

Unannounced Care Inspection Report 7 June 2017



Scrabo Isles

Type of Service: Nursing Home
Address: 61 Manse Road, Newtownards, BT23 4TP.
Tel no: 02891812231
Inspector: Lyn Buckley

www.rgia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Tona Enterprises Ltd Responsible Individual(s): Mr Robert Maxwell Duncan	Registered Manager: Ms Annalyn Depayso
Person in charge at the time of inspection: Annalyn Depayso – Registered Manager	Date manager registered: 27 March 2009
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 registered places: 35 comprising: 35 – NH - I, PH, PH (E) and TI.

4.0 Inspection summary

An unannounced inspection took place on 7 June 2017 from 10:20 to 15:30 hours.

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 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff recruitment practices; staff induction, training and development; adult safeguarding arrangements; the mealtime experience; staff knowledge of patient preferences; the care records and care delivery and effective communication systems. The culture and ethos of the home promoted treating patient with dignity and respect and ensuring quality of services provided. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and the maintaining good relationships within the home. The registered manager was commended for how she led and managed her team and the nursing home.

Areas requiring improvement were identified in relation to the repair/sealing of woodwork throughout the home; ensuring fire doors were not wedged or propped open;

Patients said that they were satisfied with the care and services provided, that staff were kind and caring and described living in the home in very positive terms; for example:

“Good staff – all lovely and food is great.”

“Staff are good – food is great.”

“I can choose how I spend my day.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Annalyn Depayso, Registered Manager, as part of the inspection process. 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 14 July 2016.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 July 2016. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection, such as serious adverse incidents (SAI’s), potential adult safeguarding issues and/or whistle blowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with seven patients individually and with other in small groups, eight staff and two visiting professionals. Questionnaires were also left in the home to obtain feedback from patients, patients’ representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 29 May to 11 June 2017
- 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 from 1 January 2017
- two staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- satisfaction/quality assurance survey outcomes for 2016
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 14 July 2016

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 April 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (5) Stated: First time	The registered person must ensure that copies of reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 are maintained in the home and made available on request.	Met
	Action taken as confirmed during the inspection: Copies of the Regulation 29 reports were available in the home.	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.4 Stated: First time	The registered person should review the system for checking the securing of patient wardrobes and monitor outcomes to ensure robust and accurate reporting. Ref: Section 4.3 and 4.6	Met
	Action taken as confirmed during the inspection: Observations and discussion with the registered manager confirmed that this standard had been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 29 May to 11 June 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; seven were returned following the inspection. Respondents answered 'yes' to the question, "Are there sufficient staff to meet the needs of the patients?"

Patients spoken with during the inspection commented very positively regarding the staff and the care delivered, and that they were satisfied that when they required assistance staff attended to them in timely manner. We also sought the patients' opinions on staffing via questionnaires; two were returned indicating that there was sufficient staff to meet their needs.

We sought relatives' opinion on staffing via questionnaires; six completed questionnaires were returned. All respondents indicated that staff had enough time to care for their relatives.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained; and that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that the registered manager had a process in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records were maintained in accordance with Standard 39 of The Care Standards for Nursing Homes 2015. Mandatory training compliance was monitored by the registered manager and also reviewed by senior management as part of the monthly quality monitoring process. Additional training was also available to staff to ensure they were able to meet the assessed needs of patients.

Observation of the delivery of care evidenced that training, such as moving and handling training, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager, confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedures into practice. A safeguarding champion had been identified and training was arranged.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessments were reviewed regularly and informed the care planning process.

Review of accidents/incidents records from 1 January 2017 and notifications forwarded to RQIA confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. Infection prevention and control measures were adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home. Wood work such as skirting boards, doors and architraves were observed to be in need of attention as the wood was exposed and could not be effectively cleaned, in accordance with regional infection and prevention measures and an area for improvement was identified and discussed with the registered manager.

Fire exits and corridors were observed to be clear of clutter and obstruction. However the laundry door, which is a designated fire door, was wedged open. Staff confirmed that when the laundry was unattended the wedge was removed and the door closed. Concerns were discussed with the registered manager that in the event of a fire the action of removing a wedge and closing the door may not take place and given the potential risks this was concerning. The registered manager contacted the responsible individual and before the conclusion of the inspection an automatic door closure, linked to the home’s fire alarm system, was being fitted to the laundry door. However, an area for improvement was identified regarding the wedging and propping open of fire doors. The homes estates inspector was also informed of this area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and housekeeping staff were commended for their efforts.

Areas for improvement

The following areas were identified for improvement: that wood work throughout the home is repaired or sealed to enable effective cleaning; and that fire doors must not be wedged or propped open.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patient changed. Nursing staff also demonstrated awareness of the need to review and update care plans when recommendations were made by other healthcare professionals such as, the speech and language therapist (SALT) or the tissue viability nurse (TVN) were changed.

We reviewed the management of pressure area care, nutrition and weight loss. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT, dieticians, care managers and General Practitioners (GPs). Discussion with two healthcare professionals, visiting during the inspection, confirmed that the registered manager had effective systems in place to ensure prompt and appropriate referrals and access to information. They commended the registered manager and nursing staff for the care delivered and the professionalism shown.

Care plan were reviewed to assess the management of pressure area care/repositioning of the patient. Care plan had been reviewed on at least a monthly basis as required and were reflective of the recommendations made by the TVN. A review of the patients’ repositioning charts also evidenced that the required care was being delivered as prescribed within the care plans reviewed.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and information.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff spoken with confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their immediate the nurse in charge, the registered manager or the responsible individual All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, effective communication between residents, staff and other key stakeholders such as TVNs, dieticians, or GPs. Two healthcare professionals spoken with commended the registered manager and nursing staff for the care delivered and the professionalism shown.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 10:20 hours and were greeted by staff who were helpful and attentive. Patients were either finishing their breakfast or enjoying a morning cup of tea/coffee in the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patient to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients able to communicate their feelings indicated that they enjoyed living in Scrabo Isles. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. A copy of the results of satisfaction survey undertaken in June 2016 was available. Outcomes were very positive, for example from the 12 relative surveys completed, 10 relatives indicated that they would recommend Scrabo Isles to other people and two relatives did not respond to that question. The registered manager confirmed that the survey had already commenced for this year.

Observation of the serving of the lunch time meal, discussion with patients evidenced that experience was a pleasure for all patients irrespective of their dietary needs. Staff were observed to be discreet in offering assistance and when assistance was required this was appropriate and sensitively delivered.

RQIA left 10 relative questionnaires in the home for distribution by the registered manager; six were returned within the timescale for inclusion in this report. All respondents indicated that they were very satisfied with the care provided across the four domains. There were no additional comments recorded.

Ten questionnaires were left for staff; seven were within the timescale for inclusion in this report. Staff respondents were either very satisfied or satisfied with the care provided across the four domains. There were no additional comments recorded.

Eight questionnaires were left for patients; two were returned within the timescale for inclusion in this report. Patients indicated that they were very satisfied with their care across the four domains. There were no additional comments recorded.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of their views, the management of the meal times experience and the knowledge staff had of their patients wishes and preferences.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Review of records evidenced that monthly audits were completed to ensure the quality of care and services was maintained. For example, audits were completed for accidents/incidents, and complaints. The records of audit evidenced that any identified areas for improvement had been addressed and checked for compliance. Audit outcomes also informed the monthly quality monitoring process undertaken by the responsible individual.

Review of records for April and May 2017 evidenced that quality monitoring visits were completed on a monthly basis. Recommendations were made within the report to address any areas for improvement. Copies of the quality monitoring visits were available in the home.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff confirmed that there was a clear organisational structure within the home. In discussion, patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

As discussed in section 6.5 two healthcare professionals, visiting during the inspection, confirmed that the registered manager had effective systems in place to ensure prompt and appropriate referrals and access to information and they commended the registered manager and nursing staff for the care delivered and the professionalism shown.

It was clearly demonstrated that the registered manager was leading and managing her team and the home well. This was commended by the inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships, leadership and management demonstrated by the registered manager was commended.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Annalyn Depayso, Registered Manager, 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that fire doors are not wedged or propped open.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The laundry door has been fitted with a hold open device linked to the fire alarm system.</p>
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 46.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that wood work is repaired or sealed to enable it to be cleaned effectively.</p> <p>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Wood work in the home will be repaired and touched up as necessary. This is an ongoing process due to regular damage being caused by wheelchairs and hoists.</p>

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



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