The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cullion House

Provider: Donnelly Care Group Ltd

Date of Inspection: 24 June 2025

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
Service Profile – This home is a registered nursing home which provides nursing care for up to 22 patients with a learning disability and associated physical disablement. 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 24 June 2025 from 9.30 am to 6.40 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.

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 provision of one to one care.

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 three areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again and two areas for improvement have been 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 patient's, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 good to me I am happy", "I like living here" 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 felt that they are well supported by the management. Staff told us they felt valued, 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.

27 partial responses to the online survey was received from patients, staff and visitors. The responses were mostly positive indicating either satisfied or very satisfied with the services provided in Cullion House. All responses were discussed with the management of the home to review and address where required.

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.

A review of the duty rota evidenced that for those patients who require bespoke one to one care this was not always provided as recommended. On the day of the inspection two patients who required one to one did not have these staff in place. This was discussed with the manager who advised that this was due to short notice staff absence however, there was no contingency plan in place to direct staff for when this occurs. Records reviewed pertaining to the one to one cover were also inconsistently completed. Two areas for improvement were identified.

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.

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.

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

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 and pleasant. 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.

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 however the accidents incident analysis was not available to view. This is discussed further in section 3.3.5. Patients who were less able to mobilise required attention to their skin care. These patients were assisted by staff to change their position regularly.

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

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.

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, and trips out shopping or on the bus.

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. Patients told us that they enjoyed sitting in the garden listening to music.

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.

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.

Some care plans lacked sufficient detail to direct the care required, for example, distressed reaction care plans and communication and mobility care plans were inconsistently updated. These deficits had not been identified during the auditing processes. An area for improvement in regards to the auditing processes was stated for a second time.

Evaluations of the care provided were recorded on a daily and monthly basis. Some of these records were not person centred and lacked detail on how the patient spent their day. This was discussed with the manager and an area for improvement was stated for a third time.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy and patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. It was positive to observe the continuation of the redecoration programme within the home.

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. However, a small number of staff were observed not to be 'bare below the elbow' in keeping with best practice guidance. This was discussed with the manager who agreed to address this.

Patients told us they were happy with the decoration in their bedrooms and in particular the back garden of the home.

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 and 3.3.3, an area for improvement in relation to the auditing of care records was stated for a second time.

A number of records such as training and accident incident analysis was not available to view during the inspection. The need for these records to be available to view during inspection was discussed with the manager who had no access to these records. The training compliance was provided following the inspection. An area for improvement 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	3*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Dora Saywatinda, 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	
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 10 (1) **Stated:** Second time **To be completed by:** 30 September 2025	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 care record audits have been reviewed and areas where improvement are required have been discussed with the registered manager, also ensuring the auditing process as a whole is effective. Support from our reg 29 inspector remains ongoing in relation to this.

Area for improvement 3 **Ref:** Regulation 20 (1) (a) **Stated:** First time **To be completed by:** 24 June 2025	The registered person shall review staffing arrangements to ensure those patients' who are in receipt of bespoke one to one care are allocated a staff member and ensure a contingency plan is in place to cover short notice absences. Ref:3.3.1
	Response by registered person detailing the actions taken: The home has a new staff sickness protocol and sickness / absence policy. There is also a new staffing contingency plan which has been communicated with all staff .
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. Ref: 2.0
	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 6 **Stated:** Third time **To be completed by:** 24 September 2025	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: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: This has been discussed again with all registered nurses who have been reminded of their responsibilities as per NMC code of standrds in relation to record keeping. This also will be addressed by way of improving the auditing process for care plans to ensure effectivness.
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 24 June 2025	The registered person shall ensure robust arrangements are in place to effectively monitor the registration of staff with NISCC. Ref:3.3.1
	Response by registered person detailing the actions taken: This has been discussed with the home manager and a full review of staff and niscc registration has been completed. This is reviewed on a monthly basis.

Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 24 June 2025	The registered person shall ensure records for patients who require one to one cover are detailed and consistently recorded. Ref: 3.3.1
	Response by registered person detailing the actions taken: All 1-1 files have been restructured and the importance of having detailed and consistent recordsing has been discussed with them. We have nominated a senior member to audit the 1-1 files on a weekly basis.
Area for improvement 5 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 24 June 2025	The registered person shall ensure records are available for inspection in the home at all times. Ref: 3.3.5
	Response by registered person detailing the actions taken: A second set of keys have been cut and given to the home manager for the directors filing cabinet. On the day of the inspection the director was on their way to the home as scheduled but had to turn back as one of their children was unwell. Normally when there is planned leave betweeen the director or manager the keys are given to each other in their absence so all files can be accessed.

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