

Unannounced Care Inspection Report

13 October 2020



Cullion House

Type of Service: Nursing Home (NH)
Address: 20 Wheatfield Gardens, Belfast BT14 7HU
Tel no: 028 9039 1555
Inspector: Bronagh Duggan

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 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 22 persons.

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
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: 22

4.0 Inspection summary

An unannounced inspection took place on 13 October 2020 from 10.00 to 16.30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan from the most recent care inspection on 21 May 2019.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Patients gave positive comments in relation to living in the home.

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.

The term 'patients' is used to describe those living in Cullion House which provides nursing care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Dora Syatwinda manager, as part of the inspection process. A senior manager was also present during and at the conclusion of the inspection. *One area for improvement has been carried forward from the previous inspection and shall be reviewed at a future inspection. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 14 patients, four staff, the manager and a member of senior management . Ten questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Four completed questionnaires were returned from patients in the identified timescale. All responses received indicated that patients were very satisfied with the care provided in the home.

The following records were examined during the inspection:

- Duty rotas
- Three care records
- Staff training records
- A selection of quality assurance audits
- A sample of regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- NMC/NISCC information
- Incident and accident records
- Certificate of registration

Areas for improvement identified at the last care 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 previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 January 2020.

The quality improvement plan from the medicines management inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

Areas for improvement from the last care inspection		
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	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records showed neurological observations were recorded and monitored on the identified patient in the event of sustaining a head injury. The manager confirmed this practice would be ongoing.	
Area for improvement 2 Ref: Regulation 13 (1) a Stated Second time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the home environment showed doors were not being propped or wedged open. In addition a number of fire safety hold open devices had been installed throughout the home.	

Action required to ensure compliance with The Care Standards for Nursing Homes (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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: 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 care inspection.	
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: Discussion with the manager and review of a sample of records showed MUST assessments were accurately calculated.	

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.00, the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 4 October until 17 October 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the person in charge in the manager's absence.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. The manager outlined the staffing arrangements in the home including identified one to one staffing, the allocation of which was also included on the duty rota. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed patients' needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working and they were aware of the individual needs of patients.

Comments received from staff included:

- “I love my job here, I really enjoy it.”
- “(Staffing) is dead on, there is always enough.”
- “There is a good level of activities, staffing is always covered.”
- “Dora and Karen are very good, they are always there, whatever you need you get.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique. User friendly information for people with learning disabilities was displayed throughout the home to promote good practice with regards to hand washing and understanding about Covid 19.

Upon arrival the inspector’s temperature was recorded. The manager advised everyone’s temperature was checked and relevant information recorded prior to admission to the home. The manager confirmed all patients and staff had temperatures taken twice daily. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Staff were observed cleaning touch points at different intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff had completed training in relation to infection prevention and control.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included two communal living areas, dining room, bathrooms, toilet areas and a sample of residents’ bedrooms. We found patients bedrooms were nicely decorated and were personalised with individual interests and mementos.

We noted some general areas of the home were in need of improvement to the paintwork. This issue was discussed with the manager and senior manager who confirmed that some improvements had been made to date. The manager advised plans were in place to address the areas and that there was an ongoing environmental improvement plan in place. The manager advised plans had been put on hold due to the Covid 19 situation and restrictions on contractors being admitted to the home. The manager confirmed the works would be completed when deemed safe to do so.

Exits were kept clear and free from obstruction, doors were observed as being managed appropriately with hold open devices in place where required.

6.2.4 Care delivery

We observed staff practice in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patients' individual needs. Staff spoken with shared that they were aware of the need to observe non-verbal communications due to communication challenges of some of the patients.

Patients were well presented with obvious time and attention given to their personal care. Staff explained how patients were supported individually and that they were aware of their personal preferences. Staff were observed supporting patients with activities on a one to one basis including arts and crafts, in addition other patients were observed relaxing in the home watching TV, movies, and listening to music.

Throughout the day some patients were observed relaxing in their bedrooms, while others rested in the communal sitting rooms, or on seating throughout the general areas. Patients appeared comfortable; staff were available throughout the day to meet their needs.

Comments from patients during discussion included:

- "I love it."
- "I am happy enough."
- "I like it, I like the food."
- "I love it, I usually go out to my sister... but can't (because of Covid 19)... we talk on the phone all the time."

The manager outlined the visiting arrangements in place and how these were managed and how patients were supported to maintain contact with relatives through phone calls and video technologies. The manager advised visiting arrangements were being monitored and risk assessed on an ongoing basis.

6.2.5 Care records

A sample of three care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and daily evaluation records. Information from other health professionals including for example Speech and Language Therapy (SALT) were included in the care records. Records reflected the individual preferences of patients including, for example, food and activity preferences and preferred rising and retiring times.

We could see the care records were reviewed and updated on a regular basis or as any changes occurred.

6.2.6 Governance and management arrangements

The manager retains oversight of the home, and confirmed she felt well supported in recent months by the senior manager who confirmed they visit the home frequently. Staff spoken with confirmed they were kept informed of changes as they happened and information was readily available regarding Covid 19 guidance.

We reviewed a sample of audits including restrictive practices, care plans, environment, and laundry arrangements. We noted there had been some fall off with regards to the completion of these checks and regular monitoring records. This issue was discussed with the manager as was the need to ensure the resumption and completion of same. An area for improvement was identified.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary. We discussed with the manager the threshold for the reporting of notifiable events which related to patient to patient behavioural issues.

A review of staff NMC and NISCC information showed there was a system in place to monitor staff registration and this was reviewed on a regular basis.

There was a system in place regarding the management of complaints. There had been no complaints received since the previous care inspection. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

Staff confirmed there was good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between patients and staff, promoting individual interests of patients, and IPC practices.

Areas for improvement

One new area for improvement was identified during the inspection this related to regular monitoring, audit and review of the quality of nursing and other services provided within the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Patients looked well cared for and spoke positively about their experiences living in the home. Interactions between patients and staff were pleasant and friendly.

We acknowledge that the home had been significantly affected by Covid 19 and the efforts of staff in dealing with those challenges during the peak of the situation are recognised and commended.

One new area for improvement has been identified and is included in the QIP appended to this report. One area for improvement has been carried forward for review at a future inspection.

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, as part of the inspection process. A senior manager was also present during and at the conclusion of the inspection. 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 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	<p>The registered person shall review the auditing process to ensure that it covers all aspects of medicines management.</p> <hr/> <p>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 care inspection.</p> <p>Ref: 6.1</p>
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 13 November 2020	<p>The registered person shall ensure regular monitoring, audit and review of the quality of nursing and other services provided within the home.</p> <p>Ref: 6.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person will ensure regular monitoring , audit and review of the quality nursing and other services provided in the home.</p>

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



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