The Regulation and Quality Improvement Authority

Inspection Report

1 August 2024

Annadale

Type of service: Nursing Home
Address: 11 Annadale Avenue, Belfast, BT7 3JH
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Annadale Private Nursing Home Ltd **Responsible Individual:** Mrs Briege Agnes Kelly	**Registered Manager:** Mr Thomas Mthetho **Date registered:** 5 April 2024
Person in charge at the time of inspection: Jackie Packwood – nursing sister	**Number of registered places:** 38
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 35
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 38 patients. The home is divided over two floors with bedrooms and communal dining rooms, lounges and bathrooms located on both floors. There is a mature garden and seating area outside for patient use.	

2.0 Inspection summary

An unannounced inspection took place on 1 August 2024, from 9.40 am to 5.20 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified and are included in the body of the report and in the Quality Improvement Plan (QIP) in section 7.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said staff looked after them well and responded if they need them. They were also complimentary about the food provided and the cleanliness of their rooms.

Staff confirmed they received training for their roles, worked well as a team and knew patients' individual care needs.

There were four completed patient and relative questionnaires received following the inspection. All were very satisfied that care was safe, effective, compassionate and well-led. Comments received on the questionnaires were shared with the manager.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

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 inspection on 24 July 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (7) **Stated:** Second time	The registered person shall ensure that the infection prevention and control (IPC) deficits identified in the report are addressed.	**Partially met**
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement was partially met. This is discussed further in section 5.2.3. This are for improvement has been stated for a third time.	
Area for Improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time	The registered person shall ensure all parts of the registered nursing home to which patients have access to are free from hazards to their health and safety.	**Partially met**
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement was partially met. This is discussed further in section 5.2.3. This are for improvement has been stated for a second time.	
Area for improvement 3 **Ref:** Regulation 30 **Stated:** First time	The registered person shall ensure that all notifiable events which occur in the home are appropriately reported to RQIA in a timely manner.	**Not met**
	Evidence showed that this area for improvement was met. This is discussed further in section 5.2.5. This area for improvement has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to record that required recruitment checks were completed for staff.

There were systems in place to ensure staff were trained and supported to do their job. The training matrix showed good compliance with mandatory training which included moving and handling practice, fire safety and dementia awareness.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

A system was in place to ensure staff were appropriately registered with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Staff told us that there was enough staff on duty to meet the needs of the patients. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients.

Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes or feelings known. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Staff were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care.
These patients were assisted by staff to change their position. However; the repositioning records were not consistent with the recommended frequency of repositioning. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Examination of records confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

It was observed that patients were enjoying their meal and their dining experience. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The daily menu was too small for patients to see and was not available in a suitable format for all patients. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs. However; not all care plans required for one identified patient were in place, regarding diabetes, COPD, dementia and reduced level of consciousness. An area for improvement was identified.

The record of the review of care records found that the reviews were repetitive and not person centred. This was discussed with the nursing sister and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

While significant improvement was noted to the environment of the home, including upgrading of treatment rooms and a number of floors, some areas required repair or replacement including a rusted radiator, water pooling across a shower room floor and malodour from a bedroom carpet. An area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Three shower/bathrooms/toilets were noted to have equipment inappropriately stored including, but not limited to, hoists, a hoist sling, commodes, basins and a bedpan. This area for improvement has been stated for a third time.

Additional potential infection prevention and control (IPC) issues were identified including the storage of toiletries in communal bathrooms, an unclean urinal and mattress control units being stored on floors. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Cleaning chemicals were left accessible on two unlocked domestic cleaning trolleys and in an unlocked linen store. This was brought to the attention of staff for immediate action; and this area for improvement has been stated for a second time.

Additionally, fluid thickening powders, cleaning chemicals in an unlocked linen store and a snack trolley was left unattended. This was brought to the attention of the nursing sister for immediate action. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed they were able to choose how they spent their day. Patients could have birthday parties with family/friends in their rooms, could go out to local shops or other activities in the community.

There was no record of regular patient meetings being held, to provide an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices. This was discussed with the nursing sister who plans to commence patient meetings to provide this opportunity. This will be reviewed at the next inspection.

Staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff and by visiting musicians to the home. The range of activities included social, cultural and creative events.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Thomas Mthetho has been the registered manager in this home since 5 April 2024.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

The actions resulting from the care plan audits had been completed, but had not been signed off by staff. This was discussed with the nursing sister who agreed to update this and will be reviewed at the next inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. Patients spoken with said that they knew how to report any concerns.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Review of the records identified that not all notifiable accidents and incidents were reported to RQIA. This area for improvement has been stated for a second time.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

The home was visited each month to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	5*	5

* the total number of areas for improvement includes one regulation that has been stated for a third time and two regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** Third time	The registered person shall ensure that the infection prevention and control (IPC) deficits identified in the report are addressed. Ref: 5.1 and 5.2.3
To be completed by: With immediate effect (1 August 2024)	**Response by registered person detailing the actions taken:** The rusted radiator identified has been fixed, the floor of the shower room was examined and no defects noted, however squeegee mops were purchased and the staff were advised to use after each shower to ensure the floor is dry. Immediately after the inspection, the identified bedroom was deep cleaned and shampooed, the flooring contractors were contacted and this flooring is due to be replaced in the next couple of weeks time. The equipment stored in the shower/bathrooms/toilets were all removed and they are now stored in the two suitable storage rooms that are identified in both floors. The lock in the domestic cleaning trolleys were fixed and a key holder was attached to each key and staff are aware to carry the key with them to ensure chemicals are stored safely in the trolleys. All chemicals stored in the linen store are now removed and they are now stored securely in a locked storage room in each floor. Home manager is doing daily walkabout to ensure compliance. The thickening powders are stored in a locked cupboard and a staff member is allocated in each shift to be responsible for the key.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** Second time	The registered person shall ensure all parts of the registered nursing home to which patients have access to are free from hazards to their health and safety. Ref: 5.1 and 5.2.3
To be completed by: With immediate effect (1 August 2024)	**Response by registered person detailing the actions taken**: The equipment stored in the shower/bathrooms/toilets were all removed and they are now stored in the two suitable storage rooms that are identified in both floors. The lock in the domestic cleaning trolleys were fixed and a key holder was attached to each key and staff are aware to carry the key with them. All chemicals stored in the linen store are now removed and they are now stored securely in a locked

	storage room in each floor. Home manager is doing daily walkabout to ensure compliance. The thickening powders are stored in a locked cupboard and a staff member is allocated in each shift to be responsible for the key.
Area for improvement 3 **Ref:** Regulation 30 **Stated:** Second time **To be completed by:** 30 August 2024	The registered person shall ensure that all notifiable events which occur in the home are appropriately reported to RQIA in a timely manner. Ref: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: All outstanding notifiable events were reported to the RQIA after the inspection, in the absence of the home manager, the sister and clinical lead are responsible for reporting incidents in a timely manner.
Area for improvement 4 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect (1 August 2024)	The registered person shall that the infection prevention and control (IPC) deficits identified including toiletries stored in communal bathrooms, an unclean urinal and mattress control units stored on floors are addressed. Ref 5.2.3
	Response by registered person detailing the actions taken: The toiletries stored in the communal bathrooms were immediately removed and now they are stored in each resident's bedrooms, in each shift a staff has been allocated to ensure that this is adhered to. The unclean urinal pot was removed and replaced, there is a cleaning schedule in place to clean urine pots and commodes. The mattress control units stored in the floor are now attached to the bed. Home manager is doing daily walkabout to ensure compliance.
Area for improvement 5 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** With immediate effect (1 August 2024)	The registered person shall ensure all parts of the registered nursing home to which patients have access to are free from hazards to their health and safety. This includes; access to fluid thickening powders, cleaning chemicals in an unlocked linen store and an unattended snack trolley. Ref: 5.2.3
	Response by registered person detailing the actions taken: The lock in the domestic cleaning trolleys were fixed and a key holder was attached to each key and staff are aware to carry the key with them. All chemicals stored in the linen store are

	now removed and they are now stored securely in a locked storage room in each floor. The thickening powders are stored in a locked cupboard and a staff member is allocated in each shift to be responsible for the key. Staff were reminded not to leave the snack trolley unattended, risks were explained to them and a senior carer will ensure compliance in each shift.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 15 August 2024	The registered person shall ensure that where a patient has been assessed as requiring repositioning, the repositioning records are consistent with the recommended frequency of repositioning. Ref: 5.2.2
	Response by registered person detailing the actions taken: Repositioning records were checked and ensured consistency with the recommended frequency. Goldcrest provider was contacted and he provided additional training on how to check and maintain repositioning records. There is a weekly audit tool in place to ensure compliance.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 15 August 2024	The registered person shall ensure all required care plans are in place for one identified patient. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care plans were put in place immediately for identified resident and monthly care plan audit is in place to ensure compliance.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 15 August 2024	The registered person shall ensure the regular reviews of care records are meaningful and patient centred. Ref: 5.2.2
	Response by registered person detailing the actions taken: This was discussed with all the nurses and a person centred care plan audit checklist was implemented with immediate effect. The manager will do a further audit on this on a monthly basis.

Area for improvement 4 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 31 August 2024	The registered person shall ensure the issues with the identified radiator, shower room and bedroom carpet are addressed and well maintained. Ref: 5.2.3
	Response by registered person detailing the actions taken: The rusted radiator identified has been fixed, the floor of the shower room was examined and no defects noted, however squeegee mops were purchased and the staff were advised to use after each shower to ensure the floor is dry. Immediately after the inspection, the identified bedroom was deep cleaned and shampooed, the flooring contractors were contacted and this flooring is due to be replaced with a Vinyl flooring in the next couple of weeks time.
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 15 August 2024	The registered person shall ensure the daily menu is displayed in a suitable format and size. Ref: 5.2.3
	Response by registered person detailing the actions taken: There is a bigger size menu display board in the dining room and the menu is written on a daily basis. We still contnue with the daily menu options where our cook goes to each resident a day before to mark their choices for the next day.

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