

Announced Premises Inspection Report 16 January 2017



Annadale

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Annadale took place on 16 January 2017 from 10:30hrs. to 13:05hrs.

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

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. William Trevor Gage, Responsible Individual, Mrs. Winnie Mashumba, Registered Manager and Mr. Michael McGranaghan, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection on 12 December 2013

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 12 December 2013.

2.0 Service Details

Registered Provider / Responsible Individual: 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, Registered Manager	Date manager registered: 21 October 2008
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 38

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 12 December 2013
- The statutory notifications over the past 12 months (No notifications logged)]
- The concerns log.

During this premises inspection discussions took place with the following people:

- Mr William Trevor Gage, Responsible Individual
- Mrs Winnie Mashumba, Registered Manager
- Mr Michael McGranaghan.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection on 15 July 2016

The most recent inspection of this nursing home was an unannounced care inspection IN024844 on 15 July 2016. The completed QIP for this inspection was returned to RQIA on 19 August 2016 and approved by the care inspector on 23 August 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 12 December 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 13(7) 27(2)(b) Stated: First time	Remedial works should be carried out to the timber surfaces in the ground floor sluice. The bin in this sluice room should be replaced. The sluice rooms on both floors should also be kept locked. The joint in the kitchen floor should be resealed.	Met
	Action taken as confirmed during the inspection: These issues had been addressed. It was however noted that the timber pipe casing at low level in the ground floor sluice needed to be repainted again. Subsequent to this premises inspection Mrs. Mashumba confirmed to RQIA that repainting had been carried out. Key pad locks had been fitted to the doors of the sluices to ensure that they are kept locked.	
Requirement 2 Ref: Regulations 13(7) 27(2)(b) Stated: First time	The disconnected waste pipe in bedroom 36, the wall at the back of the door to the staff toilet on the first floor, the flooring around the sink and toilet in the toilet opposite bedroom 36 and the ceiling at the pipework in the toilet opposite bedroom 29 should be made good. The opening in the external wall at the new gas boiler flue should be sealed.	Met
	Action taken as confirmed during the inspection: Access to some of the above areas was not available during this premises inspection. Sample checks carried out however indicated that these	

	issues had been addressed.	
--	----------------------------	--

Last premises inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulations 27(2)(q) Stated: Second time	The certificates for the annual gas safety inspections and tests for the heating boilers should be followed up.	Met
	Action taken as confirmed during the inspection: The certificates for the gas heating boilers were presented for review during this premises. These boilers were serviced and safety checked in June 2016. A further call out was carried out in October 2016. Mr McGranaghan also confirmed that there was a service contract in place for the heating boilers and there were no outstanding issues re same.	
Requirement 4 Ref: Regulations 27(2)(q) Stated: Second time	The documentation for the fixed wiring installation should be reviewed with the electrician to ensure that current satisfactory inspection and test reports are available for the complete installation.	Met
	Action taken as confirmed during the inspection: A current inspection and test certificate for the complete installation dated February 2014 with a retest date of February 2019 was presented for review during this premises inspection. The test results for this inspection and test should be followed up and retained in the home along with the certificate available for review during future inspections.	
Requirement 5 Ref: Regulations 27(2)(c) 27(2)(q) Stated: Second time	The service requirements for the thermostatic mixers should be checked with the plumber for the home.	Partially Met
	Action taken as confirmed during the inspection: Mr McGranaghan confirmed that the servicing of the thermostatic mixing valves was carried out by the in-house maintenance person who had been instructed how to carry out this work. The documentation to support the ongoing servicing of the thermostatic mixing valves was not however presented for review during this premises inspection. Subsequent to this premises inspection RQIA received confirmation from Mrs Mashumba	

	<p>that the thermostatic mixing valves were serviced on 10 August 2016 by the specialist company that have been employed to assist with the ongoing management of the legionella controls. As the details in relation to this service were not available a further service is to be carried out. A copy of the report for this further service of the thermostatic mixing valves should be forwarded to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.</p>	
<p>Requirement 6 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: Second time</p>	<p>The issues identified for attention in the report for the independent thorough examination of the passenger lift that was carried out on 13 October 2013 should be followed up with the lift service company so that any action required is taken.</p> <hr/> <p>Action taken as confirmed during the inspection: The most recent thorough examinations of the passenger lift and the stair lift were carried out on 08 July 2016. The reports for these thorough examinations identified a number of issues for attention. Mr McGranaghan however confirmed that these issues had been followed up with the lift service company. The paperwork in relation to these issues should be followed up with the lift service company. Subsequent to this premises inspection Mrs Mashumba forwarded a report from the lift service company in relation to the passenger lift. Further information has been sought from Mrs. Mashumba in relation to this issue. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.</p>	<p>Partially Met</p>
<p>Requirement 7 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time</p>	<p>The issue in relation to the drawings for the water systems in the premises should be followed up. A record should be kept for the monthly checks to the unblended hot water temperatures and all outlets that are not in frequent use should be flushed twice each week. The missing tap at the wash basin in the laundry should be reinstated.</p> <hr/> <p>Action taken as confirmed during the inspection: Drawings were available for the plumbing system. A specialist company has been engaged to assist with the ongoing management of the water system. This includes monthly checks to the water temperatures. Records for these checks were</p>	<p>Met</p>

	<p>presented for review during this premises inspection. It was confirmed at present there are no infrequently used taps. The tap that was missing at the wash basin in the laundry had been replaced.</p>	
<p>Requirement 8 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) Stated: First time</p>	<p>The issues identified for attention in the gas safety report for the kitchen equipment should be reviewed with the inspecting engineer to establish what action is required re same. The outcome of this review should be confirmed to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: The most recent gas safety inspection to the kitchen equipment was carried out on 28 June 2016. The report for this inspection confirmed that the equipment was safe to use. This report identified an issue for attention. Mrs Mashumba however confirmed that this issue had been addressed. The paperwork for this work should be followed up so that it is available for review during future inspections.</p>	<p>Met</p>
<p>Requirement 9 Ref: Regulations 14(2)(a) 14(2)l Stated: First time</p>	<p>The restrictors for the window openings should be checked and adjusted as required to ensure that all window openings are controlled to a safe point of opening with a maximum clear opening of 100mm. Reference should be made to the recent correspondence from RQIA in relation to this issue.</p> <hr/> <p>Action taken as confirmed during the inspection: Sample checks to the window opening indicated that some of window openings, for example; in bedrooms 20 and 21 were not controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors were also not fitted with tamper proof screws. It was agreed that the window controls would be reviewed and amended to ensure that all window openings are robustly controlled in line with current guidance. Subsequent to this premises inspection Mrs Mashumba confirmed to RQIA that the window controls in the old section of the home had been replaced with wooden blocks with tamper proof screws. Mrs Mashumba also confirmed that all window controls had been fitted with tamper proof screws and widths adjusted to 100mm.</p>	<p>Met</p>

Last premises inspection statutory requirements		Validation of compliance
Requirement 10 Ref: Regulations 13(7) Stated: First time	The cleaning equipment in the laundry should be checked and replaced as required to ensure full compliance with the NHS colour coding system.	Met
	Action taken as confirmed during the inspection: During the review of the premises it was observed that cleaning was ongoing in one of the shower rooms. The correct colour coded cleaning equipment was being used for this cleaning.	
Requirement 11 Ref: Regulations 27(4)(a) 27(2)(b) 27(4)(c) Stated: First time	The arrangements to address the issues included in the action plan in the report for the most recent fire risk assessment should be finalised. A copy of the proposed action plan with the completion timescales should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: The most recent review of the fire risk assessment for the home was completed on 27 June 2016. The only issue noted in the report for this fire risk assessment review related to fire safety training. The most recent face to face fire safety training was provided on 08 and 09 December 2016. Mrs. Mashumba also confirmed that online fire safety training had been completed by the staff in January 2017.	
Requirement 12 Ref: Regulations 27(4)(f) Stated: First time	The method for recording the fire drill details should be revised in line with the method that was previously being used in the home. This should identify the outcomes and highlight any points of learning that should be carried forward into future practice.	Met
	Action taken as confirmed during the inspection: A proforma had been drawn up to record the details in relation to the fire drills. It was agreed that the list of staff who attend each fire drill should be added to each fire drill record.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 13 Ref: Regulations 27(4)(b) 27(4)(d)(iv) Stated: First time	<p>The frequency for inspecting and testing the fire detection and alarm installation should be reviewed with the service engineers to ensure that this is in line with the guidance contained in British Standard 5389. A list for the emergency lights should also be drawn up to facilitate the ongoing monthly function checks.</p>	Met
	<p>Action taken as confirmed during the inspection: The fire detection and alarm system was inspected and tested in August 2016 with a satisfactory outcome. The fire detection and alarm system is to be inspected and tested on a six monthly basis from now on. A list of the emergency lights had been drawn up to facilitate the monthly checks to the emergency lights.</p>	
Requirement 14 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: First time	<p>The need to provide an easily accessible fire blanket in close proximity to the area should for smoking should be reviewed.</p>	Met
	<p>Action taken as confirmed during the inspection: A fire blanket had been provided in the area used for smoking. Mrs Mashumba however confirmed that at present none of the patients smoke.</p>	
Requirement 15 Ref: Regulations 27(4)(b) 27(2)l 27(4)(d)(i) 27(4)(d)(iv) Stated: First time	<p>The fire doors should be checked and adjusted as required. A new drawing should be provided adjacent to the fire alarm control panel. The fire detector in the cupboard between bedrooms 34 and 36 should also be reviewed with the Fire Risk Assessor as this appeared to be a heat detector where a smoke detector may be more appropriate. The fire extinguisher in the external boiler house should be re-located adjacent to the door and any items of storage in the boiler room should be removed. The steel wire armoured electrical cable in the main switch room should be fire stopped where it passes through the ceiling.</p>	Met
	<p>Action taken as confirmed during the inspection: Sample checks to the fire doors indicated that this issue had been addressed. There were drawings at the fire alarm control panel and a list of the alarm zones. There was not however a colour coded</p>	

	<p>zone plan at the panel. This should be provided. Subsequent to this premises inspection Mrs Mashumba confirmed to RQIA that a colour coded fire location map for the fire detection and alarm system had been completed and was on display. The fire detector in the cupboard between bedrooms 34 and 36 had been changed to a smoke detector. The remainder of the issues in the above requirement had been addressed.</p>	
--	--	--

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The electrical equipment was inspected and tested on 10 August 2016. Mrs Mashumba confirmed that the three items of equipment that failed this inspection and test had been removed.
2. It was agreed that the corridor door on the ground floor at bedroom 15A would be adjusted to reduce the closing speed and a smoke seal would be fitted to the door to the large lounge. In addition the items of storage in the switch room should also be removed. Subsequent to this premises inspection RQIA received confirmation from Mrs. Mashumba that these issues had been addressed.
3. The ceilings in the cylinder store on the ground floor at shower 48 and lift plant room should be fire stopped. Subsequent to this premises inspection RQIA received confirmation from Mrs. Mashumba that this fire stopping had been carried out.

4. The wall tiling at the shower area in shower room 13 opposite bedroom 12 should be made good (some low level tiles cracked). Subsequent to this premises inspection RQIA received confirmation from Mrs Mashumba that the wall tiles had been replaced.
5. It is recommended that the next review of the fire risk assessment should be carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
6. A specialist company provides advice and guidance in relation to the management of the water system in the home. This includes carrying out the legionella risk assessments and monthly visits to the home to check the water temperatures. The most recent legionella risk assessment was completed in November 2016. The report for this risk assessment identified a number of issues for attention in the action plan. This action plan should be signed off to confirm completion of each issue. Subsequent to this premises inspection Mrs Mashumba confirmed to RQIA that the specialist company that provides the advice and guidance in relation to the management of the water systems had been asked to sign off this action plan and the completed actions had been signed off and the remainder are being worked through. The reports for the monthly temperature checks indicated that the return temperature for the unblended hot water was marginally below the minimum 55°C standard. Mr McGranaghan confirmed that adjustments had recently been made to increase the unblended hot water. This should be closely monitored to ensure that the 55°C minimum standard is achieved. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
7. It was agreed that a lock should be fitted to the door of the store room between bedrooms 34 and 36. Subsequent to this premises inspection RQIA received confirmation from Mrs Mashumba that this lock had been fitted.
8. It was noted that a new light bulb was required in the ground floor sluice room. Subsequent to this premises inspection Mrs Mashumba confirmed to RQIA that this issue had been addressed.

Number of requirements	0	Number of recommendations:	2
-------------------------------	---	-----------------------------------	---

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr William Trevor Gage, Responsible Individual, Mrs Winnie Mashumba, Registered Manager and Mr Michael McGranaghan, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 47 Stated: First time To be completed by: 17 March 2017	<p>A copy of the report for the further service of the thermostatic mixing valves should be forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: Copy submitted with QIP</p>
Recommendation 2 Ref: Standard 47 Stated: First time To be completed by: 17 March 2017	<p>The support documentation in relation to the completion of the issues identified for attention in the reports for the thorough examinations to the passenger lift and the stair lift that were completed on 08 July 2016 should be forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: The last recorded visit was on the 5th of July 2016 and no issues were raised. The new service provider was out on the 22nd of February 2017 to carry out a thorough examination of the passenger and platform lift. No issues were identified. Copies attached.</p>
Recommendation 3 Ref: Standard 48 Stated: First time To be completed by: Ongoing	<p>It is recommended that the next review of the fire risk assessment should be carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors.</p> <p>Response by registered provider detailing the actions taken: This was not pointed to us at the time of the inspection. However our fire risk assessor has retired and we will have a new assessor for the next fire risk assessment and it will be done according to the guidance.</p>
Recommendation 4 Ref: Standard 47 Stated: First time To be completed by: Ongoing	<p>The remaining issues from the action plan in the report for the legionella risk assessment that was completed in November 2016 should be completed and signed off. The temperature of the unblended hot water should be closely monitored to ensure that the 55°C minimum standard is consistently achieved.</p> <p>Response by registered provider detailing the actions taken: All items except those to be addressed over a period of 12 months such as risk assessment review have been signed. The temperature of the unblended hot water is being monitored to ensure that the minimum 55 degrees celcius is being achieved.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

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