

Inspection Report

Name of Service: Annadale

Provider: Annadale Private Nursing Home Limited

Date of Inspection: 13 May 2026

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 Limited
Responsible Individual/Responsible Person:	Mrs Briege Agnes Kelly
Registered Manager:	Mr Thomas Mthetho
Service Profile – Annadale is a registered nursing home, which provides nursing care for up to 38 patients with a physical disability under and over 65 years and general nursing care for patients over 65 years. There are a range of communal lounge areas throughout the home and a communal dining room.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2026, from 9.10 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us that living in the home was a good experience. They told us that the staff are 'very good'. They said that the food was good and they looked forward to meal times.

Patients told us that staff were prompt in answering their call for assistance and that staff were 'helpful and caring'.

Patients told us that 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.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them and were prompt in attending to call bells. They said that they spend time between the communal living rooms and can retire to their room as they wish.

Staff said that there was good team work and that there were enough staff on duty to meet the patients' needs. Staff told us that they have opportunity to undertake training in areas that they have an interest which would enhance patient experience.

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. For example, engaging in activities with the activity's therapist, spending time with their visitors or in their own space reading or watching television.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. It was positive to note that staff attended 'safety pauses' prior to mealtimes to ensure good communication about patient need.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, staff redirected patients presenting with confusion in a calm and empathetic way.

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. Staff were also observed offering patient choice in how and where they spent their day, at meal time or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

It was noted that a small number of pressure relieving mattresses were on the incorrect setting, which was stipulated in the care plan for the patient's pressure relieving needs. This was discussed with the management team who advised they planned to address this through review and update of the monthly mattress audit. An area for improvement was identified regarding the need to ensure settings are correct for all patients.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, management complete a falls analysis monthly to identify trends and following this action was taken appropriately were patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Prior to the mealtime staff held a safety pause to consider those patients who required a modified diet; this is good practice. It was observed that patients were enjoying their meal and their dining experience. Staff had tried to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity which was a craft activity, confirmed that staff knew and understood patients' preferences and wishes. Staff helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The monthly programme of social events was displayed on the noticeboard in a prominent area in the home. Patients were given the opportunity in residents meetings to contribute to the schedule and tell the activities therapist what they enjoyed, such as the weekly hairdressing and 'spa' treatments. Activities completed by the staff and activities therapist were documented in the patient notes.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There were 'homely' touches throughout the building such as fresh flowers, pictures of the local area and daily newspapers for the patients to read.

In a number of patient's bedrooms, prescribed medicated pain relief gels were not securely stored in the clinical room and were accessible on cabinets and in rooms. This was discussed with the management team on the day of inspection and assurances were given that they would be removed and stored appropriately in the clinical room. An area for improvement has been stated for the second time.

The fire risk assessment completed with actions completed in a timely manner.

In one communal lounge area, a number of small juice bottles were left accessible. Given that this could cause a potential risk of choking if consumed by those on a modified diet this was brought to the attention of management who took immediate action. Additional assurances were given that the home's environmental audit would be updated and improved to ensure effective monitoring of this. This will be reviewed at a future inspection.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Staff were observed to be using PPE appropriately and following hand hygiene best practice principles.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Thomas Mthetho has been the manager in this home since 1 November 2023.

The manager has taken part in 'My Home Life'; a programme for management teams to develop their processes and leadership in the home improve the care experience for those in the home.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives said they knew who to approach should they have any concerns and would be confident that any issues would be managed promptly.

Staff told us that they felt management was approachable and are confident in reporting any issues around patient safety, care practices or the environment.

It was positive to see that there was a record of compliments held and evidenced cards and letters from relatives expressing thanks for the care provided for their family member.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	1

* the total number of areas for improvement includes one Regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 (4) (a) Stated: Second Time To be completed by: 13 May 2026	The Registered Person shall ensure medication is securely stored when not in use. Ref: 3.3.4
	Response by registered person detailing the actions taken: The topical medication (moisturising creams and ointments) are now stored in locked cupboards located in the ground floor and first floor bathrooms. The access code is only known by the care team and nurses. This ensures there is no unauthorised access and also keeps the residents safe.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 45 Stated: First time To be completed by: 13 May 2026	The Registered Person shall ensure that Pressure relieving mattresses are at the correct setting as per up to date risk assessment for the patient. Ref: 3.3.2
	Response by registered person detailing the actions taken: The home has now introduced weekly pressure relieving mattress audit to ensure the settings are correct. Also, the care staff are to check the mattress setting on each shift and report any issues to the nurse.

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