



The Regulation and
Quality Improvement
Authority

Scrabo Isles
RQIA ID: 1292
61 Manse Road
Newtownards
BT23 4TP

Inspector: Linda Thompson
Inspection ID: IN021795

Tel: 028 91812231
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**Unannounced Care Inspection
of
Scrabo Isles**

25 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 25 June 2015 from 13.50 to 17.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 23 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Tona Enterprises Ltd	Registered Manager: Annalyn Depayso
Person in Charge of the Home at the Time of Inspection: Annalyn Depayso	Date Manager Registered: 27 March 2009
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 33
Number of Patients Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: £593 - £623

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection the delivery of care and care practices were observed. An inspection of the general environment of the home was also undertaken. The inspection process allowed for discussion with 12 patients either individually or in small groups. Discussion was also undertaken with three care staff, one nursing staff and five patient's representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- records of competency and capability of the registered nurse in charge of the home in the absence of the registered manager
- policies for communication, death and dying, and palliative and end of life care.

5.0 The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced joint care and estates inspection dated 23 January 2015. The completed QIP was returned and approved by the both the care and the estates inspectors.

The estates inspector sought further validation that night staff had attended fire drills in the home. Evidence was available in the home to indicate that night staff attended the last fire drill in March 2015.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 32.3 Stated: First time	The use of fitted furniture in the en suite bathrooms should be reviewed in any future refurbishment/development to facilitate the maximum available space for patients and their carers and any required equipment.	Met
	Action taken as confirmed during the inspection: It was confirmed that the use of fitted furniture in the ensuite bathrooms will be reviewed to maximise space for patients.	
Recommendation 2 Ref: Standard 3.2 Stated: First time	The patients' guide should be updated to reflect the space limitations in the en suite bathrooms and patients/residents should be made aware of the alternative arrangements if required.	Met
	Action taken as confirmed during the inspection: This is updated as required.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance in communication in Scrabo Isles is currently under review by the registered manager. The regional guidelines on 'breaking bad news' were available for staff in the home. The registered manager is aware that the current policy should refer to these guidelines. Staff training on breaking bad news is included in end of life care training. This training has been considered mandatory by Scrabo Isles. It was confirmed that all registered nursing and care staff have received this training and this is now to be provided for all catering and domestic staff. This focus on training is commended.

A sampling of communication training records and return of staff questionnaires evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives.

Is Care Effective? (Quality of Management)

Three nursing care records evidenced that patients individual needs and wishes in regards to daily living were appropriately recorded.

Recording within care records did include reference to the patient's specific communication needs.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Registered nursing staff consulted, demonstrated their ability to communicate sensitively with patients when breaking bad news. They advised that in the past they sat down with the patient in a private area, held the patient's hand and using a calm voice, spoke with the patient in an empathetic manner using clear speech, offering reassurance and an opportunity for the patient to ask any questions or voice any concerns. Care staff were knowledgeable on how to break bad news and offered similar examples when they have supported patients when delivering bad news.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and many staff interactions with patients, it was confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. There were a number of occasions when patients had been assisted to redirect their anxieties by care staff in a very professional way.

The inspection process allowed for consultation with 12 patients individually and with many others in small groups. In general the patients all stated that they were very happy with the quality of care delivered and with life in Scrabo Isles. They confirmed that staff were polite and courteous and that they felt safe in the home.

Five patient's representatives discussed care delivery and confirmed that they were very happy with standards maintained in the home. Some patient representative comments are recorded in section 5.5.1 below.

A number of compliment cards were available from past family members.

Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were in the process of being updated at the time of the inspection. The registered manager had almost completed the revision of the policy and was able to advise and inform the inspector of the improvements to be made. The updated policy should be available within the next few days for staff reference. The new policy has been drafted with reference to best practice guidance such as the Gain Palliative Care Guidelines, November 2013. The registered manager and nursing staff were aware of the Gain Palliative Care Guidelines November 2013 a copy of which was available in the home.

Training for end of life care as discussed in section 5.2 above, is considered by Scrabo Isles to be mandatory for all staff. Further, additional training, is planned to be delivered over the next few months by the palliative care nurse from the South Eastern Health and Social Care Trust (SEHSCT) This input from the palliative care nurse is commended.

Discussion with registered nursing staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Information leaflets in the palliative care team of the SEHSCT were displayed in the home.

The home maintains a registered nurse as a palliative care link nurse. The registered manager is also considered an additional link nurse. The link nurses attend the regular palliative care group meetings and minutes were available for reference in the home.

Discussion with the registered manager, care staff and a review of three care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

The registered manager is commended for the development of the homes 'Looking Ahead' document. This document is used to inform future best interest decisions about end of life. The document is completed following a face to face meeting with the patient's representative once a deterioration in the patient's wellbeing is noted. The outcomes from this discussion then inform the end of life care planning process. At the time of the inspection one such meeting was planned. The inspector was able to meet with the patient's representative before and after the meeting. The patient's representative acknowledged that death cannot be avoided and whilst you do not want to 'talk' about losing your loved one it is very beneficial to talk through the plans for the final stages of their life and to make sure that your loved ones wishes are fully considered.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with registered nursing staff confirmed their knowledge of the protocol.

Scrabo Isles have purchased their own syringe driver and this is shared with a local sister home within the same group. The registered manager confirmed that all registered nursing staff are fully trained in the use of this equipment.

Is Care Effective? (Quality of Management)

A review of the care records for three patients who were considered palliative care / end of life were examined. All three care records evidenced that patients' needs for palliative or end of life care were assessed and reviewed on an ongoing basis and documented in patient care plans. This included the management of hydration, nutrition, pain management and symptom control. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

It was confirmed that environmental factors had been considered when a patient was considered end of life. Staff consulted confirmed that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Patient representatives were able to stay with their loved ones overnight in the home if required. Meals, snacks and emotional support have been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences. Nursing staff were able to demonstrate an awareness of patient's expressed wishes and needs in respect of DNAR directives and end of life requirements as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible the patient's wishes, for family/friends to spend as much time as they wish with the person. The registered manager confirmed that any patient who did not have family locally would never be left to die alone as staff would be made available to sit with the patient during the final hours of life.

From discussion with staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Some comments from recent compliment cards are detailed below;

'The kindness and thoughtfulness care and dedication which you showed to while in your care was beyond words.

'Thank you to all the staff for making my father's last few months so comfortable. Your kindness and patience is very much appreciated.'

'May I on behalf of my family thank all the Scrabo Isles staff for their care, support and help they gave my father throughout his stay. It has been a difficult time for all family and I can only say that everyone at Scrabo Isles has helped immensely.'

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 support from the registered manager and support through staff meetings.

Information regarding bereavement support services was available and accessible for staff, patients and their relatives. Information documents were displayed in the foyer of the home.

Areas for Improvement

No areas for improvements are identified at this time. The home is commended for their management of end of life care.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Consultation with patients, their representatives, staff and professional visitors

Part of the methodology in collecting data for the inspection process included speaking with staff, patients and patient's relatives asking them to give their own personal views on their impression of Parkview. Questionnaires were also given out for completion to aid data collection.

Overall feedback from the staff, patients and the relative involved confirmed that safe, effective and compassionate care was being delivered in Parkview.

A few patient comments are detailed below:-

'It's just like being at home'.

'I like the company and the place is really nice'.

'I like being in my own room. The nurses are lovely and very kind. My daughter can come when she wants'.

A number of comments were received from relatives and are detailed below;

'The home is second to none'.

'I couldn't begin to tell you all the wonderful things that Annalyn has done for me over the last few years. The home is excellent'.

'I am very happy with the quality of care delivered in the home'.

'The staff are all great with my mother and are very attentive'.

The general feeling from the staff questionnaires and conversations indicated that they took pride in delivering safe, effective and compassionate care.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Annalyn Depayso	Date Completed	3 rd July 2015
Registered Person	Robert Duncan	Date Approved	3 rd July 2015
RQIA Inspector Assessing Response	Linda Thompson	Date Approved	3/7/15

Please provide any additional comments or observations you may wish to make below:

I am happy and impressed with this inspection report by our inspector. Thank you very much for the guidance. Annalyn Depayso(Nurse Manager)

**Please complete in full and returned to RQIA nursing.team@rqia.org.uk **