

Unannounced Care Inspection Report

26 February 2021



Annadale

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Annadale Private Nursing Home Ltd Responsible Individual: William Trevor Gage	Registered Manager and date registered: Winnie Mashumba - 21 October 2008
Person in charge at the time of inspection: Val Sandulescu – nurse in charge	Number of registered places: 38
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 patients accommodated in the nursing home on the day of this inspection: 28

4.0 Inspection summary

An unannounced inspection took place on 26 February 2021 from 09.30 hours to 16.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and environment
- leadership and governance.

Patients said they were happy living in the home. Examples of comments provided are included in the main body of the 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
Total number of areas for improvement	5	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Val Sandulescu, nurse in charge, as part of the inspection process and with Winnie Mashumba, manager, during a phone call on 2 March 2021. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

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

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

During the inspection we met with eight patients, one patient's relative and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to patients' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 22 February 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for three patients
- supplementary care charts, including food and fluid intake, personal care and repositioning charts
- accident and incident reports
- record of compliments
- records of audit
- a selection of monthly monitoring reports.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

No further actions were required to be taken following the most recent inspection on 16 January 2020.

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Deficits were identified following review of the staffing rota. For example, it did not clearly identify the nurse in charge in the absence of the manager, the full name of the staff working and it was not signed by the manager or a designated representative. An area for improvement was made.

Patients expressed no concerns regarding staffing in the home.

We spoke with six members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management.

Staff also told us the following:

"I am very happy here".

"I have been enjoying my time here".

"I love it here".

"I have no concerns with the staffing levels. We have good teamwork. It doesn't matter who you are on with everyone is good. Management are dead on. If you have any problems you can talk to them".

6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us:

“I think it is very good. We are very well fed and we get our medication every day. I am very well looked after. I have my buzzer. Sometimes they come and sometimes they take forever to come. Most of the care staff are very good”.

“I am well. I like everything, they are very good. If I want anything I just have to ask and they get it for me. When I press the buzzer they come quick enough”.

“I like it here. Everything is nice and clean. The staff are lovely. They are all very good. The food is good and the staff come quick enough when I press the buzzer”.

“They are pretty good. It feels like home. There are glitches and nothing is perfect but you get over it. By in large quite a wonderful staff. Some are not as good as others but they are quite good”.

“The staff are the nicest human beings in the world. I am treated like a lady here”.

“It’s very very good. The staff are excellent. I am very happy here”.

“I am happy here. They are doing the best they can”.

“They look after me so so often”.

One relative spoken with told us:

“I have to say I have been delighted to visit. The process has been great, super organised. They have a testing cycle in place. I find the care good. My relative is well attended to and they rate the food very highly. A big thank you to all the staff”.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; none were received within the timeframe for inclusion in this report.

On the day of the inspection planned visits were taking place in the home with the assistance of staff to facilitate social distancing. Precautions such as temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Systems such as regular telephone calls between the home, patient and their relatives were also in place.

We saw patients enjoying their lunch in the dining areas of the home or in their bedroom in keeping with their personal preference. During our walk around the home mid-morning we saw staff proving patients with fresh drinks.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“The visits have felt very safe. The temperature check, questionnaire, PPE, and being able to enter by the side door all provided reassurance that I am minimising contact with others and my relative hasn’t queried or commented on the fact I am wearing a mask.”

“Thank you so much for making it possible to visit my relative in their bedroom. We have now enjoyed three lovely times together. It is so good to get alongside them again”.

6.2.3 Care records

A range of assessments, to identify each patient’s needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), podiatrists and dieticians also completed assessments as required. The outcomes of these assessments were available in the patients’ notes.

Staff were well informed with regard to patients’ needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed three patients’ care records. Whilst it was positive to see evidence of patient centred care plans, some of the records contained repetitive nursing entries with some evaluations of care not personalised. This was discussed with the manager following the inspection; they confirmed they had identified this as an issue and addressed it with nursing staff through clinical supervision.

Review of one patient’s care records evidenced care plans had not been developed to guide the staff in the delivery of daily care needs in a timely manner. Whilst there were records of assessment of patient need and associated risk assessments the care plans need to be completed within five days of admission to the home to guide staff on a daily basis. An area for improvement was made.

We reviewed one patient’s needs in relation to wound prevention and care. Wound care documentation evidenced that a body map had been completed to identify the location of the wound and photographs were taken to evidence the improvement or deterioration in the wound. Records confirmed that the wound was dressed in keeping with the care plan instructions. It was pleasing to see wound assessments were well completed after the wounds were redressed although we saw that a limited evaluation was recorded following each wound dressing. This was discussed with the nurse in charge at the end of the inspection and the manager following the inspection for action as required.

We examined the management of patients who had falls. Review of one unwitnessed fall evidenced appropriate actions were not consistently taken following the falls in keeping with best practice guidance. Examination of daily progress notes confirmed that registered nursing staff did not consistently comment on the clinical and neurological observations taken after a fall. An area for improvement was made.

6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19. We saw that a chair was placed in front of door to the home to facilitate visiting. As this is a fire exit we asked management to refrain from this and utilise the other identified area in the home for visiting.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

We identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. Most staff wore face masks appropriately although we saw staff applying and removing PPE inappropriately. There was good availability of hand gels throughout the home. Audits, including hand hygiene and use of PPE, were completed monthly and evidenced good compliance with best practice; this was not evidenced during the inspection. Hand hygiene audits had not been completed since October 2020. In addition, we saw some inappropriate storage in two identified bathrooms, meals uncovered on transfer to patient's bedrooms and evidence that single use syringes were being washed and reused. These deficits were discussed with the nurse in charge at the end of the inspection and the manager following the inspection and an area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm and generally tidy. We saw clutter in two identified storage areas which was discussed with the nurse in charge for action as required.

During review of the environment we saw a domestic cleaning trolley was unsupervised on one occasion allowing potential patient access to substances hazardous to health. We also saw that a sluice cupboard was unlocked with access to cleaning chemicals. We discussed this with domestic staff and highlighted the risks. An area for improvement was made.

We observed hypochlorite solution being used in a spray bottle. The bottle did not have a label indicating what was inside and did not have a date as to when the solution was made. In addition some staff were unsure regarding dilution rates of some cleaning products. This was discussed with the manager who agreed to arrange training for the appropriate staff as required.

6.2.5 Leadership and governance

There was a clear management structure within the home and the nurse in charge was available throughout the inspection process. The manager retained oversight of the home and was supported by the deputy manager. We saw from the duty rota that the deputy manager was working on nights. The manager confirmed there was ongoing recruitment for night staff. The manager also confirmed the nursing sister had retired last year and they hoped to successfully recruit someone into this position. We acknowledged the challenges the manager had faced regarding the pandemic and staffing challenges and asked them to ensure they had adequate support in their role.

Staff commented positively about the manager stating they were available for guidance and support. Discussion with the nurse in charge and observations confirmed that the home was operating within the categories of care registered.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately. There was evidence that one notification was not submitted in accordance with regulation. This was discussed with the manager who agreed to submit the

outstanding notification retrospectively. Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

Discussion with staff and the manager confirmed that systems were in place for staff training. We discussed the low uptake of elements of mandatory training with the manager; particularly IPC and control of substances hazardous to health (COSHH); both of which were identified as areas for improvement. The manager must ensure that mandatory training for all staff has been completed in a timely manner to achieve 100 percent compliance. This was identified as an area for improvement.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, wounds, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to the care records, hand hygiene and PPE use. The manager agreed to review these.

We examined the reports of the visits by the registered provider from November 2020 to January 2021. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between patients and staff.

Areas for improvement

Six areas for improvement were identified. These related to the planning of care, falls management, infection prevention and control practices, control of substances hazardous to health, staff training and the duty rota.

	Regulations	Standards
Total number of areas for improvement	5	1

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Throughout the inspection, patients within the home were attended to by staff in a prompt and respectful manner.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Val Sandulescu, nurse in charge, as part of the inspection process and with Winnie Mashumba, manager, during a phone call on 2 March 2021. 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A memo was sent to all nurses to address this. Care plans for new residents are being audited within 7 days of admission to ensure that initial care plans were completed at admission and further developed within 5 days.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Nurses were recording clinical and neurological observations in the designated section on the electronic records. We have sent a memo to the Nursing Staff to remind them to consistently comment on the clinical and neurological observations in the daily notes and to consistently check and record Neurological observations following an unwitnessed fall. Documentation of neurological and clinical observations is now included in the falls auditing process.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.4</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: We had a meeting with the housekeepers and discussed safe storage of substances hazardous to health. We have also recruited new staff to reinforce our team. Housekeepers have been told not to leave their cleaning products unattended. We are monitoring that the bottles into which they decant their products is properly labelled. The products we are using at present do not need to be reconstituted. All housekeepers have completed and achieved a pass mark in the following modules: COSHH, Environment cleaning and Infection Prevention and Control.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure a system is developed to ensure compliance with mandatory training requirements. Updates in mandatory training should be delivered in a timely manner.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: We submitted an update of the our training to the inspector as instructed on the 25th of March 2021. All staff have completed COSHH and IPC training to date. Staff is being sent reminders to update their training every fortnight. Training for each employee is reviewed at an ongoing basis as well as at their Appraisal meetings.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 26 March 2021</p>	<p>The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The duty rota should include the first name and surname of each member of staff, actual hours worked and be signed by the registered manager or a designated representative.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The Rotas now include the person's full name and the Nurse in charge on the day shift where we have two Nurses is identified by an asterick against on the shift they are in charge of. The actual hours worked are stated on the rota as the shift is recorded from the time it starts and ends eg 08:00-20:00 hours. The Rota is being signed by the Nursing Sister.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)