

Inspection Report

8 October 2021



Scrabo Isles

Type of service: Nursing Home
Address: 61 Manse Road, Newtownards, BT23 4TP
Telephone number: 028 9181 2231

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Tona Enterprises Ltd Responsible Individual: Mr Robert Maxwell Duncan	Registered Manager: Ms Annalyn Depayso Date registered: 27 March 2009
Person in charge at the time of inspection: Ms Annalyn Depayso	Number of registered places: 35
Categories of care: Nursing (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: 33
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 35 persons. The bedrooms are situated over two floors with dining and communal areas on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 8 October 2021 from 10.00am to 6.00pm by a care inspector and from 10.30am to 1.30pm by an estates inspector.

The inspection assessed progress of areas for improvement identified in the home since the last care inspection to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The inspection also sought to assess an ongoing variation to registration within the home. Due to the complex nature of this variation, it is being undertaken in a number of phases. This current phase of the variation consisted of the provision of additional bedrooms and associated communal space for residents.

There was a relaxed and friendly atmosphere on the day of inspection. The patients were observed spending time in their rooms relaxing or in the communal lounges if they preferred.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Areas requiring improvement were identified in regards to fire safety, control of substances hazardous to health (COSHH) and infection prevention and control (IPC). Further areas for improvement were identified in relation to patients pressure management, daily and monthly evaluation of care and with wound care records.

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.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager 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, their 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 and 'Tell Us' cards 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 manager at the conclusion of the inspection.

4.0 What people told us about the service?

Nine patients were consulted during the inspection. Patients told us they had good experiences living in the home and they liked the meals provided.

Four staff members were spoken with during the inspection; they said they were happy working in the home.

All comments from patients and staff were passed to the manager for consideration and action as necessary.

Ten completed questionnaires were received following the inspection all indicating they were satisfied with the services provided in Scrabo Isles. There was no response from the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team.

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 7 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that accurate records for the prescribing and administration of thickening agents are maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that accurate and contemporaneous medication administration records are maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall develop and implement a robust audit tool which covers all aspects of the management of medicines.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that all necessary recruitment checks were in place prior to commencing employment. Records contained evidence of a recently recruited staff member receiving induction to their role.

There were systems in place to ensure staff were trained and supported to do their job. Written information provided following the inspection confirmed this. Staff said that teamwork was good and everyone worked well together. The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Observation during the inspection evidenced 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, staff supported patients who wished to spend time in the communal areas of the home and those who wished to remain in their own rooms. Staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

It was observed that 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. This was good practice.

Patients who were less able to mobilise were assisted by staff to change their position regularly. In one care record there was no care plan in place to direct the care in the repositioning of the patient. Records were maintained of when the patient was assisted to reposition, however, the care plans in place were not fully reflective of the patient's repositioning needs. This was discussed with the manager and an area for improvement identified.

The daily and monthly evaluation of care records was reviewed. A sample of records evidenced some of the evaluations lacked a person centred approach and the oversight by the registered nurses of the supplementary care records was inconsistent. This was discussed with the manager and an area for improvement was identified.

If a patient had an accident or a fall, an accident report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

A review of two wound care records evidenced gaps in the recording of the ongoing wound assessment within one and ongoing wound care evaluations not recorded. However, improvement with the wound condition was evident. An area for improvement was identified on wound care record keeping.

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.

During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the patients' nutritional needs and provided assistance and support as needed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Staff communicated well with patients who had difficulty in making their wishes or feelings known. Staff responded promptly to patients requests for assistance and were knowledgeable about their daily routines.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced patients' rooms were tastefully decorated and patients said they were happy with their rooms. Patients' rooms were personalised with items of memorabilia which was important to them.

Some of the corridors in the home particularly leading to the new extension had various pieces of equipment and furniture stored partially occluding fire doors which would impede a patient evacuation in the event of a fire. This was discussed with the manager and an area for improvement was identified.

The door to a cleaning store was unlocked and cleaning chemicals were accessible to patients; a sluice room was also observed to be unlocked with cleaning chemicals also accessible to patients. This was discussed with the manager and an area for improvement identified.

The cover of the bulkhead light fitting in the linen store opposite the ground floor sluice room was missing and linen was being stored in close proximity to an electrical consumer unit located in this store. This was discussed with the manager and an area for improvement was identified.

Some equipment, such as the underside of shower chairs, was not effectively cleaned. Issues were identified with the use of tape on a toilet roll holder and signage. Some of the bed rail bumpers were worn and could not be effectively cleaned. Inappropriate storage of activity equipment was identified in one lounge. This was discussed with the manager and an area for improvement was identified.

A malodour was identified in two bedrooms, one of which was a temporary room; these were discussed with the manager who agreed to address this.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures had been provided.

There was ongoing building work in the home and a newly built extension with the addition of bedrooms was reviewed. The new accommodation included the provision of a new dining room and lounge space on the ground floor, and a new bedroom wing on the first floor. Seven new bedrooms have been provided with a loss of two existing bedrooms to enable access to the new bedroom corridor. This translates to an increase in occupancy from 35 to 40 residents.

The new accommodation had been finished to a high standard and met the current care standards for a nursing home. All required statutory approvals and commissioning certificates were in place at the time of the inspection. A review of the premises fire risk assessment had been undertaken by a suitably accredited fire risk assessor and the associated control measures had been implemented. The premises legionella risk assessment contained suitable control measures which were being implemented across the premises, including the new extension.

Further building works are to be completed in the existing home to provide additional en-suite accommodation to an existing bedroom and an additional wc/sluice room. This work will be followed up through the variation process and signed-off accordingly.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. They could stay in their bedrooms or in the communal lounges.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Patients' needs were met through a range of individual and group activities, such as art, music activities and movies. Patients were observed enjoying music and interacting with staff.

The manager explained the planned activities and how the staff were involved in providing the activities each day. Planned activities included an upcoming party for Halloween, beauty therapies, arts and crafts and armchair exercises. Patients told us that they enjoyed listening to music such as “Elvis”.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls. Visiting was in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection. Ms Annalyn Depayso has been the Registered Manager in this home since 27 March 2009.

There was evidence of a robust system of auditing 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.

Each service has an adult safeguarding champion appointed, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding.

Patients said that they knew how to report any concerns and said they were confident that their concerns would be addressed. Review of the home’s record of complaints evidenced a robust system was in place for the management of complaints.

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. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider 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 and a copy was retained in the home to view.

6.0 Conclusion

The home was clean, bright and welcoming. Staff engaged positively with patients and chatted with patients in a friendly manner about daily life in the home.

The staff were seen to be responsive to patients’ requests and had a good knowledge of their individual needs, likes and dislikes.

The staff worked well as a team and were aware of their roles and responsibilities in regard to the care of patients.

Based on the inspection findings, areas for improvement were identified. Compliance with these areas for improvement will further enhance the service provided in Scrabo Isles.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	6*	4*

* The total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Annalyn Depayso, Registered Manager, 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) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that accurate records for the prescribing and administration of thickening agents are maintained. Ref:5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that accurate and contemporaneous medication administration records are maintained. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 12(1) (a) (b) Stated: First time To be completed by: 30 January 2022	The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. Ref: 5.2.2 Response by registered person detailing the actions taken: All record in relation to wound management were reviewed and updated.
Area for improvement 4 Ref: Regulation 27(4) (d) (III) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that the corridors and fire doors in the home are maintained free from any obstruction that would impede in the event of an evacuation of the home. Ref:5.2.3 Response by registered person detailing the actions taken: Chairs with wheels placed near fire exit was removed.

Area for improvement 5 Ref: Regulation 14 (2)(a) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that patients do not have access to chemicals in any area of the home in keeping with COSHH legislation. Ref:5.2.3 Response by registered person detailing the actions taken: Domestic staff reminded to lock Chemical Room at all times as per Home Policy.
Area for improvement 6 Ref: Regulation 27(4) (b) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that the bulkhead light fitting in the store opposite the ground floor sluice room is repaired or replaced and that linen is not stored directly adjacent to the electrical consumer unit. Ref:5.2.3 Response by registered person detailing the actions taken: Bulkhead light fitting in the store opposite the ground floor was replaced . Linen stored directly adjacent to the electrical consumer unit removed.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: Immediately and ongoing	The registered person shall develop and implement a robust audit tool which covers all aspects of the management of medicines. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 31 January 2022	The registered person shall ensure that the care plans for patients who require assistance to change position are reviewed in keeping with the patient's needs. Ref: 5.2.2 Response by registered person detailing the actions taken: Care plans for Residents who require assistance to change position reviewed and updated.

Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 31 January 2022	<p>The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patient centred and include the oversight of supplementary care records.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans and daily evaluation now revised . They are patient centred.</p>
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: 31 January 2022	<p>The registered person shall ensure that the infection prevention and control issues identified are addressed. This is stated in reference but not limited to:</p> <ul style="list-style-type: none"> • The storage of activity equipment in the lounge • The cleaning of the underside of shower chairs • Review the use of tape on signage and equipment in the home. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Infection Prevention and Control practices were reviewed. Any issues identified including issues raised during inspection were addressed.</p>

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