



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 16 and 17 July 2019



## Annadale

**Type of Service: Nursing Home**  
**Address: 11 Annadale Avenue, Belfast BT7 3JH**  
**Tel No: 028 9064 5900**  
**Inspectors: Dermot Walsh and Joseph McRandle**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 38 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Annadale Private Nursing Home Ltd  <b>Responsible Individual:</b> Mr Trevor Gage	<b>Registered Manager and date registered:</b> Winnie Mashumba – 21 October 2008
<b>Person in charge at the time of inspection:</b> Oana Ciser – Nurse in charge	<b>Number of registered places:</b> 38
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38

### 4.0 Inspection summary

An unannounced inspection took place on 16 July 2019 from 09.00 hours to 17.15 hours and 17 July 2019 from 10:30 hours to 13:15 hours.

This inspection was undertaken by the care and finance inspectors.

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 for improvement in respect of the previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, staff training and development, adult safeguarding, communication, nutrition management, management of incidents and with quality improvement. Further good practice was observed in relation to the delivery of compassionate care, maintaining good working relationships, providing patients with up to date written agreements, retaining records of fees charged to patients, retaining records of fees received on behalf of patients and recording patients' personal property.

Areas requiring improvement were identified in relation to wound care, the environment, the morning routine, falls care planning and with identifying the nurse in charge of the home in the absence of the registered manager.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Oana Ciser, nurse in charge, as part of the inspection process. Feedback was also provided to the registered manager on 22 July 2019. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 17 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings; registration information; and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh

insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff week commencing 15 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment file
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- RQIA registration certificate
- three patients' finance files including copies of written agreements
- a sample of records of fees charged to patients
- a sample of records of fees received on behalf of patients
- a sample of records of patients' personal property.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure that recommendations from other health professionals are documented; adhered to and care provided evidenced within the patients' care records	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of two patients care records evidenced that the records had been updated to reflect the recommendations of another health care professionals.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 40 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a system is in place to ensure that registered nursing and care staff employed receive two recorded supervisions annually.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A matrix had been developed to ensure bi-annual completion of staff supervisions.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a care plan is developed to reflect the nutritional requirements and assessed nutritional needs of the identified patient.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the identified patient's care records evidenced that an appropriate care plan was now in place.</p>	

There were no areas for improvement identified as a result of the last finance inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 15 July 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that Access NI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home. Compliance with training was monitored monthly on a training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Falls in the home had been monitored monthly for pattern and trend. However, a review of patient care records in relation to falls identified a shortfall. This will be discussed in Section 6.4.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. Compliance with best practice on infection prevention and control had been well maintained. However, a review of one of the laundry rooms evidenced a need for refurbishment. Walls required to be repainted and flooring replaced as bare concrete was exposed. This was discussed with the manager and identified as an area for improvement. There were no malodours detected in the home. Appropriate doors had been locked to promote patient safety.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, training and adult safeguarding.

### **Areas for improvement**

An area for improvement was identified in relation to the refurbishment of a laundry room.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Dietary requirements, such as the need for a diabetic diet, were communicated through staff handovers. Information also included the consistency of patients' food and fluids. Staff confirmed that the shift handover provided them with all necessary information to provide care to patients. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids was implemented. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. Four patients were observed sitting asleep at dining room tables at 10.50 hours. A staff member confirmed that some of the patients had been there from 09.00 hours. This was discussed with the manager and identified as an area for improvement.

The menu offered a choice of meal for lunch. Patients who required to have their meals modified were afforded the same choice. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. Food taken outside of the dining room was covered on transfer. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted confirmed that they enjoyed the meal.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. Wound care records had been maintained. Wound observation charts had been completed consistently at the time of wound dressing to monitor the progress of the wound treatment. However, within one patient's wound care records, the dressing regime on the wound care plan was not reflective of the dressings recorded on the wound observation chart. A body map had not been recorded and there was no evidence that a photograph of the wound had been taken. This was discussed with the manager and an area for improvement was made. Records of repositioning had been maintained.

Falls in the home were monitored on a monthly basis for any patterns and trends in times or locations of the fall. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. The number of falls occurring in the home was low. Falls risk assessments were completed on admission and reviewed monthly. However, specific falls care plans had not been developed within two patients care records reviewed where the falls assessment had demonstrated a high risk of falls. This was discussed with the manager and



identified as an area for improvement. Accident records had been maintained indicating that the appropriate persons had been notified of the fall.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient’s care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of this restrictive practice was monitored at the evaluation of the patients’ care plans.

Each staff member was aware of their roles and responsibilities within the team. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff handover and nutrition management.

**Areas for improvement**

Areas for improvement were identified in relation to the breakfast routine, wound care and falls care planning.

	<b>Regulations</b>	<b>Standards</b>
<b>Total numb of areas for improvement</b>	1	2

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff were observed to deliver care in a caring and timely manner. Patients confirmed that they were happy with the interactions that they had with staff. Some of their comments can be found in this section. Staff knocked on patients’ doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- “Could never have found a better home than Annadale. We are very appreciative of how hard the staff work and how difficult the job is yet they always have a smile on their faces.”
- “Dads stay with you was short but he settled in so well and was very happy.”
- “My heartfelt thanks for the truly exceptional level of care you gave to my father.”

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Annadale was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “Staff are very good.”
- “It is well managed.”
- “I am well looked after. Staff are all very very good to us.”
- “This place I think is now with a good structure. I have plenty of care and attention. The staff are very good.”
- “The carers are all different. Some are very good and some are careless. I find the older carers more careful.”

Two patients’ visitors were consulted during the inspection. Patient representatives’ questionnaires were left for completion. None were returned. Patients’ representatives consulted during the inspection commented:

- “... is very settled here and very happy with the care.”
- “We are very pleased with the care here. Staff are very attentive. Would have no problems raising a concern if necessary.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “I enjoy working here.”
- “I really like working here.”
- “It is nice. The nurses are very good.”
- “It’s alright. I have no issues.”
- “I find it alright here.”
- “I really enjoy it. I love to come here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

### Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A review of the staff duty rota did not evidence the name of the nurse in charge of the home in the absence of the manager. This was discussed with the manager and identified as an area for improvement.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care and infection prevention and control. We reviewed the infection prevention and control audits. Auditing records evidenced that where shortfalls were identified, an action plan was developed and reviewed to ensure that the shortfall had been remedied.

Monthly monitoring visits to the home were conducted by the responsible individual. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### **Finance inspection**

A finance inspection was conducted on 17 July 2019. Financial systems in place at the home were reviewed and found to be satisfactory. These included the system for recording fees charged to patients, retaining records of the amount received on behalf of patients for fees and recording patients' personal property brought into the home following admission. A review of three patients' files evidenced that copies of signed written agreements were retained within all three files. The agreements in place showed the current weekly fee paid by, or on behalf of, the patients. The agreements also showed the current amount of the third party contribution towards the weekly fee paid on behalf of the patients. No new areas for improvement were identified as part of the finance inspection.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents, quality improvement, maintaining good working relationships, providing patients with up to date written agreements, retaining records of fees charged to patients, retaining records of fees received on behalf of patients and recording patients' personal property.

## Areas for improvement

An area for improvement was identified in relation to identifying the nurse in charge of the home on the duty rota.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Oana Ciser, nurse in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 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).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 August 2019</p>	<p>The registered person shall ensure that wound care plans contain up to date detail of the wound dressing regime and that the wound is dressed in accordance with the wound care plan. A body map and wound photograph should be included to support the wound care plan.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Photographs of current wounds were taken and uploaded onto the electronic records of the named residents and this will be done for all new wounds identified. Wounds have also been marked on the body map. Wound care plans have been reviewed to include up to date wound dressing regime.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2019</p>	<p>The registered person shall ensure that the identified laundry room is refurbished to ensure that it can be cleaned effectively.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Refurbishment work in the identified laundry room has been completed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2019</p>	<p>The registered person shall review the morning routine to ensure that patients do not have to remain in the dining room following their breakfast any longer than is necessary.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Morning routine reviewed. Our activities therapists now commence an hour early to assist with serving breakfast in the dining room. Care staff reminded to transfer residents from the dining room to the living room as soon as they have had their breakfast. The nurse manager will monitor and keep the morning routine under review.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 22 Criteria (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2019</p>	<p>The registered person shall ensure that a specific falls care plan is developed when a falls risk assessment identifies any risk of falls.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 41 Criteria (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2019</p>	<p>The registered person shall ensure that the staff duty rota identifies the name of the nurse in charge of the home in the absence of the registered manager.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The risk assessments and care plans for the identified residents were reviewed and updated. They will be kept under review through monthly audits. All nurses reminded ensure a care plan is developed where a fall risk is identified.</p> <p><b>Response by registered person detailing the actions taken:</b> The nurse in charge of the home in the absence of the registered manager is now identified on the rota.</p>

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



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