



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Annadale
Establishment ID No:	1047
Date of Inspection:	29 May 2014
Inspector's Name:	Loretto Fegan
Inspection ID:	18356

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Annadale
Address:	Annadale 11 Annadale Avenue Belfast BT7 3JH
Telephone Number:	028 90645900
E mail Address:	annadalenursinghome@hotmail.co.uk
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
Categories of Care:	NH-I , NH-PH , NH- PH(E) ,NH-TI
Number of Registered Places:	38
Number of Patients Accommodated on Day of Inspection:	37
Scale of Charges (per week):	£679 which includes a third party top up of £98 per week
Date and Type of Previous Inspection:	15 October 2013, Primary unannounced care inspection
Date and Time of Inspection:	29 May 2014 1.40 pm - 6.00 pm
Name of Inspector:	Loretto Fegan (bank inspector)

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with patients individually and with others in groups
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- evaluation and feedback
- observation during a tour of the premises

1.3 Inspection Focus

The main focus of the inspection was to follow-up the progress made in relation to the requirement and recommendations made during the previous inspection and to establish the level of compliance being achieved.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Annadale Nursing home is situated in Annadale Avenue just off the Ormeau Road, Belfast.

The nursing home is a private limited company and the organisation has appointed Mr W T Gage as the responsible person. Mr Gage maintains, as part of this role, a monthly unannounced inspection of the facilities in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager is Ms Winnie Mashumba.

Accommodation for patients/ residents is provided mainly in single rooms and some have ensuite facilities. There is also one double bedroom. All bedrooms are situated on the ground and first floor.

Access to the first floor is via a passenger lift and stairs.

The dining room is located on the ground floor adjacent to the kitchen. There are two spacious sitting rooms to the front of the home on the ground floor with other small sitting areas also available.

A number of communal sanitary facilities are available throughout the home.

The laundry is located to the rear of the building.

The home is surrounded by well-maintained mature gardens and there are car parking spaces to the front.

The home is situated close to all local amenities.

The home is registered to provide care for a maximum of 38 persons under the following categories of care:

Nursing Care

I - Old age not falling into any other category

PH - Physical disability other than sensory impairment, under 65

PH (E) – Physical disability other than sensory impairment, over 65

TI – Terminal illness

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Annadale Nursing Home. The inspection was undertaken by Loretto Fegan (bank inspector) on 29 May 2014 from 1.40 pm to 6.00 pm.

The inspector was welcomed into the home by Ms W Mashumba, registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms W Mashumba at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and relatives. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 15 October 2013, one requirement and two recommendations were issued. These were reviewed during this inspection. The inspector evidenced that the requirement was substantially complied with and both recommendations were found to be fully compliant. Details can be viewed in the section immediately following this summary.

The inspector evidenced that communication between staff and patients reflected that patients were treated courteously and with dignity and respect. All patients spoken with commented positively regarding their care in the home. A specific concern raised by one patient was shared with the registered manager. It was agreed that this would be followed up with the patient.

Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

The inspector spoke with four relatives visiting the home at the time of the inspection. The relatives were very satisfied with the standard of care provided to their relatives in the home.

The inspector examined specific aspects in relation to five patients' care records. These were in the main well recorded using an electronic system; however some areas for improvement were identified. A requirement in relation to care records has been made in addition to the restated requirement.

Information relating to assessed patient dependency levels and staffing levels indicated that the home met the DHSSPS's recommended minimum staffing guidance for nursing homes.

As part of the inspection process, the inspector observed the general environment in the nursing home. This included viewing twenty bedrooms, two lounges, the dining room and bathroom / toilet facilities. The home was warm and comfortable and all areas were maintained to a high standard of hygiene. However, an infection prevention and control issue was identified in relation to the storage of equipment in the bathrooms; a requirement has been made in this regard. A recommendation has been made to confirm that all weighing scales used by patients are accurate.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

The home's general environment was well maintained and the patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to care planning and infection prevention and control issues related to storage of equipment in the bathrooms.

Therefore two requirements and one recommendation were made as a result of this inspection, in addition to a restated requirement. The requirements and recommendation are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, visiting relatives, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Regulation 19(1)(a), schedule 3, 2(k)	<p>The registered person shall ensure that contemporaneous notes of all nursing provided to the patient are maintained.</p> <p>Repositioning charts must be accurately maintained to evidence care delivered.</p>	<p>The inspector examined specific aspects of five care records. In the main, this evidenced that contemporaneous notes of the nursing care provided to patients was maintained.</p> <p>The repositioning charts relating to three patients were cross referenced with their care plans. The repositioning charts were not consistently recorded in accordance with the frequency stipulated in the corresponding care plans. There were occasional periods of up to four hours when a record was not made in relation to this aspect of care.</p> <p>During the night period, the repositioning charts of the three records examined had recorded that this aspect of care was carried out at the same time for all three patients (02.00 hours, 04.00 hours and 06.00 hours). A contemporaneous record must be made in "real time" in relation to the provision of care.</p>	Substantially compliant

			This requirement will be stated for a second time and compliance will be followed up during the next care inspection.	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Criterion 25.12	It is recommended that the action plan from the previous visit should be reviewed at the next visit and all areas commented on.	The inspector can confirm that the three regulation 29 reports examined, evidenced that the action plan from the previous visit was reviewed and all areas commented on.	Compliant
2.	Criterion 10.7	<p>With regard to the management of restraint it is recommended that:</p> <ul style="list-style-type: none"> • outcome of a bedrail risk assessment clearly identifies of bedrails are an appropriate intervention of the patient • discussions in regard to the use of restraint and best interest decisions for patients should be recorded in patient care records as part of the assessment and planning process within the home. 	<p>The records pertaining to three patients were examined in relation to the use of bedrails. The records indicated that the outcome of the bedrail risk assessment identified that bedrails were an appropriate intervention for these patients.</p> <p>Three records were examined with regard to the use of a specific form of restraint (bedrails or a lap-strap). The records examined reflected the best interest decision-making process which took place with the relevant stakeholders as part of the assessment and planning process.</p>	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection

Three safeguarding events were identified between the periods 15 October 2013 to 29 June 2014. All events were appropriately managed in line with HSC Trust and regional protocols and are now closed.

5.0 Additional Areas Examined

5.1 Care practices

The inspector observed care practices which included the assistance provided to patients while mobilising. Communication between staff and patients evidenced that patients were treated courteously and with dignity and respect. The activities co-ordinator informed the inspector about the range of activities offered to patients including organised outings, this was commendable.

5.2 Patients' and relatives' views

The inspector spoke with twelve patients individually. All commented positively with regard to staff attitude, care provided and the cleanliness of the home. The patients spoken with were satisfied with the quality of the meals provided in the home, however a specific concern made by one patient regarding the tenderness of the meat was discussed with the registered manager, who agreed to discuss this further with the patient and address through the care planning process.

Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

The inspector spoke with four relatives visiting at the time of inspection. The relatives praised the staff and were content with the care their relatives were receiving. Relatives commented positively regarding the range of activities offered.

5.3 Care Records

The inspector examined specific aspects in relation to the care records of five patients and the following issues were identified for improvement as follows:

- the care plan should include specific pressure relieving equipment in use
- as conflicting information was evident, the care plan in relation to one identified patient should include the number of staff required to attend to a specific aspect of the patient's care
- A discrepancy was observed by the inspector in relation to the recording of one patient's weight over a period of time. Additional records relating to other patients were examined in this regard and the registered manager then identified that this may be attributed to the equipment used (hoist attachment). The registered manager agreed to ensure that the correct weights were ascertained and if required the Malnutrition Universal Screening Tools (MUST) should be amended accordingly.
- the specific concern raised with regard to food provision should be followed up with the patient through the care planning process.

A requirement has been made with regard to the care planning issues identified.

5.4 Staffing

Discussion took place with the registered manager regarding the staffing levels on the day of inspection. The inspector requested Ms Mashumba to submit one week's duty rota with the corresponding patients' assessed dependency levels to RQIA for analysis. The information submitted to RQIA indicated that the staffing arrangements met the DHSSPS's recommended minimum staffing guidance for nursing homes.

5.5 General Environment

As part of the inspection process, the inspector observed the general environment in the nursing home. This included viewing twenty bedrooms, two lounges, the dining room and bathroom / toilet facilities. The home was warm and comfortable and all areas were maintained to a high standard of hygiene.

However, an infection prevention and control issue was identified in relation to the storage of hairdressing equipment and hoists in the bathrooms. The registered manager agreed to consult with the lead infection control nurse at the Public Health Authority for advice with regard to this issue. Bathrooms should be used only for their registered purpose and not for storage of equipment. In the event of equipment being left in the bathroom such as a hoist, the registered manager must ensure that appropriate decontamination of equipment is undertaken in line with infection prevention and control evidence based practice and in accordance with the manufacturer's instructions. A requirement has been made to address this infection control issue.

There was documented evidence on the day of inspection that the weighing scales had been serviced in December 2013. However, as there was ambiguity regarding the records in relation to patients' weights, a recommendation has been made to confirm that all weighing scales used by patients are re-checked and if necessary re-calibrated in accordance with the manufacturers' instructions by a suitably qualified person.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms W Mashumba, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Loretto Fegan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

Annadale Nursing Home

29 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Winn Mashumba, registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 19 (1) (a), schedule3, 2 (k)	<p>The registered person shall ensure that contemporaneous notes of all nursing provided to the patient are maintained.</p> <p>Repositioning charts must be accurately maintained to evidence care delivered</p> <p>Ref- Section 4, Follow up on Previous Issue</p>	Two	<p>Repositioning charts are being audited for gaps and staff have been reminded to complete the charts as soon as care is delivered and the actual time recorded so that the records are contemporaneous. We have revised the repositioning charts to leave the minutes space blank so that the staff can complete this manually to ensure that accurate times are recorded. We have had a meeting with the night staff where the gaps had been identified to occur.</p>	From date of inspection
2.	13 (7)	<p>The registered person must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients and staff by;</p> <ul style="list-style-type: none"> • ensuring equipment is not stored in bathroom areas • ensuring that in the event of equipment being left in the bathroom such as a hoist, that appropriate decontamination of that equipment is undertaken in line with infection prevention and control evidence 	One	<p>We are restricted for space which makes storage arrangements difficult to manage. We contacted the Public Health Infection Control Team for advice on this issue. They advised that there was no issues with the hoist being in the bathroom as long as they were decontaminated before and after use which we are doing. Slings are kept in designated areas. Hair dryers</p>	From date of inspection

		<p>based practice and in accordance with the manufacturer's instructions.</p> <p>Ref- Section 5, Additional Areas Examined (5.5)</p>		<p>have been removed from the bathroom.</p>	
3.	16 (2) (b)	<p>The registered person must ensure that the patient's plan is kept under review by</p> <ul style="list-style-type: none"> ensuring that the issues identified in relation to care records are addressed <p>Ref- Section 5, Additional Areas Examined (5.3)</p>	One	<p>The issues raised in the care plan regarding the level of assistance required were addressed at the day of inspection and the discrepancy rectified.</p>	<p>From date of inspection</p>

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	32.8	<p>Confirm that weighing scales used by patients have been re-checked and if necessary re-calibrated in accordance with the manufacturers' instructions by a suitably qualified person.</p> <p>Ref- Section 5, Additional Areas Examined (5.5)</p>	One	<p>The hoist scales have been checked and re-calibrated. Residents who use the hoist scales have been re-weighed and their body mass index and MUST score revised. There was no need for further action taken as all were within normal range.</p>	From date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Winn Mashumba
Name of Responsible Person / Identified Responsible Person Approving Qip	Trevor Gage

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	√	Loretto Fegan	5/8/14
Further information requested from provider			