

**The Regulation and
Quality Improvement
Authority**

Announced Pre-Registration Inspection

Name of Service and ID: Scrabo House (1652)
Date of Inspection: 10 December 2014
Inspector's Name: Kylie Connor
Inspection ID: 16650

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

Name of Service:	Scrabo House
Address:	203 Scrabo Road Newtownards BT23 4SJ
Telephone number:	(028) 9182 6384
E mail address:	scrabohouse@live.co.uk
Registered Organisation/ Registered Provider:	Mr Alexander Buchanan
Registered Manager:	Mrs Elizabeth Buchanan
Person in charge of the home at the time of inspection:	Mrs Elizabeth Buchanan
Categories of care:	RC-I, RC-DE
Number of registered places:	The proposal is to increase the number of beds to eighteen
Number of residents accommodated on Day of Inspection:	9
Scale of charges (per week):	£489 for a double/twin room and £534 for a single room
Date and type of previous inspection:	31 March 2014 Secondary Unannounced Care Inspection
Date and time of inspection:	10 December 2014 10.00am to 3.50pm
Name of Inspector:	Kylie Connor

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 residential care homes. A minimum of two inspections per year are required.

This is a report of an announced pre-registration inspection to assess the readiness of the home to admit residents to the new extension.

3.0 Purpose of the inspection

The purpose of this announced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service is ready to admit residents to the new extension. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

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:

- Analysis of submitted pre-inspection information
- Pre-inspection site meeting
- Discussion with the registered provider and registered manager
- Examination of records
- Discussion with staff
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during the previous inspection and to carry out a pre-registration inspection of the new extension to determine the home's readiness to admit residents.

The inspector has rated the home's Compliance Level. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 Profile of service

Scrabo House Private Residential Home is situated on the Scrabo Road on an elevated site beneath Scrabo Tower and overlooking the town of Newtownards and the upper end of Strangford Lough. Mrs Elizabeth Buchanan is the Registered Manager. Mr Alexander Buchanan is the Registered Provider and plays a complementary role in the management of the home.

The home is set into the hillside and is a modern purpose built residence. The home is attached to the family home of Mr and Mrs Buchanan. Accommodation is provided on both the ground floor and first floor. Access to the first floor is via a passenger lift and stairs.

Three en-suite bedrooms, two communal lounges, a dining room, sun room, casual seating area, kitchen, laundry, a store/utility room, office, two rooms for staff use and a designated staff toilet are located on the ground floor.

The accommodation on the first floor consists of a dining area, a designated visitor toilet, two double/twin bedrooms and ten single bedrooms. A number of communal sanitary facilities are available throughout the home.

Residents have access to secure outdoor space and to seating outside the main door.

The exterior of the home is well maintained and has car parking for visitors. An attached garage is used for storage including; garden furniture and equipment.

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

Residential care

I	Old age not falling into any other category
DE	Dementia

7.0 Summary of inspection

This announced pre-registration inspection of Scrabo House was undertaken by Kylie Connor on 10 December 2014 between the hours of 10.00am and 3.50pm. Mr Colin Muldoon, estates inspector also accompanied Kylie Connor and his report is issued separately.

Mr and Mrs Buchannan, Mr G Buchannan and for a period of time Mr M Allen, Consultant were available during the inspection and for verbal feedback at the conclusion of the inspection.

The two recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified.

The inspection was planned to determine the readiness of the home for registration of the additional beds provided by the new extension. Prior to the inspection supporting

information and documents were requested by the care and estates inspectors. Pre-inspection analysis with follow-up correspondence was exchanged and a site meeting took place on 4 November 2014.

The areas of the new extension viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were completed to a high standard.

During feedback, the inspectors confirmed that the variation was approved for an increase from nine to seventeen beds. The minimum standards do not permit the registration of shared rooms and therefore the occupancy of the home will increase to 17 instead of the requested 18 beds.

Two requirements and one recommendation were made and details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, registered provider, consultant and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 31 March 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	20.15	All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.	A review of the accident book identified that one accident had occurred since the previous inspection and this had been notified to RQIA. A review of the incident book which commenced on 26 May 2014. This is addressed	Compliant
2	27 E9 (Section 2)	The lighting in the identified bathroom should be improved.	Observation of the lighting levels in the identified bathroom demonstrated that an improvement has been made. This recommendation is addressed.	Compliant

9.0 Inspection Findings

9.1 Statement of Purpose

A revised Statement of Purpose was submitted prior to the inspection.

The statement of purpose was found to be detailed and comprehensive. Mr Buchanan agreed to ensure that the number of beds registered is accurately reflected.

9.2 Residents' Guide

A Residents Guide was submitted prior to the inspection. The inspector confirmed that this document was comprehensive in detail.

9.3 Administration

(a) Policies and Procedures

The policy and procedure manual was made available and was centrally indexed. The following policies and procedures were reviewed;

- clothing/laundry policy (reviewed March 2014). This policy should be updated to reference the Department of Health Infection Control Guidance for Care Homes (2006)
- admission Policy and procedure (reviewed March 2014). This referred to the need for a well-planned admission and reflected a person centred approach
- nurse call system policy (reviewed March 2014). Mr and Mrs Buchannan were advised to review this policy to include a procedure to be taken when a resident declines to wear a pendant or is unable to use it
- policy on accidents and injury to residents and staff (reviewed March 2014). This policy was appropriately maintained.

The registered persons should ensure that the policies detailed above are updated as required and that all up to date professional guidance is used in this process.

One recommendation is made.

(b) Care Records

Discussion with Mr and Mrs Buchanan made during the inspection confirmed that appropriate systems and processes were in place for the management of care records and maintaining resident confidentiality. Mr and Mrs Buchanan stated that care records will be stored in a lockable filing cabinet situated in the office opposite the front door. There was assurance given that confidential telephone calls are and will continue to be made in private.

9.4 Staffing

A proposed staff duty roster was submitted prior to the inspection.

The inspector discussed the management of the staff duty roster with the registered manager and the following areas were identified for improvement;

- a staff duty roster must be maintained in the home to evidence the hours planned and actually worked by all care and ancillary staff
- this roster must be available for inspection
- the registered persons must ensure that their direct care hours and management hours are recorded separately on the rota.

A requirement has been made.

It was confirmed by Mr and Mrs Buchanan that proposed admissions to the home will be completed in a phased manner, so as to enable staff sufficient time to become familiar with newly admitted residents and plan care accordingly. A phased approach to admission will also afford residents time to settle in and become accustomed to life in Scrabo House.

9.5 Staff Training

The inspector examined the management of mandatory training as part of the inspection process.

Mandatory training was evidenced to be well maintained.

In addition to mandatory training, attendance records identified that training in dementia had been provided on 17 June 2014. Mr Buchanan and staff spoken to confirmed that a system for on-line training is available for staff to complete.

9.6 The Environment

All areas of the home presented as clean, organised, adequately heated and fresh smelling throughout. Mandatory environmental improvements necessary for this variation application to be progressed had been completed, to comply with a number of areas within the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).

Emphasis was placed by the inspectors' on the importance of dementia friendly design which is appropriate to the needs of the residents. Mr and Mrs Buchanan gave examples of individualised signage in use.

A dementia design audit tool had been completed.

The new communal living room has a laptop available for residents to use without charge, to keep in touch with relatives and friends, with support from staff. Mr and Mrs Buchanan confirmed that seating in this room, will be reviewed to ensure it is adequate as new residents are admitted.

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with six residents in the living room and spoke to them in groups of two. Five residents participated in providing feedback. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

10.2 Staff consultation

The inspector spoke with two members of staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. No concerns were expressed or indicated.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr and Mrs Buchanan 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:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

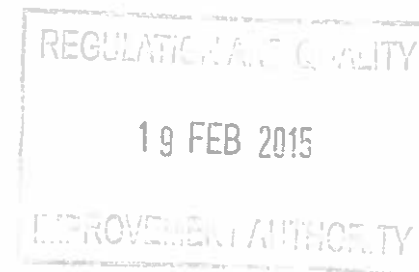
Kylie Thompson

RP. **Kylie Connor**
 Inspector/Quality Reviewer

Date 10/2/15.



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

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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 Mr and Mrs Buchanan 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.

(2)

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12 (1)	<p>Requirements to ensure quality of care and other service provision</p> <p>The registered persons must ensure that current best practice guidelines are used when reviewing and updating policies and procedures.</p> <p>Best practice guidelines should be sourced and made available in the home to guide and inform practice.</p> <p>Ref section 9.3.</p>	One	<p>REVIEWED + IMPLEMENTED.</p>	By end February 2015

2	19 (2) Schedule 4 (7)	<p>Other records to be kept in a residential care home</p> <p>The registered persons must ensure that a copy of the duty roster of persons working at the home, and a record of whether the roster was actually worked is maintained.</p> <ul style="list-style-type: none"> The duty roster, over a 24 hour period should state the capacity in which staff worked and indicate who was in charge in the absence of the registered manager <p>Section 9.6 of the report refers.</p>	One	ACTIONED	From the date of inspection and ongoing
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Recommendations

These recommendations are based on The Residential Care 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	21	<p>It is recommended that the registered persons review and update the following policies and procedures;</p> <ul style="list-style-type: none"> review policy on clothing/laundry to ensure compliance with the Department of Health Infection Control Guidance for Care Homes (2006). Ensure that a comprehensive procedure reflects the management of all laundry in the home <p>Ref sections 9.4 and 9.8.</p>	One	<p>REVIEWED & UPDATED.</p>	By end February 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: A. Buchanan

NAME: A. BUCHANAN
Registered Provider

DATE 12/2/2015

SIGNED: E. Buchanan

NAME: E. Buchanan
Registered Manager

DATE 12/2/2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			