



Unannounced Care Inspection Report 17 October 2018



Annadale

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 38 persons.

3.0 Service details

Organisation/Registered Provider: Annadale Private Nursing Home Ltd Responsible Individual: William Trevor Gage	Registered Manager: Winnie Mashumba
Person in charge at the time of inspection: Winnie Mashumba	Date manager registered: 21 October 2008
Categories of care: 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.	Number of registered places: 38

4.0 Inspection summary

An unannounced inspection took place on 17 October 2018 from 09.10 to 16.45 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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 arrangements, staff recruitment and induction, staff training, adult safeguarding, the home's environment, risk assessment and teamwork. There was further good practice found in relation to governance arrangements, management of incidents, provision of activities, maintaining good working relationships and the provision of compassionate care.

Areas requiring improvement were identified under standards in relation to staff supervisions and nutritional care planning for an identified patient. An area for improvement under standards in relation to updating care plans following the recommendations of another health professional has been stated for a second time.

Patients described living in the home in positive terms. Some of their comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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
Total number of areas for improvement	0	*3

*The total number of areas for improvement includes one under standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Winnie Mashumba, registered manager and Michael McGranaghan, owner, 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.

4.2 Action/enforcement taken following the most recent inspection dated 10 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 10 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 11 patients, 10 staff and one patient's representative. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 8 October 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily food and fluid intake charts and repositioning records
- complaints record
- compliments received.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 April 2018

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.

6.2 Review of areas for improvement from the last care inspection dated 10 April 2018

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 16	The registered person shall ensure that when a patient is assessed as at risk of falls, a detailed falls care plan is developed for the patient.	Met

Stated: First time	Action taken as confirmed during the inspection: A review of two patient care records evidenced that this area for improvement is now met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that recommendations from other health professionals are documented; adhered to and care provided evidenced within the patients' care records Action taken as confirmed during the inspection: Two patient care records reviewed evidenced that the recommendations made from other health professionals had been documented appropriately and adhered too. A third patient care record reviewed demonstrated shortfalls. This area for improvement has been partially met and has been stated for a second time.	Partially met
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that the identified patient's wound care plan is reviewed to ensure that the prescribed care is consistent throughout the record. Action taken as confirmed during the inspection: A review of the identified patient's wound care records evidenced that this area for improvement is now met.	

6.3 Inspection findings

6.4 Is care safe?

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

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 for week commencing 8 October 2018 evidenced that the planned staffing levels were adhered to. The rota also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Annadale.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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 review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Records evidenced recent training on cardiopulmonary resuscitation and recent training for activity therapists on 'person centred solutions for promoting wellbeing'. Staff consulted confirmed that they were enabled to attend regular training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff consulted confirmed completion of their annual appraisal. There was also evidence that supervisions had been conducted in the home with staff. However, there was no evidence that a system had been developed to ensure that staff in the home had received two recorded supervisions per year. This was discussed with the registered manager and identified as an area for improvement. It was clear during consultation with staff that some staff were unfamiliar with the term 'supervision'. This information was passed to the registered manager for their review and action as appropriate.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and attended training pertinent to the role. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records and discussion with the registered manager there was evidence of proactive management of falls. An area for improvement in relation to falls management has now been met.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. One patient commented, "This is a lovely place. It does my heart good looking at it." Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with best practice on infection prevention and control (IPC) had been well maintained. Isolated IPC issues were managed during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment and induction, staff training, adult safeguarding and the home's environment.

Areas for improvement

An area for improvement was identified under standards in relation to staff supervision records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Three patients' care records were reviewed during the inspection. We reviewed the management of nutrition and wound care. Wound care records reviewed evidenced that these had been completed in accordance with best practice. Where patients required repositioning, a care plan was in place to indicate this need and repositioning records had been completed appropriately. Nutritional assessments had been completed appropriately on all records reviewed. However, one identified patient's records did not include a care plan to direct care around eating and drinking. This was discussed with the registered manager and identified as an area for improvement. Food and fluid intake records had been recorded well.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, tissue viability nurses, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. However, one patient's care records indicated that the care delivered was not in accordance with the recommendations made by another healthcare professional. This was discussed with the registered manager and an area for improvement made in this regard has been stated for a second time.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. Staff also confirmed that a communication book was maintained in the home informing of changes to patient care and that the book was read and signed daily by all staff on duty.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff commented that teamwork in the home was “great” and that “all staff work well together”. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, teamwork and communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified under standards in relation to an identified patient’s nutritional care plan.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 09.10 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Discussion with the activities coordinator and a review of the programme of activities evidenced an extensive range of activities conducted at minimum twice daily with patients within the home. Identified one to one time with each patient in the home had been scheduled within the activity programme. The activity coordinator demonstrated how the programme of activities had been amended in response to feedback from patients and their representatives in returned

questionnaires. Each patient in the home had an activities and social interaction care plan developed. Patients' next of kin received a copy of the activity programme via email each month. There were four dedicated activity staff employed in the home. The provision of activities in the home was commended.

The serving of lunch was observed in the dining room on the ground floor. The menu was displayed on a noticeboard. A choice of meal was available for lunch and evening meals. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. Patients were afforded choice of their preferred dining area. Food was covered when transferred from the dining room to the patients' preferred dining area such as their bedroom. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried and dignified manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Consultation with 11 patients individually, and with others in smaller groups, confirmed that living in Annadale was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments:

"I really like it here. The staff are very nice."

"This is a lovely place. It does my heart good looking at it."

"It is very good here. Staff are great."

"It is great here. They [the staff] are very kind and helpful."

"I only have to buzz and they come. They are very helpful."

"It's great. They are very kind and good to us."

"It is very relaxed here."

"This home is grand."

One patient representative was consulted during the inspection. The representative was very complimentary in relation to their comments on the service provision in the home. Ten relative/representative questionnaires were left for completion. None were returned.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from 10 staff consulted during the inspection included:

"I really enjoy my job."

"It is very good here. Feels like at home."

"Enjoy it here."

"I love it here."

"It is pleasant and challenging here."

"I really love it here."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. Since the last inspection there has been no change in management arrangements.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Winnie Mashumba, registered manager and Michael McGranaghan, owner, as part of the inspection process. 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

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 17 November 2018</p>	<p>The registered person shall ensure that recommendations from other health professionals are documented; adhered to and care provided evidenced within the patients' care records</p> <p>Ref: 6.2, 6.4</p> <p>Response by registered person detailing the actions taken: Recommendations from other health professionals are audited and communicated to the staff including the kitchen staff where a resident has been recommended a modified diet. The discrepancy identified on the named patient's record by the Inspector rectified on the day of Inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that a system is in place to ensure that registered nursing and care staff employed receive two recorded supervisions annually.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A planner has been put in place to ensure that all staff have two recorded supervision sessions per year. Supervision records will be recorded on each employees training file.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a care plan is developed to reflect the nutritional requirements and assessed nutritional needs of the identified patient.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A care plan was developed for the identified patient to reflect their nutritional needs. It will be reviewed and updated monthly and as required.</p>

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



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