# Unannounced Care Inspection

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| **Name of Establishment:** | **Scrabo Isles** |
| **RQIA Number:** | **1292** |
| **Date of Inspection:** | **25 November 2014** |
| **Inspector's Name:** | **Linda Thompson** |
| **Inspection ID:** | **17076** |

**The Regulation And Quality Improvement Authority**
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 General Information

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| **Name of Establishment:** | Scrabo Isles |
| **Address:** | 61 Manse Road<br>Newtownards<br>BT23 4TP |
| **Telephone Number:** | 028 91812231 |
| **Email Address:** | nursemanager@scraboisles-pnh.co.uk |
| **Registered Organisation/ Registered Provider:** | Tona Enterprises Ltd<br>Mr Robert Maxwell Duncan |
| **Registered Manager:** | Ms Annalyn Depayso |
| **Person in Charge of the Home at the Time of Inspection:** | Ms Annalyn Depayso |
| **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 |
| **Scale of Charges (per week):** | £581- £611 |
| **Date and Type of Previous Inspection:** | 28 January 2014, secondary unannounced inspection |
| **Date and Time of Inspection:** | 25 November 2014<br>11.00 – 14.30 hours |
| **Name of Inspector:** | Linda Thompson |

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following: amend as relevant

- Discussion with the Registered Provider
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

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| Patients/Residents | 15 |
| Staff | 6 |
| Relatives | 2 |
| Visiting Professionals | 0 |

Questionnaires were provided (by the inspector), during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

| **Issued To** | **Number Issued** | **Number Returned** |
|---|---|---|
| Patients/Residents | 4 | 4 |
| Relatives/Representatives | 1 | 1 |
| Staff | 9 | 9 |

## 6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

**Standard 19 - Continence Management**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance Statements | | |
|---|---|---|
| **Compliance Statement** | **Definition** | **Resulting Action in Inspection Report** |
| **0 - Not applicable** | | A reason must be clearly stated in the assessment contained within the inspection report |
| **1 - Unlikely to become compliant** | | A reason must be clearly stated in the assessment contained within the inspection report |
| **2 - Not compliant** | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| **3 - Moving towards compliance** | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| **4 - Substantially compliant** | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| **5 - Compliant** | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

## 7.0 Profile of Service

Scrabo Isles Private Nursing Home is located on the outskirts of Newtownards. The original house has been adapted and extended to provide accommodation for 33 persons.

Scrabo Isles is situated in a quiet residential development, and is close to a public transport route and local amenities. The nursing home is surrounded by well-maintained gardens and car parking is provided at the front of the home.

The nursing home is owned and operated by Tona Enterprises Ltd.

Mr Robert Maxwell Duncan is the responsible person.
The current registered manager is Ms Annalyn Depayso.

Facilities are provided over two floors with bedroom accommodation on both levels.

There is a range of single and double rooms some with ensuite facilities. Toilet and bathroom facilities are located throughout the home. The upper floor is serviced by a passenger lift.

An attractive dining room is provided on the ground floor of the home. There are two lounge areas which are tastefully decorated.

The home also provides for catering and laundry services on the ground floor.

The home is registered to provide care for a maximum of 33 persons under the following categories of care:

Nursing care

| | |
|---|---|
| I | old age not falling into any other category |
| PH | physical disability other than sensory impairment under 65 |
| PH (E) | physical disability other than sensory impairment over 65 years |
| TI | terminally ill |

The certificate of registration, issued by RQIA was appropriately displayed.

## 8.0 Executive Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Scrabo Isles. The inspection was undertaken by Linda Thompson inspector on 25 November 2014 from 11.00 to 14.30 hours.

The inspector was welcomed into the home by Ms Annalyn Depayso registered manager. Feedback was provided to both Ms Depayso and Mr Robert Duncan responsible person at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records, issued patient and staff questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

Prior to the inspection, the registered person completed a self-assessment using the criteria outlined in the standards inspected. The inspector has reviewed the responses provided however, due to a change in inspection focus the inspector was unable at this time to validate the statements provided by the registered manager.

The comments provided by the registered person in the self-assessment were not altered in any way by RQIA. See appendix one.

As a result of the previous inspection conducted on 28 January 2014 one requirement was issued. Compliance with this requirement was validated during this inspection.
Details can be viewed in the section immediately following this summary.

### Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard. There were processes in place to ensure the effective management of the theme inspected.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Therefore, two recommendations are made following inspection.

The inspector would like to thank the patients, the responsible person, the registered manager and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the patients, and staff who completed questionnaires.

## 9.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|---|---|---|---|---|
| 1. | 13 (7) | In the interest of prevention of infection and control it is required that torn upholstery covering on two foot rests in the patients lounge area are repaired, in order to provide an intact surface that facilitates effective cleaning. | The inspector can confirm that the foot rests previously identified have been disposed of. | Compliant |

**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

## 10.0 Inspection Findings

| STANDARD 19 - CONTINENCE MANAGEMENT<br>Patients receive individual continence management and support | |
|---|---|
| **Criterion Assessed:**<br>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken for patients. The current continence assessment documentation maintained electronically however is mainly focused upon incontinence product selection.<br><br>A recommendation is raised to ensure that the more detailed assessment tool already in the home is used for all patients alongside the incontinence product selection tool.<br><br>There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.<br><br>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.<br><br>Review of patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.<br><br>The care plans reviewed addressed the patients' assessed needs in regard to continence management.<br><br>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. | Moving towards compliance |

| STANDARD 19 - CONTINENCE MANAGEMENT<br>Patients receive individual continence management and support | |
|---|---|
| **Criterion Assessed:**<br>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| The inspector can confirm that the following policies and procedures were in place;<br><br>• continence management / incontinence management<br><br>The inspector however raised concerns regarding the depth of scope of the policy document.<br>It is recommended that following receipt of professional guidance information, the policy is reviewed and updated prior to being disseminated to staff. The policy documentation should include guidance on stoma care and urinary catheter care.<br><br>The inspector can also confirm that the following guideline documents were in place:<br><br>• NICE guidelines on the management of urinary incontinence<br>• NICE guidelines on the management of faecal incontinence<br><br>A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis:<br><br>• British Geriatrics Society Continence Care in Residential and Nursing Homes<br>• RCN continence care guidelines | Moving towards compliance |

| STANDARD 19 - CONTINENCE MANAGEMENT<br>Patients receive individual continence management and support | |
|---|---|
| **Criterion Assessed:**<br>19.3 There is information on promotion of continence available in an accessible format for patients and their representatives. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Not applicable. | Not applicable |
| **Criterion Assessed:**<br>19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the registered manager revealed that all the registered nurses in the home were deemed competent in urinary catheterisation and the management of stoma appliances.<br><br>A continence link nurse is established in the home and is involved in the review of continence management and education programmes for staff. This is good practice and is commended. | Compliant |

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| **Inspector's overall assessment of the nursing home's compliance level against the standard assessed** | **Substantially compliant** |

## 11.0 Additional Areas Examined

### 11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

### 11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

### 11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

### 11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

### 11.5 Patients' Views

During the inspection the inspector spoke to 10 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"I am very happy with everything here."
"Food is very good."

"The home is clean and tidy."
"My room is always kept clean and I am happy with everything."

### 11.6 Questionnaire Findings/Staff Comments

During the inspection the inspector spoke with 4 staff. The inspector was able to speak to a number of these staff individually and in private. Nine staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.
A number of staff raised some concerns regarding their lack of time to sit and talk with patients. The inspector analysed the staff availability as a consequence of these comments. See section 11.7 below.

Examples of staff comments were as follows;

"I am very happy working in the home."
"I feel the care in the home is of a good standard as we are encouraged to interact with the residents and their families. We have about 6 parties per year which I know everyone enjoys"
"Not enough time to sit and talk with patients"

### 11.7 Staffing levels

The inspector examined the staff duty rota for the week commencing 24 November 2014. The patient dependency assessment was evidenced to be maintained and updated regularly by the registered manager and is used to inform the staffing requirement.

Analysis of the number of care staff deployed on the day of inspection confirmed that there are a significant number of care hours available above the recommended minimum. Therefore at this time the concerns raised by the staff are not validated.

### 11.8 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

The ongoing building work is being appropriately managed and is not having a detrimental effect upon the lives of the patients.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Annalyn Depayso registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Linda Thompson**
**The Regulation and Quality Improvement Authority**
**9th Floor**
**Riverside Tower**
**5 Lanyon Place**
**Belfast**
**BT1 3BT**

**Appendix 1**

| Section A | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.1**<br>• **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.**<br>**Criterion 5.2**<br>• **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.**<br>**Criterion 8.1**<br>• **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.**<br>**Criterion 11.1**<br>• **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| At the time of each Resident's admission to the Home, a nurse carries out and records an initial assessment, and draws up an agreed plan of care to meet the Resident's immediate care needs. Named Nurse will do a comprehensive, holistic assessment of the Resident's care needs using validated assessment tools within a week. | Compliant |

| Section B | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.3**<br>• **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.**<br>**Criterion 11.2**<br>• **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.**<br>**Criterion 11.3**<br>• **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.**<br>**Criterion 11.8**<br>• **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.**<br>**Criterion 8.3**<br>• **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16** | |

| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
|---|---|
| The named nurse will plan and discuss nursing interventions to meet identified assessed needs with individual Residents and their representatives. There are referral arrangements to obtain support and advice where Resident is assessed of at risk of developing pressure sore , malnutrition, or to obtain advice to diagnose, treat and care for Residents who have lower limb or foot ulceration | Compliant |

| Section C | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.4**<br>• **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Re-assessment to the needs of the Residents is an on going process. It's being carried out daily and at identified, agreed time intervals as recorded in nursing care plans. | Compliant |

| Section D | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.5**<br>• **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.**<br>**Criterion 11.4**<br>• **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.**<br>**Criterion 8.4**<br>• **There are up to date nutritional guidelines that are in use by staff on a daily basis.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| All Nursing interventions, activities and procedures are based on the recommendation of other Multidisciplinary Team and are supported by research evidence or guidelines. A validated tools are being used by nursing staff to assess the needs of the Residents. | Compliant |

| Section E | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.6**<br>• **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.**<br>**Criterion 12.11**<br>• **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.**<br>**Criterion 12.12**<br>• **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.**<br>**Where a patient is eating excessively, a similar record is kept.**<br>**All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Contemporaneous nursing records in accordance with NMC guidelines are kept of all nursing interventions, activities , procedures and referrals. | Compliant |

| Section F | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.7**<br>• **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Residents receive safe, effective Nursing care based on a holistic assessment that commences on admission. Nursing Care is planned and agreed with the Resident and their representative. | Compliant |

| Section G | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 5.8**<br>• **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.**<br>**Criterion 5.9**<br>• **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Residents are encouraged and facilitated to participate in reviewing outcomes of care and to attend or contribute to. The results of all reviews and the minute of review meetings are recorded and, where required changes are made to the nursing care plan with the agreement of Residents and their Representatives. | Compliant |

| Section H | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 12.1**<br>• **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.**<br>**Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.**<br>**Criterion 12.3**<br>• **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.**<br>**A choice is also offered to those on therapeutic or specific diets.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Residents and their representatives are being involved with menu planning. They are provided with nutritious and varied diet to meet their individual needs. Their dietary needs and preferences are recorded. A choice of menu is also being offered. Any recommendation of dieticians and other professionals are taken into full account. | Compliant |

| Section I | |
|---|---|
| **Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.** | |
| **Criterion 8.6**<br>• **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.**<br>**Criterion 12.5**<br>• **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.**<br>**Criterion 12.10**<br>• **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:**<br>o **risks when patients are eating and drinking are managed**<br>o **required assistance is provided**<br>o **necessary aids and equipment are available for use.**<br>**Criterion 11.7**<br>• **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.**<br><br>**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20** | |
| **Provider's assessment of the nursing home's compliance level against the criteria assessed within this section** | **Section compliance level** |
| Nurses have up to date knowledge and skills in managing feeling techniques for Residents who have swallowing difficulties ensuring that instruction drawn up by the SALT are adhered to.<br>Meals are provided at conventional times<br>All staff are aware of any matters concerning Resident's eating and drinking as detailed in care plan Required assistance is provided. | Compliant |

| PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5 | COMPLIANCE LEVEL |
|---|---|
| | **Compliant** |

**Appendix 2**

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

| **Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.** | **Basic care: (BC) – basic physical care e.g. bathing or use if toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.** |
|---|---|
| • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally)<br><br>• Checking with people to see how they are and if they need anything<br><br>• Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task<br><br>• Offering choice and actively seeking engagement and participation with patients<br><br>• Explanations and offering information are tailored to the individual, the language used easy to understand ,and non-verbal used were appropriate<br><br>• Smiling, laughing together, personal touch and empathy<br><br>• Offering more food/ asking if finished, going the extra mile<br><br>• Taking an interest in the older patient as a person, rather than just another admission<br><br>• Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away<br><br>• Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual's care in front of others | Examples include:<br>Brief verbal explanations and encouragement, but only that the necessary to carry out the task<br><br>No general conversation |

| **Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.** | **Negative (NS) – communication which is disregarding of the residents' dignity and respect.** |
|---|---|
| **Examples include:**<br><br>• Putting plate down without verbal or non-verbal contact<br>• Undirected greeting or comments to the room in general<br>• Makes someone feel ill at ease and uncomfortable<br>• Lacks caring or empathy but not necessarily overtly rude<br>• Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact<br>• Telling someone what is going to happen without offering choice or the opportunity to ask questions<br>• Not showing interest in what the patient or visitor is saying | **Examples include:**<br><br>• Ignoring, undermining, use of childlike language, talking over an older person during conversations<br>• Being told to wait for attention without explanation or comfort<br>• Told to do something without discussion, explanation or help offered<br>• Being told can't have something without good reason/ explanation<br>• Treating an older person in a childlike or disapproving way<br>• Not allowing an older person to use their abilities or make choices (even if said with 'kindness')<br>• Seeking choice but then ignoring or over ruling it<br>• Being angry with or scolding older patients<br>• Being rude and unfriendly<br>• Bedside hand over not including the patient |

References

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol *pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.

# Quality Improvement Plan

# Unannounced Care Inspection

## Scrabo Isles

## 25 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Annalyn Depayso registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

**These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|---|---|---|---|---|---|
| 1. | 19.1 | It is recommended that the registered manager ensure that the comprehensive continence assessment tool not currently in use is added to the electronic records and included as a regular assessment of patient need.<br><br>This assessment should be used in addition to the assessment of continence product assessment.<br><br>**Ref section 10** | One | Copy of continence assessment tool forwarded to Epicare to be added to the electronic records and will be included as a regular assessment of Resident's needs. However while waiting for the electronic records, Nursing staff will use the paper form and will be updated monthly or less as needed. | By end December 2014 |
| 2. | 19.2 | It is recommended that the registered manager develop and expand the current continence policy and source further additional guidance documentation on the management of continence.<br><br>The following documents should be made available to staff and should inform the development of the management of continence policy;<br><br>• RCN continence care guidelines<br>• British Geriatrics Society Continence Care Residential and Nursing Homes<br>• NICE guidelines on the management of | One | New Policy on Stoma , catheter and continence care developed.<br>The following documents are now available to staff :<br>- RCN continence care guidelines<br>- British Geriatrics Society Continence Care Residential and Nursing Homes<br>-NICE guidelines on the management of urinary incontinence<br>-NICE guidelines of Faecal incontinence | By end December 2014 |

| | | | | | |
|---|---|---|---|---|---|
| | | urinary incontinence<br>• NICE guidelines on the management of fae incontinence<br><br>**Ref section 10.0** | | | |

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

| | |
|---|---|
| **NAME OF REGISTERED MANAGER COMPLETING QIP** | Annalyn Depayso |
| **NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP** | Robert Duncan |

| **QIP Position Based on Comments from Registered Persons** | **Yes** | **Inspector** | **Date** |
|---|---|---|---|
| Response assessed by inspector as acceptable | yes | Linda Thompson | 29/12/14 |
| Further information requested from provider | | | |