Unannounced Care Inspection Report
18 November 2019

Scrabo Isles

Type of Service: Nursing Home
Address: 61 Manse Road, Newtownards BT23 4TP
Tel no: 02891812231
Inspectors: Julie Palmer and Caroline Rix

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 registered nursing home which provides care for up to 35 patients.

3.0 Service details

Organisation/Registered Provider: Tona Enterprises Ltd **Responsible Individual:** Robert Maxwell 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:** 35

4.0 Inspection summary

An unannounced care inspection took place on 18 November 2019 from 09.35 hours to 16.40 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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, training, risk management, record keeping, the culture and ethos in the home, maintaining dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

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

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

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

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.

4.2 Action/enforcement taken following the most recent inspection dated 20 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 November 2018. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

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

During our inspection we:

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

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 11 to 24 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records

- incident and accident records
- two staff recruitment and induction files
- four patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal schedule
- nurse competency and capability assessment records
- complaints record
- compliments received
- a sample of monthly monitoring reports from January 2019 onwards
- RQIA registration certificate.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 20 November 2018

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

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were satisfied with staffing levels.

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients' visitors spoken with were satisfied with staffing levels in the home. We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; four responses were received with all respondents indicating that they were very satisfied with staffing levels.

We observed that staff were responsive to patients' needs; assistance was provided in a timely manner and call bells were answered promptly.

We reviewed two staff recruitment and induction files and these evidenced that staff had been vetted prior to commencing employment to ensure they were suitable to work with patients in the home. All staff spoken with stated they had completed, or were in the process of completing, a period of induction and review of records confirmed this.

A staff appraisal and supervision schedule was in place and a record of supervisions and appraisals was maintained.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with a safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due. Staff told us they were satisfied their training needs were met.

Review of care records evidenced that a range of validated risk assessments were completed and informed the care planning process for patients. Where practices were in use that could potentially restrict a patient's choice and control, for example, bedrails or alarm mats, the appropriate risk assessments and care plans had been completed.

We looked at the home's environment and entered a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluices, dining rooms and lounges. The home was found to be warm, clean, tidy and well decorated. However, we did observe that more effective cleaning of an area of grouting and replacement flooring was required in one identified shower room. We discussed this with the manager who told us that new flooring had been ordered; following the inspection the manager confirmed that the shower room had been deep cleaned and a date to replace the flooring had been arranged.

Maintenance personnel were working in the home during the inspection; we observed that the work being carried out did not cause any disruption to patients. Discussion with the responsible individual, who was present for part of the inspection, confirmed that an ongoing schedule of repair and redecoration was maintained.

A visitor was complimentary about the environment and told us that the home was "very clean and always spotless".

Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and maintaining a repair/redecoration schedule.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

We observed the daily routine and the care given to patients in the home and were satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Review of four patients' care records evidenced that a range of validated risk assessments had been completed to inform care planning for the individual patients.

Patients' weights were monitored on at least a monthly basis and their nutritional needs had been identified. There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients' care plans included recommendations from the dietician and/or SALT if required and were regularly reviewed.

We reviewed the management of wounds; care plans and wound charts were in place to direct the care required and were up to date. There was evidence of referral to and recommendations from the tissue viability nurse (TVN). Measures to prevent pressure ulceration, such as the use of pressure relieving mattresses and repositioning schedules, were in place for those patients who required them.

A monthly falls analysis was completed to determine if there were any trends or patterns emerging and an action plan was devised if necessary. Staff were knowledgeable regarding the actions to take to help prevent falls and how to manage a patient who had a fall. Neurological observations were appropriately completed in the event of a fall.

We observed the serving of lunch in the dining room. The menu was displayed on a white board in the corridor. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the mealtime experience and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff knew the patients well and were aware of their likes and dislikes. Staff assisted patients as required and/or independent eating was encouraged if appropriate.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients' food and fluid intake was maintained; records reviewed were up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

During the inspection we spoke with nine patients about their experience of living in Scrabo Isles. Patients were complimentary about life in the home, they told us:

- "I'm well looked after in here."
- "It's the best that you can get."
- "I like living here."

One patient told us that they would prefer to be at home but that Scrabo Isles was "okay" as an alternative to that.

Patients' visitors spoken with were satisfied that the care provided was caring and compassionate, they commented:

- "No complaints at all, they are very good."
- "Staff have helped … settle in so well."
- "I am very happy with standard of care being provided."
- "Staff are all very approachable and friendly."

Observation of care delivery evidenced that staff treated patients with dignity and respect. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients' privacy. Staff told us that "we get to know the patients very well".

Staff demonstrated their knowledge of how to care for a patient who became upset during lunch. We observed that they treated the patient with kindness and made sure to take time to discover the cause of their distress; they stayed with the patient and provided comfort, support and diversion until the patient was settled and content.

Patients and patients' visitors spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

We spoke to staff about the activities provided for patients in the home and they told us that these were arranged following discussion with patients about their preferences in this area. On a daily basis staff were assigned to help with activities, for example, armchair exercises, quizzes and movie screenings. Staff told us that they would also spend one to one time with patients who did not wish to take part in the group sessions. Patients spoken with indicated that they were satisfied with the activities provided. In the afternoon we noted that there was music playing in the lounges and a visitor brought their dog in to the obvious delight of patients; the atmosphere was pleasant, friendly and relaxed.

Patients' spiritual needs were accounted for with representatives from local churches welcomed into the home.

Patients' visitors told us that they were very satisfied with communication; one commented that "there is always an update as soon as you come in". Staff were observed to effectively communicate with patients in a kind and caring manner.

The manager told us that, in her experience, relatives meetings were generally not well attended but she operated an open door policy to ensure that she was available to speak to relatives as required. Patients, visitors and staff all told us that the manager was accessible and approachable. Review of records confirmed that staff meetings were held on a quarterly basis.

A record of compliments and thank you cards received was maintained; comments included:

- "Thank you for your kindness and compassion."
- "Thank you all so much for the great care and attention."
- "Many thanks for your assistance."

The views of patients and relatives had recently been sought through satisfaction surveys. The outcome of the surveys and suggestions made by those who responded were on display in the home. This information will also be included in the home's annual quality report which was being compiled by the responsible individual. The manager informed us that the responsible individual plans to have the report completed by January 2020 and a copy of this will be made available to RQIA.

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.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and care plans.

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

There was also a system in place to ensure complaints were managed appropriately.

Monthly quality monitoring reports were completed by the responsible individual and these included an action plan to address any issues identified.

Discussions with staff evidenced that there were good working relationships within the home and they felt supported in their role. Comments included:

- "It's good here."
- "There is good teamwork and support."
- "Annalyn is brilliant."
- "I love working here."

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 areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The Regulation and Quality Improvement Authority

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