

# Inspection Report

## 20 December 2021



### Scrabo House

Type of Service: Residential Care Home  
Address: 203 Scrabo Road, Newtownards, BT23 4SJ  
Tel no: 028 9182 6384

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Scrabo House  <b>Registered Person:</b> Mr Alexander Buchanan	<b>Registered Manager:</b> Mrs Elizabeth Buchanan  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Elizabeth Buchanan	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 17 residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 December 2021, from 9.35am to 3.35pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Residents said that living in the home was a good experience. Residents unable to clearly voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified in relation to the staff duty rota, needs and falls risk assessments and ensuring staff are 'bare below the elbow' when on duty in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### 4.0 What people told us about the service

We spoke with twelve residents during the inspection, either individually or in groups. Residents were positive about their experiences living in the home, and told us they enjoyed the company of the other residents and that the staff were lovely and friendly. Specific comments included, "Elizabeth (manager) runs this place very well" and "I couldn't say a bad word about it (the home)".

During the inspection, we spoke with one resident's relative who was very complimentary about the care provided in the home, stating "If I could give it ten stars, I would. I couldn't ask for more." The relative praised the communication in the home, and felt management were proactive and ensured that relatives were involved and consulted about any aspect of their relative's care.

The four staff we spoke with reported they had no concerns about the care being provided in the home. Staff described a caring, family atmosphere in the home, and stated they felt management were supportive and helpful.

Following the inspection, we received nine completed resident's questionnaires. All respondents confirmed that they felt safe in the home, that staff were kind, that their care was good and that the home was well organised. Residents highlighted the kindness of staff and told us they felt very comfortable and safe in the home.

No other feedback was received from staff or resident's relatives following the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 March 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.1  <b>Stated:</b> First time	The registered person shall ensure that all actions recommended in fire risk assessment are addressed, signed and dated when completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the home's most recent fire risk assessment dated 9 September 2021 evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. Advice was given to further improve the robustness of this system by including relevant dates within recruitment records.

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. However; staff's full names were not used on the rota. An area for improvement was identified.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, several residents enjoyed a lie in and breakfast in bed on the day of inspection. Some residents enjoyed a Christmas themed arts and crafts session after lunch, while other residents preferred to read or watch television.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff stated, "We always make time for the residents. I love hearing them chat about their lives, and we always try and change things up so they don't get bored!"

Residents confirmed that staff knew them well and knew how best to help them.

One resident's relative told us they had no concerns regarding staffing levels in the home and felt that the staff and management were always available and able to keep them updated on their relative's care.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Some needs assessments had not been dated and signed by the staff member who completed them. Overall, care records were maintained and updated to ensure they continued to meet the residents' needs. There was evidence that, where a resident was at risk of falling, measures to reduce this risk were put in place. For example, onward referral was made to their GP, or for physiotherapy. However; this detail was not fully recorded and updated in falls risk assessments. An area for improvement was made.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents' individual likes and preferences were reflected throughout the records. Care plans contained information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and visitors.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However; some staff were not fully adhering to hand hygiene best practice as they were not 'bare below the elbow'. Staff were observed either wearing a long sleeved top, a wrist watch or had long, painted nails. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance.

### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or spend time in their bedrooms if they preferred not to use the communal areas.



It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff in the home. The range of activities included social, community, cultural, religious, spiritual, creative and seasonal events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents. One resident's relative explained how they had been involved and consulted about visiting arrangements, including their preferences for visiting over the Christmas period.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

There was a system in place to manage complaints. Residents and one relative said that they knew who to approach if they had a complaint and that they had confidence that any complaint would be managed well.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. Discussion with management confirmed that accidents and incidents were managed in line with the home's registration as a residential care home.

There was evidence of auditing across some aspects of care and services provided by the home. For instance, there were good systems in place regarding the management of the home's environment, health and safety arrangements and staff's professional registration with Northern Ireland Social Care Council (NISCC). There was also clear evidence of regular consultation and meetings with residents, their relatives and staff about the care being delivered in the home. Management described how additional checks, such as monitoring of staff's adherence to IPC measures, are completed on an 'ad hoc' basis. However; written records of these were not maintained. The need to implement a more robust and traceable system of audits was discussed with the management team, to better evidence how management were assuring themselves of the quality of the care and service delivery in the home. The deputy manager outlined planned improvements to management and governance systems, and provided adequate assurances about how this would be addressed. Therefore, an area for improvement was not identified on this occasion.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure staff's first and last name is recorded on the staff duty rota, to ensure a full and accurate record is kept of all staff working in the home over a 24-hour period.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The Staff Duty rota will be completed with full names instead of christian names.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.4 and 5.5  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure needs and risk assessments are signed and dated by the member of staff responsible for carrying it out. Falls risk assessments are amended and updated as changes occur, including actions taken by the home to manage the risk.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All assessments will be fully completed.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person provides information, training, supervision and monitoring of staff to ensure full adherence to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically that staff are bare below the elbow when on duty. Please refer to the following link for details: <a href="https://www.niinfectioncontrolmanual.net/hand-hygiene">https://www.niinfectioncontrolmanual.net/hand-hygiene</a>  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> While our home has remained Covid free throughout the pandemic, staff have been reminded to adhere to the details of their Infection Prevention training , specifically, bare below the elbow. This will be monitored and supervised.

***\*Please ensure this document is completed in full and returned via Web Portal\****



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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