

# Unannounced Care Inspection Report 25 April 2016



## Scrabo Isles

**Address: 61 Manse Road, Newtownards, BT23 4TP**  
**Tel No: 028 9181 2231**  
**Inspector: Lyn Buckley**

## 1.0 Summary

An unannounced inspection of Scrabo Isles took place on 24 April 2016 from 10:00 to 15:00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was evidence of positive outcomes for patients through the competent delivery of safe care. Recruitment and induction practices were evidenced to be well managed and there was evidence of the appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients. Staff training was well maintained and the home is commended for the level of staff trained in communication and safeguarding so far this year. One recommendation was made in relation to the accurate recording of audit findings relating to the securing of patients' wardrobes.

### **Is care effective?**

Care records reviewed accurately reflected the assessed needs of patients, and evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff stated that there was "effective teamwork"; this was also evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were "proud" to be a part of their team and to "make a difference".

There was evidence of a high standard of effective care delivery; with positive outcomes for patients over a six month period in relation to the appearance of modified diets, mealtime experience and the improvements in patients' health and wellbeing. This is highly commended.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. In particular the inspector commended the care provided by a member of staff for one patient during the lunchtime meal as evidenced by the time and effort taken to ensure the patient enjoyed and consumed all of their meal.

There was evidence of a high standard of compassionate care. For example, the level of consideration given to the patient's perspective in relation to the appearance and consumption of modified/pureed food was impressive and the impact on the patient health and wellbeing was evident. This was highly commended.

Nursing and care staff clearly demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff consulted were all aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

There were no areas for improvement identified in the delivery of compassionate care.

### Is the service well led?

There was evidence of effective systems and processes being in place to audit and monitor the delivery and effectiveness of care and services within Scrabo Isles. A requirement was made regarding the monthly monitoring reports completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A recommendation in relation to the accuracy of an audit record was also made in section 4.3. The areas for improvement detailed in this section and section 4.3 were considered in relation to this domain.

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.

#### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the QIP within this report were discussed with 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.

#### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 25 June 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Tona Enterprises Ltd/ Mr Robert Maxwell	<b>Registered manager:</b> Ms Annalyn Depayso
<b>Person in charge of the home at the time of inspection:</b> Ms Annalyn Depayso	<b>Date manager registered:</b> 27 March 2009
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 35

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients individually and with others in smaller groups; three patient relatives/representatives; three care staff, 1 registered nurse, the catering manager, two housekeeping staff and one member of the administration staff.

The following information was examined during the inspection:

- four patient care records
- staff roster 18 April to 1 May 2016
- staff training matrix and planner for 2016
- one staff recruitment record
- complaints record
- incident and accident records
- record of monthly monitoring in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- records of audit
- minutes of staff meetings
- patient and relatives' satisfaction survey June 2015.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced care inspection of 25 June 2015. There were no requirements or recommendations made at this time. The completed declaration of agreement with the content of the report was returned and approved by the care inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 25 June 2015.

As detailed in 4.1, there were no requirements or recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

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 18 April to 1 May 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff confirmed that they were provided with a mentor who assisted them to complete their induction programme. Review of one staff member's induction evidenced the record to be completed in full and signed/dated appropriately.

Review of the training matrix/schedule for 2016 indicated that training was planned to ensure that mandatory training requirements were met. An electronic learning system plus some 'face to face' training was in place to deliver mandatory and additional training requirements. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Training outcomes indicated that to date all staff (100%) had completed training in communicating effectively and adult safeguarding. This level of compliance is commended.

Through observation and discussion staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility; and that training had been embedded into practice.

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 the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

A review of documentation and discussion with the registered manager and staff confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

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 records pertaining to accidents, incidents and notifications forwarded to RQIA since 25 June 2015 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and the dining room. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. Housekeeping staff were commended for their efforts.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

It was observed, in five patient bedrooms, that wardrobes were not secured to the wall to prevent them from tipping forward when leaned or pulled on. This was brought to the attention of the registered manager who confirmed that a regular audit was in place regarding the security of the wardrobes but also agreed that this had not identified the deficits found by the inspector. A recommendation was made and the inspection findings passed to the estates inspector for the home.

An email received from the registered manager on 26 April 2016 confirmed that the issues regarding the wardrobes had been addressed.

### **Areas for improvement**

A recommendation was made that the system to check the securing of patient wardrobes be reviewed and outcomes monitored to ensure robust and accurate reporting.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

Review of 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 also evidence that risk assessments informed the care planning process. 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.

Care records accurately reflected the assessed needs of patients, and evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were reflected within the care plans and evaluated daily by nursing staff following the delivery of the care. Nursing staff were aware of the referral arrangements to other healthcare professionals.

Staff stated that there was “effective teamwork”; this was also evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were “proud” to be a part of their team and to “make a difference”. 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, the registered manager, and/or Mr Duncan the registered person.

Staff confirmed that they were kept informed of changes or concerns regarding patients’ needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were held, that they contributed to the agenda and that minutes were made available. The registered manager stated that when staff presented with a concern they generally also had the solution and were willing to try any changes suggested. All grades of staff consulted, clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records, evidenced that she was available to patients, representatives and staff, on a daily basis during weekdays, and that she could be contacted in an emergency outside of these hours. The registered manager stated that she preferred to be ‘working on the floor’ as part of her day to ensure effective communication and care delivery. Patients and representatives spoken with expressed their confidence in raising concerns with any of the home’s staff and management. Patients and representatives were aware of who their named nurse was and stated they knew the registered manager well “as she was their nurse/matron”.

There was information available to staff, patients, representatives in relation to advocacy services available in the foyer.

There was evidence of a high standard of effective care with positive outcomes for patients over a six month period in relation to the appearance of modified diets, mealtime experience and improvements in patients’ health and wellbeing. Discussion with the chef manager, registered manager, patients and their relatives; and observation of the serving of the modified diets served at lunchtime evidenced that the work undertaken to improve the appearance of ‘pureed’ food had been substantial.

Pureed or modified food was ‘reformed’ to resemble the original food. Photographs of other meals served, which formed a visual menu, were reviewed as well as the meals prepared for the lunch time meal. The lunch served during the inspection was chicken a la king or beef sausages with mixed vegetables, carrots and creamed potatoes. How the chef had presented these meals in modified/pureed form was impressive as they were recognisable as chicken, beef sausages and the individual vegetables. Photographs of desserts such as apple tart with custard or fresh cream were equally impressive as the reformed dessert was impossible to recognise as anything other than the ‘normal’ textured dessert.

Patients and relatives were also impressed with how the pureed/modified meals looked and felt it had improved the quality of their loved ones’ life. The registered manager reported that one relative, at the recent Easter party, returned the pudding stating “...can’t eat that...is on a puree diet” when in fact the dessert was the pureed/modified version. The registered manager also confirmed that patients were eating more of their modified meal, and some asked for second helpings because the food looked ‘normal’ and therefore more appetising. Some patients not requiring the modified diet had also asked for the reformed version, usually dessert, as they preferred it. Weight gains had also been recorded for patients on modified diets, over the past six months, since this change had been introduced. The impact on patient health and wellbeing was evident and was highly commended.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. In particular the inspector commended the care provided by a member of staff for one patient during the lunchtime meal as evidenced by the time and effort taken to ensure the patient enjoyed and consumed all of their meal.

As stated in section 4.4 the work undertaken by the registered manager and catering staff to improve the appearance of ‘pureed’ food had been substantial. Pureed or modified food was ‘reformed’ to resemble the original food. Patients and relatives were also impressed with how the pureed/modified meals looked and felt it had improved the quality of their loved ones’ life. The consideration given to the patient’s perspective in relation to the appearance and consumption of modified/pureed food was impressive and the impact on the patient health and wellbeing was evident. This was highly commended.

Nursing and care staff clearly demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff consulted were all aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home.

Discussion with the registered manager confirmed that a patient and relatives' satisfaction survey was conducted in June 2015 to ascertain the views and opinions of service users. Outcomes were collated and reviewed by management. The survey covered all aspects of the service and care provided by the home. For example, respondents were specifically asked how satisfied they were with "the appearance, friendliness, caring and ability of the registered manager, staff nurses, care assistants, housekeeping and maintenance staff". All respondents recorded that they were "very satisfied" with all of the named staff. This openness and directness of approach was commended.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and that they were confident that their concern would be addressed appropriately.

Patients were able to indicate how they choose to spend their day. For example a group of patients and some relatives were enjoying the snooker on television and commenting loudly and in jest, with each other and staff, on the progress or otherwise of the players. Patients said they enjoyed the easy banter and friendliness of staff in the home.

Patients commented to the inspector as follows:

"staff are lovely, caring and the food is great"

"I enjoy the craic"

"I enjoy the food and the company"

"Annalyn is everywhere, great girl".

In addition six patient questionnaires were left with the registered manager for distribution and all six were returned within the specified timeframe. All respondents recorded 'very satisfactory' when asked, is care safe, effective and compassionate; and is the service well led? Only one respondent recorded an additional comment "during peak times there could be more staff to help out, especially at night".

Relatives consulted during the inspection commented that they were content and happy with the care, staff attitude and had no concerns about their loved ones. One relative commenting on the registered manager said, "Annalyn, she is a good girl".

In addition six relative/representative questionnaires were left with the registered manager for distribution. Five were returned and relatives recorded that they were 'very satisfied' under all four domains. There were no additional comments recorded.

Ten staff questionnaires were provided and four staff returned their questionnaires within the specified time frame. One staff member indicated that they were 'satisfied' in all four domains and the other staff indicated that they were 'very satisfied'. There were no additional comments recorded.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

The duty rota clearly indicated who was in charge of the home in the absence of the registered manager.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, staff, patients and observations evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed as recommended. Staff confirmed that they had access to the home's policies and procedures. Records required to be maintained in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, with the exception of the Regulation 29 visit reports since end of January 2016, were available to staff. Confidential records were securely stored and access limited appropriately.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Staff were evidenced to be knowledgeable of the complaints process and their role within it.

A review of notifications of incidents to RQIA since the last care inspection in June 2015 confirmed that these were managed appropriately. 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.

All staff spoken with confirmed that there were good working relationships, that management support them on a daily basis to deliver a high standard of care and that management were responsive to any suggestions or concerns raised.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. A recommendation was made that the system to check the securing of patient wardrobes be reviewed and outcomes monitored to ensure robust and accurate reporting as detailed in section 4.3.

Discussion with the registered manager confirmed that monthly monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; and that an action plan was put in place following the visit. However, the reports for February and March 2016 were not available in the home or to the registered manager, and the report that was available, dated January 2016, did not record the full date and time span of the visit. Discussion also took place as to how the reader could trace to whom the registered person had spoken with on each visit. A requirement was made in relation to the availability of the report.

### **Areas for improvement**

\*A recommendation was made previously in section 4.3 that the system to check the securing of patient wardrobes is reviewed and outcomes monitored to ensure robust and accurate reporting.

A requirement was made that copies of the report from the visits undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 are comprehensively completed and maintained in the home, and available on request.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>*1</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Annalyn Depayso, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to team email address [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 29 (5)

**Stated:** First time

**To be completed by:** 31 May 2016.

The registered person must ensure that copies of reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 are maintained in the home and made available on request.

Ref: Section 4.6

#### **Response by registered person detailing the actions taken:**

The Registered Person does ensure that copies of the reports are maintained in the Home, however at the time of inspection the Company were updating their cloud system and all completed reports had not been forwarded to the Nurse Manager. In future the Registered person will ensure that these reports are forwarded in a timely manner. The Registered person keeps a word document of the original report containing the names of the persons interviewed for traceability. It is being saved in a cloud system which can be viewed by the Nurse Manager for future reference.

The Reports forwarded to the Nurse Manager for filling and is accessible to other staff is in pdf format and has the names of persons interviewed blacked out for confidentiality.

The Home has always maintained the reports as it was only the last 2 reports that were missing due to Company's updating their cloud system. Hence, I feel this should be a recommendation rather than a Requirement.

There's already an updated report format which includes the date and duration of the monthly visits.

### Recommendations

#### Recommendation 1

**Ref:** Standard 35.4

**Stated:** First time

**To be completed by:** Immediate action required.

The registered person should review the system for checking the securing of patient wardrobes and monitor outcomes to ensure robust and accurate reporting.

Ref: Section 4.3 and 4.6

#### **Response by registered person detailing the actions taken:**

This issue was already resolved on the 26 April 2016. I

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



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