

Inspection Report

23 March 2022



Annadale

Type of service: Nursing
Address: 11 Annadale Avenue, Belfast, BT7 3JH
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Annadale Private Nursing Home Ltd	Registered Manager: Mrs Winnie Mashumba
Responsible Individual: Mr William Trevor Gage	Date registered: 21 October 2008
Person in charge at the time of inspection: Mrs Winnie Mashumba	Number of registered places: 38
Categories of care: 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: 36
Brief description of the accommodation/how the service operates: This is a nursing home that provides care for up to 38 patients.	

2.0 Inspection summary

An unannounced inspection took place on 23 March 2022 from 10.40 am to 1.55pm by a pharmacist inspector.

This inspection was undertaken to assess progress made with the areas for improvement identified at the last medicines management inspection on 2 November 2021. The areas for improvement identified at the last care inspection on 24 May 2021, will be reviewed by the care inspector at the next inspection.

The findings of this inspection indicated that management had reviewed and developed the systems to ensure the safe management of medicines. Staff had received training and new auditing processes were in place. There was evidence of the actions taken and planned. Of the four areas for improvement identified at the last medicines management inspection, all had been addressed in a satisfactory manner. The progress and improvements which had been made were acknowledged.

The following areas were examined during the inspection:

- medicines records
- medicines storage and disposal
- governance and audit

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 views were also obtained.

4.0 What people told us about the service

Patients were observed to be content and relaxed in their surroundings. Staff interactions were kind and supportive.

The inspector 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.

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 medicines inspection on 2 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27(4) (c) Stated: First time	The registered person shall ensure corridors are free from obstacles to provide adequate means of escape in the event of a fire.	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	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.	Carried forward to the next inspection
	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.	
Area for Improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall make suitable arrangements to minimise the risk and spread of infection by addressing the areas for improvement identified: <ul style="list-style-type: none"> • social distancing in communal areas • regular cleaning of the underside of a number of toilet roll dispensers • repair to damage to an identified pipe cover 	Carried forward to the next inspection
	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.	

Area for Improvement 4 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that a record of all incoming medicines is maintained.	Met
	Action taken as confirmed during the inspection: Records of the receipt of medicines were in place. See Section 5.2.1	
Area for Improvement 5 Ref: Regulation 13(4) Stated: First time	The registered person shall to ensure that robust arrangements are in place for the storage of medicines.	Met
	Action taken as confirmed during the inspection: Medicines were stored safely and securely. See Section 5.2.2.	
Area for Improvement 6 Ref: Regulation 13(4) Stated: First time	The registered person shall develop an effective auditing process which covers all aspects medicines management.	Met
	Action taken as confirmed during the inspection: There was evidence that new systems had been developed and implemented to oversee medicines management. See Section 5.2.3	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 4.9 Stated: 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.	Carried forward to the next inspection
	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.	

Area for improvement 2 Ref: Standard 11 Stated: 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.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person shall review the disposal of medicines process including the denaturing of controlled drugs.	Met
	Action taken as confirmed during the inspection: The management of the disposal of medicines had been revised. See Section 5.2.2.	

5.2 Inspection findings

5.2.1 Medicine records

The medicine records examined were well maintained and indicated that medicines had been administered as prescribed. These included records of prescribing, administration, receipt and disposal.

A review of a sample of patients' records showed that care plans for specific medicines and conditions such as diabetes, pain management, swallowing difficulty and injectable medicines were in place.

5.2.2 Medicines storage and disposal

The storage of medicines had been reviewed with staff. Medicines were stored safely and securely and in accordance with the manufacturers' instructions. Suitable arrangements were in place for the cold storage of medicines. Expiry dates were monitored to ensure that medicines were replaced as needed.

In relation to the disposal of medicines and controlled drugs, specific clinical waste bins were in place and controlled drugs in Schedules 2 to 4 (Part 1) were denatured prior to disposal.

5.2.3 Governance and audit

Following the last medicines management inspection, staff and management advised that all staff were made aware of the areas for improvement and the systems being implemented to ensure that they were addressed. Refresher training was provided after the inspection and staff competency in medicines management was reassessed.

There was evidence that the audit process had been revised, to include all formulations of medicines, with a focus on limited shelf-life medicines and an increase in the frequency of audits. New processes to manage the record keeping for topical medicines had been put in place. Running stock balance sheets had been implemented to monitor medicines prescribed to manage distressed reactions and the administration of injectable medicines.

Completed medicines audits were reviewed by the management and showed that staff had been identifying shortfalls and taking the necessary action when required.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Winnie Mashumba, Registered Manager, as part of the inspection process and can be found in the main body of the report. The registered provider and owner of the home were also present at feedback.

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

* Five areas for improvement have been carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 27(4) (c) Stated: First time To be completed by: 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>
	<p>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.</p> <p>Ref: 5.1</p>
Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 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>
	<p>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.</p> <p>Ref: 5.1</p>
Area for Improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 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"> • social distancing in communal areas • regular cleaning of the underside of a number of toilet roll dispensers • repair to damage to an identified pipe cover
	<p>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.</p> <p>Ref: 5.1</p>

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for Improvement 1 Ref: Standard 4.9 Stated: First time To be completed by: 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.
	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. Ref: 5.1
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 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.
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