Announced Care Inspection Report
11 September 2020

Scrabo Isles

Type of Service: Nursing Home (NH)
Address: 61 Manse Road, Newtownards, BT23 4TP
Tel No: 028 9181 2231
Inspector: Nora Curran

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 2015.

1.0 What we look for

2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Tona Enterprises Ltd **Responsible Individual(s):** Robert Duncan	**Registered Manager and date registered:** Annalyn Depayso 27 March 2009
Person in charge at the time of inspection: Annalyn Depayso	**Number of registered places:** 35
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** **33**

4.0 Inspection summary

An announced inspection took place on 11 September 2020 from 10:00 to 13:15 hrs
Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.
The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Nutrition
- Quality improvement.

Patients said:

- “Everyone is so friendly and nice.”
- “We are a wee community on our own.”

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Annalyn Depayso, Manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 27 July to 9th August 2020
- Staff training records
- Staff supervision matrix
- Statement of purpose
- Service User guide
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Minutes of patients'/relatives'/ staff meetings
- Activity planner
- Menus from July 2020
- Three patients' care records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We received one patient questionnaire, one relative questionnaire and two staff questionnaires within the time frame allocated. Their feedback has been included in this report, along with the feedback provided by those on the day of the inspection.

Following a review of the information submitted to RQIA, the inspection took place via teleconference meeting with Annalyn Depayso, Manager.

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 inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 18 November 2020.

There were no areas for improvement identified and no further were required to be taken following this inspection.

6.2 Inspection findings

6.2.1 Staffing

On the commencement of the inspection, the manager confirmed the staffing levels and skill mix for that day. The manager confirmed that staffing levels were determined by patient dependency levels which were reviewed weekly. A review of two consecutive weeks of off duty showed that expected staffing levels and skill mix had been adhered to during that period. The manager also confirmed that there were systems in place to ensure recruitment of new staff followed the relevant legislation, and that, where applicable, staff were registered with the appropriate professional body, i.e. Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). Staff confirmed they were given yearly appraisals.

Staff spoken with at the time of inspection indicated that they were happy with the staffing levels and told us that they felt equipped with the skills, knowledge and resources to carry out their roles. The returned questionnaires from staff did not express any concerns about staffing and told us that they were very satisfied that the care was safe. Staff confirmed that an induction and training programme was in place, and that while most face to face training sessions were not taking place due to the Covid-19 pandemic, they took part in a regular online training schedule which was overseen by the manager. Staff spoken with displayed an understanding of the Mental Capacity Act (Northern Ireland) 2016 and relevant staff confirmed that they had completed online training to the required level. We also discussed safeguarding of vulnerable adults and staff were conversant in the processes for reporting concerns and their roles and responsibilities therein.

There were no concerns about staffing arrangements within the patient and relative returned questionnaires. During the inspection it was noted that patients appeared relaxed and comfortable, there was no evidence of undue distress or prolonged nurse call buzzers, which would correlate with the feedback obtained.

Patients told us:

- “The staff are very good to me.”
- “Yes there is enough (staff) around.”

- “Staff are very good, they help with anything.”
- “There are days when not so many (staff) about but they are always good and friendly.”

A relative said:

“(Our relative)…gets the care she needs but with age she sometimes feels that when she needs something it should be available immediately not realising she is one of many.”

Staff said:

- “We have enough staff on.”
- “Good skill mix.”
- “We work as a team.”
- “We seem to have enough staff on cause everything runs on time.”
- “There is always plenty on duty and we get on well…good teamwork.”

6.2.2 Management arrangements

We established that there had been no changes to the management arrangements in the home since the last inspection. The manager’s hours were clearly stated on the off duty rota, along with the capacity in which the hours were worked. The organisational structure was clearly set out on a chart and displayed for staff, patients and visitors.

In the absence of the manager, a registered nurse on duty would assume responsibility of the home as the person in charge. A nurse in charge competency was completed on any nurse holding the person in charge role. There was an on call system in place, which included managerial cover from two sister homes from within the same company, on the occasions of planned manager leave. The person in charge had access to contact numbers for those on call and the responsible individual.

All returned questionnaires indicated a level of “very satisfied” with how the service was led.

Patients said:

- “(Manager) she is very good, excellent.”
- Is the service well led? “Very good.”
- “Matron is wonderful.”

A relative told us:

“The nurse manager keeps very much on top of all that goes on with the residents. She responds very quickly to medical and mental health problems and keeps us informed on relevant affairs.”

Staff said:

- “We are listened to…we have meetings and as nurses we share ideas and talk about updates.”
- “We have a good manager.”
- “Any problems we have we can come and talk about it.”

6.2.3 Governance systems

Prior to the inspection we requested a number of audits to be sent to RQIA for review. These included accidents and incidents, complaints, hand hygiene, infection prevention and control (IPC), falls, nutrition, care records, restrictive practice and wound care. IPC audits are discussed in section 6.2.4. We also requested copies of the monthly monitoring visits by the responsible individual.

Audits for accidents and incidents, falls, and complaints were completed monthly by the manager and were analysed for patterns or trends which could then be addressed in an action plan. We could see that a selection of care records were audited monthly and any identified areas for action were addressed directly with the responsible nurse. There were wound audits in place and they included evidence of regular monitoring, care interventions, photographs and multi-disciplinary involvement.

Restrictive practice audits were also completed monthly and detailed the type of practice in place, the rationale for use and consent from patients and/or discussion with next of kin. Nutritional audits showed manager oversight in relation to any changes in patients' nutritional needs, highlighted those patients who required additional nutritional intervention and detailed the types of care interventions to be put in place.

Monthly monitoring reports were made available and we reviewed these for the period of May, June and July 2020. The visits were conducted by the responsible individual and were unannounced to the service. They contained action plans and a written report was made available to the manager for action. However we noted a lack of consultation with patients and relatives during those months. This was discussed with the manager and we acknowledged that usual access to patients and relatives had been restricted due to the Covid-19 pandemic. It was agreed that going forward during the varying levels of pandemic restrictions, it was prudent for the person conducting monthly monitoring to make a proactive effort to consult with stakeholders through alternative means. This will be reviewed at the next inspection.

6.2.4 Infection prevention and control

We confirmed that the home has remained Covid-19 free throughout the pandemic. Infection prevention and control (IPC) and hand hygiene were conducted monthly. We could see that the manager conducted covert observations on staffs' hand hygiene practices and documented the findings. The manager confirmed that she would intervene if she observed a staff member not adhering to expected standards. Initially when we reviewed the submitted IPC audits, they appeared to lack detail of the areas audited and specific findings. However, on the day of inspection the manager confirmed that we had received a summary of the IPC audits and provided an example of a full audit, which did include specifics of environmental areas viewed and the findings.

Staff spoken with during the inspection appeared knowledgeable in relation to Covid-19 guidance for care homes. They confirmed that they had access to written information which was regularly updated by the manager as guidance changed. Staff told us they felt safe in work because they were briefed regularly on the current guidance and were supported to carry out their roles in a safe manner with the provision of personal protective equipment (PPE) and other relevant resources. We observed PPE donning and doffing stations.

At the time of the inspection the home had closed to visiting and non-essential professional foot-fall. The manager explained that visiting arrangements had been risk assessed, and that while the home was briefly opened to visiting under the Covid-19 Regional Principles for Visiting in Care settings in Northern Ireland; the most recent risk assessment resulted in further restrictions due to the increased community transmission rate. It was confirmed that all relevant persons were informed of the decision and staff could facilitate communication links between patients and their family and friends, via cordless phones and video calls. The manager planned to review this decision daily and keep a written record of rationale for any outcomes.

Patients said:

- "I did the isolation days when I first came in…I wasn't bored cause I had things to do."
- "It was a relief to come here, they look after everything."
- (Cleanliness) "Yes they clean all the time, they do everything, change the bed…where else would you get it."
- (Visiting restrictions) "I'm ok I feel happy…I asked to come here cause I heard it was a happy environment."
- (Visiting restrictions) "No one is allowed in but I use the phone."

Relatives said:

- "Within the constraints of Covid-19 the home has done all it can to ensure the privacy of residents when we visit and encourages us with phone access when that is not possible."
- "This home was very proactive when the pandemic began, closing to visitors before being told to."

Staff told us:

- "We help them use facetime and talk on the phone while at the window."
- "We are kept up to date, the manager tells us and we explain to the team."
- "We talk about the guidance updates at handover then we tell the kitchen and domestic staff so everyone knows."
- "At the beginning of this it was hard coming to work but now we are used to it and everyone wears the PPE and washes hands all the time."
- "I feel safe, we have all the PPE…Annalyn (manager) is good at updating us and we have the Covid folder."

6.2.5 Quality of life for patients

We observed a clean, clutter free and well-lit environment. Corridors and fire exits were clear and there were a range of relevant notices on display for staff, patients and visitors.

There was an activities planner in place to guide staff with ideas, however there was flexibility to change scheduled activities depending on the weather and what patients felt like doing at the time. A range of activity choices were advertised on a poster for patients.

We noticed that patients looked cared for, groomed and comfortable in their surroundings.

Patients told us:

- “Everything is very good.”
- “I’m cared for very well.”
- “I watch TV, have chats and read the papers.”
- “I find that everything is perfect.”
- “Very happy here.”
- “Get everything I need.”

A relative said:

“The nurse manager has provided a very safe and comfortable home for all under very trying circumstances. She and her staff deserve our thanks for all their hard work.”

6.2.6 Nutrition

We reviewed nutritional related care records for three patients. There was evidence of relevant risk assessments on each patient and care plans were in place to address any identified needs. Assessments included the malnutrition universal screening tool (MUST), and oral and choking assessments, and these were reviewed monthly or more often if the patient experienced any acute changes. We could see that, where applicable, the care plans included recommendations from other professional disciplines such as speech and language therapy (SALT), dietitian, general practitioner and dentist.

We observed part of the lunch time serving and could see that staff followed safe food handling standards and wore the correct PPE. The lunch appeared organised and unhurried, and patients had the choice to have their meals in a communal area or their own bedrooms. The daily menu was displayed in large writing on a notice board.

We discussed meal choices with the catering staff. The chef explained that the menus change seasonally but if patients do not like the choices on offer that day they have the skills and resources to make alternative dishes. We explored the various techniques used to provide modified meals in an appetising manner. Catering staff expressed pride in being able to provide the same choices to those patients who require a specially modified diet to those on regular diets.

Patients told us:

- (food) “It’s alright…we get too much of it…taste is nice…lovely dinner.”
- (food) “It’s quite good…good choice…wouldn’t get better elsewhere.”

Staff said:

- “We have tasted the food, it’s good and the patients tell us they like it.”
- (Catering) “If we need something (in our department) we get it.”
- “We can make soft and pureed meals to look like the original food like chips, salads or eggs…”
- “We try the food sometimes and its nice…the modified meals look nice.”

6.2.7 Quality Improvement

It was acknowledge that the Covid-19 pandemic had impacted on the responsible individual's ability to access patients and relatives for consultation, and it was agreed that alternative approaches would be attempted.

The restrictions resulting from Covid-19 also prompted the service to look at their facilities in relation to maintaining community links. Staff and patients have access to mobile phones and tablets with cameras for video calling. The Wi-Fi signal is not strong throughout the building and this has formed part of the homes self-assessment and quality improvement plan.

Areas of good practice

Areas of good practice were identified in relation to the homes response to the Covid-19 pandemic, IPC measures, staff training and staffing provision. Additional areas of good practice were seen in relation to catering techniques and nutritional care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Following review of governance and care records prior to the day of inspection, and a remote inspection via video call, serval areas of good practice were identified.

A discussion took place with the manager in relation to patient and relative consultation on the monthly monitoring visits. It was agreed this consultation could take place remotely via telephone or video call. This will be reviewed at the next inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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