

# Inspection Report

2 November 2021



## Annadale

Type of service: Nursing Home  
Address: 11 Annadale Avenue, Belfast, BT7 3JH  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Annadale Private Nursing Home Ltd  <b>Responsible Individual:</b> Mr William Trevor Gage	<b>Registered Manager:</b> Mrs Winnie Mashumba  <b>Date registered:</b> 21 October 2008
<b>Person in charge at the time of inspection:</b> Mrs Winnie Mashumba	<b>Number of registered places:</b> 38
<b>Categories of care:</b> Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36
<b>Brief description of the accommodation/how the service operates:</b>  This is a nursing home that provides care for up to 38 patients.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 November 2021 from 11.00am to 4.25pm. It was completed by a pharmacist inspector and focused on medicines management within the home.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that overall patients were being administered their medicines as prescribed. Arrangements were in place to ensure that staff received training and were deemed competent in medicines management. Some of the medicine records were well maintained.

However, the inspection findings indicate that the governance arrangements for medicines management require review, as improvement is necessary in the completion of medicine related records and the storage of medicines.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by reviewing a sample of medicine related records and care plans, medicines storage and the auditing systems used to ensure the safe management of medicines. Staff and patients views were also obtained.

### **4.0 What people told us about the service**

The inspector met with three patients who spoke positively about their experience of living in the home and how they were cared for. They said they were relaxed and content in the home.

Staff interactions with patients were warm, friendly and supportive. It was evident they knew the patients well and were knowledgeable about the patients' medicines.

We met with nursing staff and management. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last care inspection on 24 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27(4) (c) <b>Stated:</b> First time	<p>The registered person shall ensure corridors are free from obstacles to provide adequate means of escape in the event of a fire.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time	<p>The registered person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety. This relates specifically to a hairdryer stored in a bathroom, an electrics cupboard and hot press were left unlocked.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	<p>The registered person shall make suitable arrangements to minimise the risk and spread of infection by addressing the areas for improvement identified:</p> <ul style="list-style-type: none"> <li>• social distancing in communal areas</li> <li>• regular cleaning of the underside of a number of toilet roll dispensers</li> <li>• repair to damage to an identified pipe cover</li> </ul> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>

<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance summary</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure that care plans in relation to wound care and the use of pressure relieving devices are up to date and regularly reviewed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall review the provision of activities to ensure a regular meaningful programme of activities is provided. Consideration should be given to consulting with patients about their activity preferences as part of this review	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. Most of the personal medication records reviewed at the inspection were accurate and up to date. A few records required photographs and more details. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to ensure accuracy.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

In relation to distressed reactions, it is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient. The management of these medicines were discussed with staff. They knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Two patients' records were reviewed. A care plan was in place for one patient only. There had been no recent administration of the medicines; however, there was no effective system to oversee when and why the medicines were administered, and if the stock balances of the medicines were accurate. The manager advised of the new system implemented immediately after the inspection to monitor these medicines.

The management of pain was reviewed. Pain assessments were completed and care plans were in place. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient. Review of the management of thickening agents and nutritional supplements indicated that the relevant records were in place.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

Whilst there was evidence that the medicines were held in stock and were available for administration, records of the receipt of medicines had not been fully maintained. The records did not include a number of medicines in the current medicine cycle and newly prescribed medicines. In addition, it was found that where medicines were supplied in seven day packs, one supply was not clearly labelled to identify each medicine in the pack. In order to assist with stock control and audit, a record of all incoming medicines must be maintained and all medicines must be clearly labelled to identify the medicine. An area for improvement was identified.

Most of the medicines storage areas were observed to be securely locked to prevent unauthorised access. However, one refrigerator which was located in the dining room was not locked and was being used to store food supplements and medicines. Some of the medicines did not require refrigeration and one had expired. This refrigerator could potentially be accessed by patients. It was noted that in other storage areas, two limited shelf life medicines were unlabelled and did not state the date of opening. Medicines must be stored securely at the manufacturers' recommended temperature and disposed of at expiry. An area for improvement was identified.

The disposal arrangements for medicines require review. Discontinued medicines were placed in a large waste bin. In accordance with current guidance, all medicines should be disposed of in specific clinical waste bins for medicines before uplift for disposal. In relation to the disposal of controlled drugs in Schedule 4 (Part 1), these were not denatured to render them irretrievable, prior to disposal. An area for improvement was identified.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of management for ongoing close monitoring. The completed records were filed once completed.

In relation to injectable medicines, nurses were unable to confirm when one injection was due; this was resolved following the inspection. The manager confirmed that a care plan was now in place for this injection and injection administration sheets were in use. In line with safe practice, insulin administration charts were in place; however, the site of administration was not recorded. This should be recorded to inform staff when administering the next dose. It was agreed that this would be implemented with immediate effect.

Controlled drugs are medicines which are subject to strict legal controls, record-keeping and legislation. They commonly include strong pain killers. An error in one stock balance was discussed; this was found to be a missed dose and had not been recognised as a medicine related incident or reported to the manager. This was discussed with staff and a notification was forwarded to RQIA after the inspection. See Section 5.2.5.

Management and staff audited medicine administration on a regular basis within the home. The date of opening was recorded on most medicines so that they could be easily audited and running stock balances were maintained for a number of medicines. These are areas of best practice. The audits we completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines.

A review of the monthly management audits indicated that the issues raised at this inspection were not being identified. A robust audit process for medicines management should be developed and implemented. An area for improvement was identified.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines process for patients new to the home or returning to the home after receiving hospital care was reviewed. Written confirmation of the patient's medicine regime was received at, or prior to admission. Satisfactory arrangements were in place to ensure the medicine information was accurately recorded on the personal medication records and that medicines were administered in accordance with the most recent directions.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence. However, see 5.2.3. Following the inspection, the manager advised that all trained staff had been made aware of reporting medicine issues.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff reference.

Systems were in place to ensure that nursing staff and care staff who were delegated medicine tasks, had received training in medicines management. Competency had been assessed following induction and annually thereafter. A sample of records to indicate that staff were trained and deemed competent in medicines management was provided. Due to the inspection findings, it was agreed that staff should receive training in the areas identified. Following the inspection the manager advised that training had been scheduled with the community pharmacist.



## 6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Overall there was evidence that the patients were administered their medicines as prescribed. The outcome of this inspection concluded that improvements in some areas of medicines management are necessary to ensure that robust arrangements are in place. A review of the current auditing process to ensure that this covers all aspects of medicines will assist management and staff in addressing the areas for improvement identified. This inspection resulted in four new areas for improvement; these are detailed in the quality improvement plan.

Following the inspection the findings were discussed with the senior pharmacist inspector. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

We would like to thank the patients and staff for their assistance throughout the inspection.

## 7.0 Quality Improvement Plan/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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	3*

\* the total number of areas for improvement includes five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Winnie Mushamba, Registered Manager, as part of the inspection process. The owner of the home was also available for feedback. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27(4) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of the inspection (24 May 2021)	<p>The registered person shall ensure corridors are free from obstacles to provide adequate means of escape in the event of a fire.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of the inspection (24 May 2021)	<p>The registered person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety. This relates specifically to a hairdryer stored in a bathroom, an electrics cupboard and hot press were left unlocked.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of the inspection (24 May 2021)	<p>The registered person shall make suitable arrangements to minimise the risk and spread of infection by addressing the areas for improvement identified:</p> <ul style="list-style-type: none"> <li>• social distancing in communal areas</li> <li>• regular cleaning of the underside of a number of toilet roll dispensers</li> <li>• repair to damage to an identified pipe cover</li> </ul> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2021</p>	<p>The registered person shall ensure that a record of all incoming medicines is maintained.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All medications are checked in and signed for by the nurse receiving them. Records are retained in the home. Our supplying Pharmacy has signed up for the Community Pharmacy Care Home Support Service Level 1 and this will commence in January 2022. Training for Nursing staff will be provided mid January 2022 prior to the commencement of this initiative. This will provide ongoing support in the Management of Medicines in the home.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2021</p>	<p>The registered person shall to ensure that robust arrangements are in place for the storage of medicines.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The refrigerator that was in the Dining area was removed on the day of Inspection. All expired medications that were in the fridge were removed and disposed of. All Nurses attended a medicines update training which covered all areas of Medicines management and administration including denaturing of controlled drugs. _</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2021</p>	<p>The registered person shall develop an effective auditing process which covers all aspects medicines management.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Medicines audits are now inclusive of the topical creams and ointments. We continue to audit all non-blistered medication and we have reinstated countdown charts for all non blistered medications. Going forward,our supplying Pharmacy has signed up for the Community Pharmacy Care Home Support Service Level 1 and this will commence in January 2022. Under the CPCHSS Level 1, our supplying Community Pharmacist will undertake a scheduled visit and also complete a Medication Audit Support Tool and provide advice on medicines management to the home as part of this visit. This will take place after training and briefing of the Nursing team on the purpose and function of the Community Pharmacy Care Home Support Service is completed in January.This will enhance, support and improve our current auditing processes.</p>

<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>	
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time <b>To be completed by:</b> Immediately from the date of the inspection (24 May 2021)	The registered person shall ensure that care plans in relation to wound care and the use of pressure relieving devices are up to date and regularly reviewed.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time <b>To be completed by:</b> Immediately from the date of the inspection (24 May 2021)	The registered person shall review the provision of activities to ensure a regular meaningful programme of activities is provided. Consideration should be given to consulting with patients about their activity preferences as part of this review
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time <b>To be completed by:</b> 1 December 2021	The registered person shall review the disposal of medicines process including the denaturing of controlled drugs.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Our Pharmacist has supplied a clinical waste bin with an aperture for the disposal of medications in the meantime. All Nurses attended a medicines update training disposal onf medicines and denaturing of controlled druds was covered extensively. Our Pharmacist has also arranged with Cannon to take over the disposal of medications from January 2022. Another training session has been arranged for the Nurses on the 19 <sup>th</sup> of January 2022 to go through the processes of disposing medicines via the new Medicines Disposal contractor.

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



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