

Unannounced Care Inspection Report 3 May 2016



Scrabo House

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Inspector: Ruth Greer

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Scrabo House took place on 3 May 2016 from 9.50 to 15.45.

The inspection sought to assess progress with any 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?

Findings as a result of this inspection evidenced that the care provided in Scrabo House is safe.

Is care effective?

Findings as a result of this inspection evidenced that the care provided in Scrabo House is effective.

Is care compassionate?

Findings as a result of this inspection evidenced that the care provided in Scrabo House is compassionate.

Is the service well led?

Findings as a result of this inspection evidenced that Scrabo House is well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Mrs and Mrs Buchanan registered manager and person in control, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Scrabo House	Registered manager: Elizabeth Buchanan
Person in charge of the home at the time of inspection: Elizabeth Buchanan	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 17
Weekly tariffs at time of inspection: £578	Number of residents accommodated at the time of inspection: 16

3.0 Methods/processes

Prior to inspection we analysed the following records: the report of the previous inspection and all notifications of accidents/incidents since the previous inspection.

During the inspection the inspector met with 11 residents, three care staff, a catering staff, one visiting professional and two residents' visitors/representative.

The following records were examined during the inspection:

- Staff duty roster
- Competency and capability assessments
- Staff training records
- Statement of purpose
- Residents' guide
- Accidents/incidents
- Complaints/compliments
- Programme of activities
- Audit of supervision
- Evaluation report of residents/relatives satisfaction questionnaires
- Policies on -: Recruitment and selection, Infection prevention and control, Accidents, Safeguarding vulnerable adults, Whistle blowing, Supervision, Induction.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 November 2015

The most recent inspection of Scrabo House was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 24 November 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. On the day of the inspection an additional staff member was on duty to help care for one resident who had been assessed as requiring a transfer to a specialist unit. The additional member of staff meant that the home could continue to accommodate the resident until a suitable alternative was found. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty –

Registered person x1
 Registered manager x 1
 Trainee manager x 1
 Care staff x 3
 Domestic x 1
 Catering x1

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained in the form of certificates. A review of a sample of staff competency and capability assessments were reviewed.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The registered manager undertakes a monthly audit of the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established a safeguarding champion. A notice had been prepared and was on view which identified the safeguarding champion. This proactive approach to the new safeguarding guidance and standards is commendable.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff most recently on 12 January 2016.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges, bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities in March 2015. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred. It was noted that domestic type bed guards were in place for two residents. Review of the care records showed that the provision of these items had been discussed and agreed with the resident and their family. However a recommendation has been made that a professional opinion of the guards should be sought in regard to the safety and suitability of their use.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that one area of restrictive practice employed within the home was a keypad entry system. The registered manager confirmed that no other areas of restrictive practice were used within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 19 February 2016, identified that there had been no recommendations arising. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently in February 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas for improvement

One recommendation has been made in relation to risk assessments of the use of bed guards identified at this inspection.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans take place on a monthly basis. Further evidence of audits was contained in the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. Staff confirmed that they had received training in communication/customer care/how to deal with complaints in March 2016.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity/who required specialist supports. On the day of the inspection a Befriender from a voluntary organisation was in the home and took several residents out for coffee.

The inspector spoke with a community nurse who was providing a service to a resident in the home. The nurse confirmed that the home provides effective care and she stated that any advice she gives is always complied with.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home’s policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, and two relatives confirmed that residents’ spiritual and cultural needs were met within the home. .

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff were also able to demonstrate how residents’ confidentiality was protected.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Raised flower beds have been provided in garden and residents were seen enjoying this hobby. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. The comments all rated care in the home as excellent.

A selection of comments made to the inspector can be seen below.

Residents

“You wouldn’t get better than here”

“The food is delicious”

“I can stay in my room or join the company, whatever I like”

“Staff are more than kind”

Relatives

“Our family is very pleased with the care X receives”

“I have experience of other homes and none could touch this one”

“This is better than the best”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. No complaints had been received since the previous inspection.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered person and registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager and the registered provider are fully involved in the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was prominently displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Staff informed the inspector that the registered persons were always available for support/advice and that the manager's "door was always open"

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	
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5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr and Mrs Buchanan (registered person and 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 The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) 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 care.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

Recommendations

Recommendation 1

Ref: Standard 8.2

Stated: First time

To be completed by:
30 May 2016

The registered person should make contact with the primary health team to seek professional advice in regard to the use of domestic bed guards

Response by registered person detailing the actions taken:

The Primary Health Team, including GP, Physiotherapy Dept and District Nursing were contacted and they all stated this was not their remit. Occupational Therapy Dept were contacted and we requested an OT assessment on any resident in Scrabo House using aids. They stated that they could only carry out an assessment on aids they provide, and that we were accountable for our own risk assessments (which we had in place before any aids were provided), and that if circumstances should change, they were available for advice or guidance if we were unsure of anything. On completion of all assessments they made no alterations, additions or removal of any aids currently in use. Written consent from the residents and next of kin was in place before use of any aids, and it was again confirmed that they want the aids to remain in place.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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