



# Unannounced Care Inspection Report 16 January 2020



## Annadale

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

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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 registered nursing home which provides care for up to 38 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Annadale Private Nursing Home Ltd  <b>Responsible Individual:</b> William Trevor Gage	<b>Registered Manager and date registered:</b> Winnie Mashumba – 21 October 2008
<b>Person in charge at the time of inspection:</b> Winnie Mashumba	<b>Number of registered places:</b> 38
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 37

### 4.0 Inspection summary

An unannounced inspection took place on 16 January 2020 from 10.00 hours to 15.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Winnie Mashumba, registered manager, and Trevor Gage, responsible person, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 16 and 17 July 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 16 & 17 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home on day of inspection.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. One questionnaire was returned to RQIA which indicated the respondent was 'very satisfied' that the care is safe, effective, and compassionate and the home is well led.

A poster was provided for staff detailing how they could complete an electronic questionnaire; no surveys were received by RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 13 to 26 January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident, accident and notification records
- two staff recruitment and induction files
- four patients' care records
- a sample of governance audits/records
- complaints records
- compliments received
- monthly quality monitoring reports for October to December 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and responsible person at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 12 (1) (a) and (b) <b>Stated:</b> First time	The registered person shall ensure that wound care plans contain up to date detail of the wound dressing regime and that the wound is dressed in accordance with the wound care plan. A body map and wound photograph should be included to support the wound care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified patients care plans had been expanded. Records contained details of the wound dressing regime, a body map and photograph of the wound.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44 Criteria 1 <b>Stated:</b> First time	The registered person shall ensure that the identified laundry room is refurbished to ensure that it can be cleaned effectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the identified laundry room which had been refurbished with new flooring and walls repainted to enable effective cleaning.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall review the morning routine to ensure that patients do not have to remain in the dining room following their breakfast any longer than is necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector observed two patients in the dining room finishing their breakfast. A member of staff was present and escorted each patient out of the dining room when they had finished their meal.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 22 Criteria (5) <b>Stated:</b> First time	The registered person shall ensure that a specific falls care plan is developed when a falls risk assessment identifies any risk of falls.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified patients care plans and risk assessments had been reviewed and developed specifically in relation to management of falls.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 41 Criteria (7) <b>Stated:</b> First time	The registered person shall ensure that the staff duty rota identifies the name of the nurse in charge of the home in the absence of the registered manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the staff duty rota which clearly identified the name of the nurse in charge of the home in the absence of the registered manager.	



## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. We also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. Staff indicated that the number of care staff had increased on the day of inspection because a number of patients were ill and their needs had changed. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; the response confirmed there is enough staff.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The home's staff recruitment processes was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A chef has recently been recruited and is due to start work soon. A review of the recruitment records for two staff confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with any potential safeguarding issues; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff confirmed that they received required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients.

The inspector noted an area of paintwork in the main laundry room needing repaired which the manager confirmed was scheduled to be addressed by the end of January 2020. Discussion with the manager confirmed that an ongoing schedule of repair and redecoration was maintained.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

**Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The inspector observed the daily routine and the care given to patients in the home and were satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Review of four patient's care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representatives. There was evidence of regular communication with patient representatives within the care records.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.



There was evidence of referrals having been made to relevant health care professionals, such as the Crest wound care team and dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from these professionals, dietician and/or SALT, as required, and were regularly reviewed.

Feedback from patients' included the following comments:

- "I am delighted with the care I get here, everything is perfect for me."
- "I am happy here; this is a very good home. The manager is encouraging me to eat more as I have lost weight, so I am taking 'Complan' drinks and such like. My family and friends visit me often. I get my newspaper delivered by the activity person who is wonderful, I enjoy our little chats."
- "I feel the care is good and I am well looked after. The staff are all very good, helpful and easy to talk to. Sometimes there is a delay when I press the call bell button for assistance, but this isn't often and I know there are other people that need attention as well as me."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- "The training is very good. We build up relationships with our patients and their families, some over many years which is very rewarding. I feel the care we give is very good. Their choices and preferences are listened to and are respected. I enjoy working here."
- "Team work here is excellent. My job is very good and rewarding. We have time to do the little things that residents like."
- "It is sad when a patient dies; we miss them and their visitors."

The inspector observed the serving of lunch in the dining room. The menu choices were displayed and patients' choices had been sought in advance. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Music was playing in the background. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients' likes and dislikes. Staff assisted patients as required and independent eating was encouraged. Food was observed being carried to bedrooms on trays which was appropriated covered.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients' food and fluid intake was maintained; records reviewed were up to date.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector spoke with three patients about their experience of living in Annadale Nursing Home. Patients shared their views about life in the home, they commented:

- “I am happy here. I like my room as I can see everyone coming in and out. The staff are all very approachable, there is nothing to improve. My son is in agreement, this move was the best for me.”
- “I like living here. The staff are very good to me; they are like little birds, flitting in and out. I get all the help I need. I enjoy my own company and prefer to be on my own, so this suits me great.”
- “I am sadly in a progressive decline with my health and can’t enjoy life as before. I have got all the equipment and medical help needed. I have family, who visit and contact me by telephone, and I watch the television, but I miss reading books.”

The inspector suggested the activity person discussed the idea of audio books with the patient who expressed missing reading as above, the manager and activity person agreed.

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well”. The inspector observed a patient being transferred on the stair lift with the staff member providing reassurance and chatting with them throughout.

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

A number of compliments were noted and logged from thank you cards received by the home comments included:

- “Just to thank you all sincerely for all the care and attention that you gave to my brother. It is truly appreciated.”
- “Thank you to everyone who does an amazing job there. Dad’s stay with you was short but he settled in so well and was very happy. That meant so much to us in his last days.”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received in the last year and found they had been investigated and managed appropriately and resolved.

Monthly quality monitoring reports were reviewed for October to December 2019. These reports had been completed by the responsible person and were very detailed with a wide range of information included and an action plan to address any issues identified.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role. Comments included:

- “It’s good here; I enjoy working with the residents and have good support from the manager who is very approachable.”
- “The teamwork and support is very good. We have the opportunity to raise ideas or issues and these do get listened to by the manager. An example this week is where the stair lift was causing some issues, we informed the owner and it was sorted out in a few days with a new one installed, which is much better.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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