

# Unannounced Care Inspection Report

## 15 May 2018



## Scrabo Isles

**Type of Service: Nursing Home**  
**Address: 61 Manse Road Newtownards BT23 4TP**  
**Tel No: 02891 812231**  
**Inspector: Lyn Buckley**

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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.

## 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

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

### 4.0 Inspection summary

An unannounced inspection took place on 15 May 2018 from 09:50 to 15:00 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 staffing arrangements, staff recruitment, the delivery of staff training; listening to and valuing patients' views and opinions; governance and day to day management arrangements; and the culture and ethos of the home which assisted in maintaining good working relationships and effective communication with all stakeholders.

Areas requiring improvement were identified in relation to fire doors, repair of woodwork to enable effective cleaning and repair/replacement of a specified patient chair.

Patients described living in Scrabo Isles in positive terms and were complimentary regarding the staff. 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.

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
<b>Total number of areas for improvement</b>	*3	0

\*The total number of areas for improvement includes one area for improvement under regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mr Robert Maxwell, responsible individual, and Ms 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 25 July 2017

The most recent inspection of the home was an unannounced care medicines management inspection undertaken on 25 July 2017. There were no further actions required to be taken following the most recent inspection.

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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients, four staff, one visiting professionals and two patients' visitors/representatives. 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 7 – 20 May 2018
- 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 and induction file
- four patient care records
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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, 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 the most recent inspection dated 25 July 2018**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 7 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that fire doors are not wedged or propped open.	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation evidenced that the laundry door, identified in May 2017, had been fitted with a hold open device but a second laundry door was propped open with a container of detergent. The staff member spoken with confirmed that any time they left the laundry they ensured both doors were closed.</p> <p>We also observed in one bedroom a white plastic door wedge on the floor. The bedroom door was not wedged open at the time but the presence of the wedge indicated that it would/could be.</p> <p>During feedback the registered persons were advised that further discussion regarding the inspection findings would be needed with RQIA senior managers.</p> <p>On 16 May 2018 following discussion with RQIA senior managers and receipt of an email from the registered manager confirming that a hold open device had been fitted and the wedge removed; the decision was made that this area for improvement would be stated for a second time.</p>	

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 46.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2017	The registered person shall ensure that wood work is repaired or sealed to enable it to be cleaned effectively.  The inspection findings were also shared with the RQIA's estates team/aligned estates inspector.	<p style="text-align: center;"><b>Not met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the environment evidenced that the wood work throughout the home was in a poor state of repair. Doors and surrounding wood work had been 'cut up' with the movement of patients in and out of rooms by staff, using wheelchairs or other specialist equipment.</p> <p>Discussion with the registered persons and review of the monthly quality monitoring reports evidenced that the need to repair/seal the wood work had been addressed on a number of occasions since the last care inspection in May 2017. The responsible person also confirmed that he had recently employed someone specifically to carry out this type of work</p> <p>While we were satisfied that the repair/sealing of wood work had been kept under regular review; the need to address this area for improvement was still necessary and therefore an area for improvement under the regulations has been made.</p> <p>The inspection findings were also shared with the RQIA's estates team/aligned estates inspector and the registered person advised to contact the aligned estates inspector for advice.</p>	



### 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 7 – 20 May 2018 evidenced that the planned staffing levels were adhered to.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to help determine staffing requirements.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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. Review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. For example, staff were observed transporting patient in wheelchairs to the dining room; foot plates and safety lap straps were correctly positioned and removed once the patient arrived at the dining table.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that the new regional operational safeguarding policy and procedure was embedded into practice. A safeguarding champion had been identified.



Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed. The nursing staff were commended for the relevance of information recorded on the notifications received.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, fresh smelling and clean throughout. An area for improvement regarding the repair/sealing of woodwork throughout the home has been made; refer to details in section 6.2.

In one of the lounges a patient's therapeutic chair was observed to be badly torn and ripped across both arms and the back of the seat. Staff had placed a small blanket over the back of the chair. Discussion with the registered manager confirmed that the patient was awaiting a new chair from the occupational therapy department (OT). However, in relation to infection prevention and control practices, the chair could not be effectively cleaned and was a potential contamination hazard. The registered manager agreed to contact the OT department to arrange for another chair in the home to be assessed for the patient while awaiting the new chair. An area for improvement, under regulation, was made. In general, IPC measures were adhered to with staff observed washing their hands and making use of personal protective equipment such as aprons and gloves correctly and in line with regional guidelines.

Fire exits and corridors were observed to be clear of clutter and obstruction. An area for improvement regarding the wedging and propping open of fire doors has been stated for a second time; refer to section 6.2 for details. We observed the 'old' office to be cluttered with various pieces of equipment and stored. During feedback the responsible person agreed that this room needed to be maintained properly or reassigned as a store room. Advice was provided that if the room was to be reassigned to contact RQIA's estates inspector regarding a variation.

### **Areas of good practice**

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

### **Areas for improvement**

An area for improvement was identified within this domain regarding IPC issues relating to a specific patient's therapeutic chair.

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

## 6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. We reviewed the management of bedrails, nutrition, infections and modified diets. Care records contained details of specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the effectiveness of the care delivered.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Review of patient care records also evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

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

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. This ensured effective communication to staff regarding the status of each patient prior to commencing their shift.

Discussion with a local General Practitioner (GP), visiting the home during the inspection, confirmed that nursing staff communicated effectively and in a timely manner with them regarding patients' healthcare needs. Nursing staff were aware of the local arrangements and referral process to access other relevant professionals such as SALT, dietician or TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

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 line manager and/or the registered manager or Mr Duncan the responsible individual.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between patients, staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 09:50 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges 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 and staff were observed assisting patients to enjoy their chosen activity and to eat and 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.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the mid-morning snack and the preparation for the serving of the lunchtime meal. Staff were observed offering patients a choice of drink and snack and providing support regarding modified diets, drinks and snacks. Patients in need of assistance were supported by staff who ensured the patient's dignity. Patients requiring wheelchairs to transport them to the dining room for lunch were transported appropriately in their wheelchairs as discussed previously. Patients could choose to eat in the dining room or have a tray delivered to them. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their snack or their lunchtime meal.

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

"Thank you all for your care and kindness. We wish...was staying here."

"Words cannot express our thanks and we thank you all from the bottom of our hearts."

“Thank you very much...It helped knowing ...was being taken care of by a very professional and helpful group of staff.”

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Scrabo Isles was a positive experience. Patient comments included:

“Two of my favourites nurses are on today – they are all excellent though.”

“Food is excellent.”

“Food quality can be a mixed bag – depends on who is cooking.”

One patient said “I don’t want to be here but the staff are kind and caring.”

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.

We also spoke with two relatives; both were complimentary regarding the care received by their loved one. One relative needed advice and was directed to the registered manager.

Ten questionnaires for patients and ten for relatives/patients were provided; 18 were returned within the timescale. All of the responses received indicated that the person completing the questionnaire was ‘very satisfied’ that the care in Scrabo Isles was safe, effective, compassionate and well led. Only two persons indicated that they were patients and two that they were relatives. Comments recorded included:

“Very nice and homely home.”

“I am very happy here. Staff are very helpful and kind and they make sure I get everything I need.”

“Well managed home. My ... is very content and happy here.”

“My ... has been a resident here in Scrabo Isles for 7years, I have peace of mind knowing my ... is safe and well cared for.”

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives/relatives 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 the views of patients.

### Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. 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 staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. The duty rota also clearly identified the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and completion of care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds, occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered 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.

### 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.

## Areas for improvement

No new areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Mr Robert Maxwell, responsible individual, and Ms Annalyn Depayso 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required.	The registered person shall ensure that fire doors are not wedged or propped open.  Ref: Section 6.2
	<b>Response by registered person detailing the actions taken:</b> The door wedge that was discovered in a residents room was removed and the family was notified that door wedges are not permitted to be used. A hold open device linked to the fire alarm panel was fitted to the laundry room.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27(2)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2018.	The registered person shall ensure that wood work is repaired or sealed to enable it to be cleaned effectively.  Ref: Section 6.2
	<b>Response by registered person detailing the actions taken:</b> The home has identified a number of areas that require attention and had employed someone in order to try to keep on top of continual damage caused to surfaces by residents and equipment. This area for improvement will be continuous and ongoing.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2018.	The registered person shall ensure that the specified therapeutic chair is replaced or recovered to enable it to be effectively cleaned in accordance with the regional IPC guidelines.  In addition, any patient equipment which has the washable surface compromised should be replaced or repaired.  Ref: Section 6.4
	<b>Response by registered person detailing the actions taken:</b> The specified therapeutic chair has been recovered and a review of all other patient equipment has taken place to ensure that any compromised washable surfaces have been identified and replaced or repaired.

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





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