed to the manager for review and action as necessary.

Staff told us they felt there was good teamwork and said when planned staffing levels were adhered to they had no concerns regarding the staffing arrangements.

Discussion with patients and observation of working practices identified no concerns in relation to the staffing arrangements. The staff duty rota accurately reflected all of the staff working in the home on a daily basis.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

It was observed that there was enough staff in the home to provide patients with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients and/or their next of kin were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

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 for two patients 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 was stated for a second time.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for patients who had experienced a fall evidenced that the risk assessment and/or care plan were not always updated after each of the falls and neurological observations were not consistently recorded in keeping with best practice guidance. This was identified as an area for improvement. One fall that had not been notified to RQIA was submitted following the inspection.

Deficits were identified in relation to patients having effective access to the nurse call system when in their bedrooms. The nurse call buttons were seen to be out of reach for one patient and for another it was inaccessible. Records pertaining to the checks for patients who could not use the nurse call system were not consistently recorded. This was discussed with the manager and an area for improvement was identified.

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; this may include simple encouragement through to full assistance from staff. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered and there was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

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 these records evidenced that some were not fully reflective of the current advice by the speech and language therapist (SALT). However, staff were aware of the correct nutritional requirements for patients. 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 identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Discussion with staff and observation of the environment evidenced that some refurbishment works had been completed to a good standard since the last inspection. Ongoing redecoration to the patients' bedrooms was evident and discussions with staff and the manager confirmed further plans for improvements were identified.

While most areas of the home were found to be clean, a small number of soap dispensers were observed to be unclean and some of the pull cords in the bathroom did not have a wipe able cover. This was discussed with the manager who confirmed that the soap dispensers had been addressed on the day of inspection and the pull cords were in the process of being addressed.

Shortfalls were identified in regard to the effective management of potential risk to patients' health and wellbeing. The treatment room door was observed to be unlocked and medications were accessible. This was addressed by the manager and an area for improvement was identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff had completed online fire training and were aware of how to respond to any concerns or risks, however, review of records identified that a small number of staff still required face to face fire training and some were due to take part in a fire drill. The manager confirmed following the inspection that further fire training and fire drills had been arranged and all staff currently working in the home had now attended these.

Staff members were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Patients were observed enjoying listening to music and watching TV, while others enjoyed a visit from relatives. Other patients were observed enjoying the sunshine and listening to music in the garden. Patient's told us they enjoyed the activities in the home.

An activity planner displayed in the home highlighted upcoming events such as arts and crafts, music, board games and colouring in. Photos were displayed in the home of patients enjoying some of the activities. Records were maintained of the activities completed by the activity therapist, however, there were no records maintained of the activity engagements completed by the care staff. This was discussed with the manager who agreed to address this. Activities will be further reviewed at a future inspection.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

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 members 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.

Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, there was no evidence of the manager's oversight within some audits and other audits, such as the accident/incident and the care records audits were not robust enough and failed to identify the deficits found on inspection. This was discussed with the manager and an area for improvement was stated for a second time.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly.

A review of records identified that monthly monitoring visits in accordance with Regulation 29 were being conducted monthly and sufficiently robust so as to identify deficits and drive necessary improvements within the home.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	7*

* the total number of areas for improvement includes three that have been stated for a second time and one that has been carried forward for review at the next inspection.

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

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff Nurses are aware and record appropriately pertaining to client with reference to falls risk assessment</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure for those patients who require a modified diet:</p> <ul style="list-style-type: none"> • choking risk assessments are sufficiently detailed • care plans are reflective of the current SALT advice. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Choking risk assessments and care plans are up to date and reflect the needs of the clients as per SALT recommendations and kitchen staff are aware of each clients dietary needs</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervision has been carried out with the specific staff and are now aware of issues pertaining to the health and safety of the clients and advised to refresh themselves of NMC code of professional conduct. The owner has also arranged for additional security to be installed on the door of the clinical room which has a self closer and keyless entry system which only R/Ns and Management can access. The fob for this will be on the nurses keys for medicines and will be kept on their person during the shift.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.1 Stated: First time To be completed by: Immediate action required	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. Ref: 5.1
	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 39.9 Stated: Second time To be completed by: Immediate action required	The registered person shall ensure that mandatory training requirements are met. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: all mandatory training observed and up to date.
Area for improvement 3 Ref: Standard 4.9 Stated: Second time To be completed by: 30 July 2023	The registered person shall ensure repositioning charts are accurately maintained with legible entries to evidence care delivery. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: audit carried out on a regular basis and staff have been made aware of same .
Area for improvement 4 Ref: Standard 4.1 Stated: Second time	The registered person shall ensure that the home's current audit processes are reviewed to ensure they are effective. Ref: 5.1. and 5.2.5

To be completed by: 30 August 2023	Response by registered person detailing the actions taken: The homes audits have now been carried out and are reflective of the governance and needs of the client group .
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Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: Immediate action required	The registered person shall ensure robust arrangements are in place to effectively monitor the registration of staff with NISCC. Ref: 5.2.1
	Response by registered person detailing the actions taken: A monthly audit is carried out to ensure upto date registration of all appropriate staff and action taken when required
Area for improvement 6 Ref: Standard 43 Stated: First time To be completed by: Immediate action required	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. Ref:5.2.2
	Response by registered person detailing the actions taken: All assessed clients have access to call system and other residents who cannot access system are monitored at regular times by staff .
Area for improvement 7 Ref: Standard 4 Stated: First time To be completed by: 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. Ref:5.2.2
	Response by registered person detailing the actions taken: All staff nurses have been made aware of ensuring all recordings are specific to clients needs and appropriate.

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



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