Unannounced Care Inspection Report
15 July 2016

Annadale

Type of Service: Nursing Home
Address: 11 Annadale Avenue, Belfast, BT7 3JH
Tel No: 028 9064 5900
Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Annadale took place on 15 July 2016 from 09.40 hours to 17.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Safe systems were in place for monitoring the registration status of current nursing and care staff. Accidents and incidents were appropriately managed and RQIA was suitably informed of notifications. Staffing levels were adequately maintained. Weaknesses were identified in the delivery of safe care, specifically in relation to compliance with best practice in infection prevention and control (IPC). Weaknesses were also identified with the recruitment process, records of induction, safe use of equipment and safety issues relating to an uncovered radiator. Two requirements and three recommendations have been made to secure compliance and drive improvement.

Is care effective?

There was evidence that assessments informed the care planning process. Staff were aware of the local arrangements for referral to health professionals. Communications between health professionals were recorded within the patients' care records. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. The mealtime experience was observed to be well organised and pleasurable for the patients.

Is the service well led?

Monthly monitoring visits were conducted consistently and corresponding reports were present and available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Winnie Mushumba, registered manager, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Annadale Private Nursing Home Ltd Mr William Trevor Gage	**Registered manager:** Mrs Winnie Mashumba
Person in charge of the home at the time of inspection: Mrs Winnie Mashumba	**Date manager registered:** 21 October 2008
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 38

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit.

During the inspection we met with eight patients individually and others in small groups, two patient representatives, three care staff and two registered nurses.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- one recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 11 to 17 July 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 January 2016 - Care

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 4 Criteria (1) (7) **Stated:** Second time	The registered person should ensure that patient continence assessments and care plans are fully completed and include the patients' normal bowel pattern.	**Met**
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that this recommendation has been met.	

Recommendation 2 **Ref:** Standard 12 Criteria (3) (4) **Stated:** First time	It is recommended that MUST scores should be calculated for each patient, depending on the patients' assessed need and recorded within the patient's care record.	**Met**
	Action taken as confirmed during the inspection: MUST scores had been appropriately calculated and documented within three patient care records reviewed.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 4 to 17 July 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Two respondents in staff questionnaires were of the opinion that staffing levels were not sufficient to meet the needs of patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A recommendation was made to ensure that the commencement dates of the induction are recorded within the induction booklet. A completion statement should be signed and dated by the registered nurse completing the induction and the mentor. This should be verified by the registered manager.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The registered manager would review training records monthly. The majority of training was conducted online. Information received during the inspection confirmed compliance in the following training: fire (86%); moving and handling (90%) and safeguarding (86%). A training matrix was available for review displaying compliance statistics with identified training. However, the compliance percentage was not reflective of relevant staff as it was measured against all staff employed within the home. For example, the compliance statistic for 'meaningful activities' was recorded at two percent, whereas, all of the home's dedicated activities team had completed the training. This was discussed with the registered manager who agreed to review the matrix to reflect accurate compliance of training.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). NMC and NISCC checks were monitored monthly and evidenced within a file. However, a shortfall was identified below on evidencing checks of NMC registration as part of the recruitment process.

A review of the recruitment process evidenced areas for improvement. Relevant checks on Access NI; relevant references and employment history had been conducted prior to the staff member commencing in post. However, exploration of employment gaps; evidence of interview, qualification, NMC check and date of receipt of Access NI had not been established. A requirement was made to ensure all relevant information has been obtained and reviewed prior to any staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manger confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since 15 January 2016 confirmed that these were appropriately managed. Accidents had been monitored monthly to establish if patterns or trends were developing which would be utilised in preventing further accidents from occurring.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were identified which were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- inappropriate storage in identified rooms
- stained toilet bowels
- pull cords in use without appropriate covering
- shower chair not effectively cleaned after use
- rusting shower chair in use

The above issues were discussed with the registered manager and a requirement was made to ensure would be addressed with staff and measures taken to prevent recurrence.

During a review of the environment, a mattress was observed alongside a patient's bed. Discussion with staff confirmed that the mattress was being used as a 'crash mat' which is a protective measure used to prevent injury if the patient poses an assessed risk of falling out of bed. A recommendation was made to ensure that appropriate equipment, suitable for the purpose it was intended, is used to maintain the safety of patients within the home.

During the review of the environment a radiator was observed uncovered in a patient's room. This was discussed with the registered manager and a recommendation was made to provide a cover for the radiator to ensure the safety of the patient residing there.

A refurbishment programme had been completed since the last inspection. The main lounge had been redecorated and new chandeliers, in keeping with the homes' décor, had been fitted to the stairway and the hallway leading to the lounge. The registered manager confirmed that a repainting programme was ongoing.

Areas for improvement

It is required that the recruitment process is reviewed to ensure that all necessary information has been obtained and reviewed prior to the staff member commencing in post.

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

It is recommended that staff induction records are completed in full to include start/finish dates and include a completion signature of the person completing the induction and the mentor.

It is recommended that the registered person ensures the use of a mattress as a crash mat ceases immediately and equipment is only used for the purpose for which is intended.

It is recommended that a cover is provided for the identified radiator.

Number of requirements	**2**	**Number of recommendations**:	**3**

4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been reviewed monthly. Patient care records were maintained electronically.

Supplementary care charts such as repositioning and bowel management records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. The electronic system used would identify the length of time since the patient was repositioned and/or the number of days since the patients' last bowel movement.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals, for example General Practitioner's (GP), speech and language therapists (SALT), dieticians and tissue viability nurses (TVN). Care records reviewed reflected recommendations prescribed by other healthcare professionals.

Discussion with the registered manager confirmed that general staff meetings were conducted quarterly. There was evidence of a meetings having occurred on 19 April 2016 and a meeting scheduled for 2 August 2016. Minutes of the meetings were available and maintained within a file. Minutes included details of attendees/apologies, dates, topics discussed and decisions made.

The registered manager confirmed that they operate an open door policy to allow relatives and patients to meet with them at any time. The registered manager also confirmed that they would undertake a daily, recorded walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

The registered manager confirmed that patient/relative meetings were no longer conducted due to feedback from a previous patient/relative meeting where the patients and relatives suggested utilising the open door policy rather than attending meetings.

All upcoming activities were emailed to all patients' next of kin who were encouraged to attend the home and join in with the activities. The registered manager also confirmed that email has been used to communicate with patients' next of kin who were residing outside of the country.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Information leaflets were available to staff, patients and/or representatives at the entrance to the home. These included information on terminal illness; infection prevention and control issues; stroke; dementia and the Standards for Conduct and Practice for Social Care Workers.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Seven of the questionnaires were returned within the timescale for inclusion in the report. The respondents indicated that the care in the home was of a high standard. On inspection one registered nurse and four carers were consulted to ascertain their views of life in Annadale.

Some staff comments were as follows:
'I really enjoy working here.'
'It's interesting and challenging in a good way.'
'I love working here.'

The registered manager confirmed that an annual survey had been sent to all patients' next of kin to allow them to feedback on the services provided by the home. A 'suggestion box' was maintained at the entrance to the home and monitored regularly.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with eight patients individually, and with others in smaller groups, confirmed that the care was safe, effective, compassionate and well led. Nine patient questionnaires were left in the home for completion. Two patient questionnaires were returned within the timeframe.

Some patient comments were as follows:
'It's great here and the people are great.'
'I find it fine here.'
'It's very comfortable here.'
'It's very good here.'

Two patient representatives were consulted on the day of inspection. Seven relative questionnaires were left in the home for completion. Two relative questionnaires were returned within the timeframe. The respondents were very positive in their feedback.

Some representative comments were as follows:
'I have no complaints. The care couldn't be better.'
'My wife is well taken care off.'

Areas for improvement

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

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A complaints procedure was included within the homes 'Welcome Pack.'

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

'Just to say thank you for all your kindness to me.'
'Thank you very much for all the kindness and thoughtfulness shown to our dad.'
'Many thanks for creating such a special time for us with our mum and dad at the Christmas lunch.'

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that adequate systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were conducted on accidents; incidents; wound management; nurse call response times; equipment and complaints. Quarterly audits and spot checks were conducted on infection prevention and control.

A care record audit was reviewed. The audit had been completed by the registered manager who, following the audit had developed an action plan to address shortfalls identified within the audit. The action plan was given the named nurse responsible for the care record who would then address the actions and sign the action plan as completed. The registered manager would verify the actions as completed with a signature.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships within the home and that management were responsive to any suggestions or concerns raised.

Areas for improvement

No areas for improvement were identified during the inspection under the well led domain.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Winnie Mashumba, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 21(1) (b) **Stated:** First time **To be completed by:** 31 July 2016	The registered provider must ensure the recruitment process is reviewed to make sure that all relevant information has been obtained and/or reviewed prior to a staff member commencing in post. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: A recruitment checklist has been put in place to ensure that pre-employment checks are completed. The actual print out of the NMC check will be printed from the NMC website and kept on the candidate's file. These were previously recorded on the summary sheet of all NMC registrants. The summary indicate the name of the nurse, date of birth, NMC pin, part of the NMC register they are on, fee expiry date and revalidation date. This was easier for auditing purposes and we will maintain this as well as the printouts.
Requirement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 31 July 2016	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A robust system should be developed to ensure compliance with best practice in infection prevention and control. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: The pull cord identified by the Inspector has been covered with plastic tubing. We have disposed of the commode identified. The cupboards in the cleaners' store have been re-arranged and housekeeping staff have been reminded not to place items such as spare cushions on the floor as was the case on the day of inspection.
Recommendations	
Recommendation 1 **Ref:** Standard 39 **Stated:** First time **To be completed by:** 15 August 2016	The registered provider should ensure that staff induction records are completed in full to include start/finish dates and include a completion signature of the person completing the induction and the mentor. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: A review section has been added to the Induction forms to include start and finish dates and a completion signature by the line manager and the person being inducted.

Recommendation 2 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 18 July 2016	The registered provider should ensure that all equipment used within the home is only used for the purpose for which it is designed. The use of a bed mattress as a crash mat must cease. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: The foam mattress should have been removed from the room when the mattress on the bed was upgraded as resident's braden indicated a higher risk of developing pressure sores as his condition deteriorated. The new member of staff advised the inspector incorrectly. She has since been shown the difference between a crash mat and a foam mattress. All staff are fully aware that spare crash mats are kept in the outside store. This has been added onto the induction form for care staff so that staff can identify a crash mat from a foam mattress.
Recommendation 3 **Ref:** Standard 44 Criteria (13) **Stated:** First time **To be completed by:** 22 July 2016	The registered provider should ensure that the identified radiator has been covered to prevent a potential burn. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: The radiator has been risk assessed and covered as requested.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews