



The Regulation and
Quality Improvement
Authority

Scrabo House
RQIA ID: 1652
203 Scrabo Road
Newtownards
BT23 4SJ

Inspector: Ruth Greer
Inspection ID: IN22246

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**Unannounced Care Inspection
of
Scrabo House**

26 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 26 June 2015 from 9.50 to 3.15. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas of improvement were identified during this inspection. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

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

2. Service Details

Registered Organisation/Registered Person: Mr Alexander Buchanan	Registered Manager: Mrs Elizabeth Buchanan
Person in Charge of the Home at the Time of Inspection: Mrs Buchanan	Date Manager Registered: 23/04/2002
Categories of Care: RC-DE, RC-I	Number of Registered Places: 17
Number of Residents Accommodated on Day of Inspection: 17	Weekly Tariff at Time of Inspection: From £505 to £550

3. Inspection Focus

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

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection the following records were analysed: the previous quality improvement plan and notifications to RQIA since the last inspection.

During the inspection the inspector met with 15 residents, 2 care staff, 2 management staff (in addition to the manager) and 4 residents' visitors/representatives.

The following records were examined during the inspection:

- Policy on death and dying
- Policy on the management of continence
- Accidents
- Complaints
- Care files (5)

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 11 December 2014. The completed QIP was returned and approved by the specialist inspector.

The previous care inspection was dated 10 December 2014

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 12.1	Requirements to ensure quality of care and other service provision The registered persons must ensure that current best practice guidelines are used when reviewing and updating policies and procedures. Best practice guidelines should be sourced and made available in the home to guide and inform practice.	Met
	Action taken as confirmed during the inspection: We inspected a number of randomly selected policies. These were found to be up to date and to reference, where appropriate, best practice guidance.	
Requirement 2 Ref: Regulation 19 (2) Schedule 4 (7)	Other records to be kept in a residential care home 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. <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 	Met
	Action taken as confirmed during the inspection: A copy of the duty roster for the 4 weeks prior to this inspection was reviewed. This was found to be maintained as appropriate.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 21	It is recommended that the registered persons review and update the following policies and procedures; <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 	Met
	Action taken as confirmed during the inspection: We reviewed the policy on laundry which was dated 19 December 2014. The policy referenced the DHSSP guidance on Infection Control 2006 and Management of Laundry in Residential Care Homes.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed health care needs which prevent this. We were informed that there have been several occasions when residents have died in the home. We inspected the home's policy on death and dying dated March 2015. This was a comprehensive document which provided guidance for staff in the event of an expected or sudden death. The policy referenced guidance on death produced by C.R.U.S.E. Booklets of information on the death of a family member, produced by the Health and Social Care Board, were available and are given to families when required. There was an advanced care plan in place completed by the GP in one of the files examined. The registered manager informed us that the completion of this document is dependent on the individual GP.

Is care effective? (Quality of Management)

The manager of this home is a former palliative care nurse. We were informed that this specialist experience is used to demonstrate best care practice when caring for a dying resident. Training for staff in Grief Awareness was arranged for staff in May 2015. The home's needs assessment for residents include an element on end of life wishes. *"Have you any special requests in the event of becoming seriously unwell?"* and *"In the event of illness do you wish pastoral care?"* We were informed that families were welcome to sit with residents and that the home provides refreshments for them. Priests and ministers are welcome at any time.

Is care compassionate? (Quality of Care)

Staff who spoke with us stated that they feel care in the home is compassionate especially at the end of life stage. If a resident is unwell other residents are free to visit with them, if appropriate. When the death of a resident occurs the other residents are informed sensitively in small groups or individually.

We were informed that the home's internal policy was that dying residents are never left alone. Where there are no family members available, staff and management take turns to sit with the resident. Staff who spoke with us described their role in caring for residents who have been very ill and at the end of life stage. Staff advised us that they were aware of the importance of hydration and pain control. Staff demonstrated knowledge of the basic care needs of a very ill resident and of the importance of keeping families informed and involved.

Areas for improvement

There were no areas identified for improvement in relation to Standard 14 - death and dying the care is assessed as safe, effective and compassionate. The home is commended for the standard of guidance for staff in the policy and the provision of training.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of Life)

The home had a policy on the management of continence. The policy was comprehensive and referenced good practice guidance. The policy was underpinned by sound values. For example "*Promoting confidence can restore an individual's sense of dignity*" A review of residents' care files found that, where indicated, a plan of care was in place for managing continence. Any issues identified were referred to district nursing.

There were adequate supplies of aprons, gloves and hand sanitisers available. Our discussions with staff, observation of practice and inspection of care records identified no areas of mismanagement in this area.

Is care effective? (Quality of Management)

Management were aware of the implications of incontinence on skin integrity and monitor this area of care for residents who are incontinent. In the first instance continence products are prescribed by a district nurse. The home then re orders supplies two monthly. Incontinence products are disposed of in line with infection control guidelines.

Is care compassionate? (Quality of Care)

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

There was evidence that there is a good standard of continence management in the home which was person centred, underpinned by informed values and delivered with compassion.

Areas for improvement

In relation to the theme of managing continence there were no areas identified for improvement.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents views

We spoke with most of the residents in the home at the time of this inspection. They all expressed that they are happy in the home and with the care they receive. A selection of their comments is as follows:

“The staff aren’t just good, they make me laugh”

“The food is lovely”

“This is a great home, we are well looked after”

5.5.2 Relatives/representatives views

We spoke with 3 relatives, one visiting clergyman and one visitor who was a befriender to a resident. All spoke positively about the home. A letter had been left by another family for the inspector. A selection of the comments is as follows:

“I’m not just happy with my Mum’s care I’m ecstatic”

“I just want to thank the home for the way they cared”

“I’ve visited in many places over my career, none would touch this place”

5.5.3 Staff views

We spoke with staff on duty and 3 staff questionnaires were completed and returned in time for inclusion in this report. Comments made on the day and in the questionnaires confirmed that staff morale is high and care for residents is of a good standard. Staff were knowledgeable about the residents in their care and demonstrated a caring and compassionate approach when describing their daily work. Staff confirmed to us that they have not seen any poor practice in the home. One staff member stated “we always go the extra mile to make life good for residents”

5.5.4 Environment

The home’s internal environment was found to be well furnished and in good decorative order. Communal areas were homely and welcoming. Residents’ bedrooms were individualised to suit the preferences of the occupants. There was a high standard of cleanliness throughout. No hazards were noted on our inspection of the premises.

5.5.5 Fire Awareness

An assessment of the premises in line with HTM 84 was carried out in November 2014. Fire training for staff was provided on 5 May 2015. Fire alarms were checked weekly from a different zone and the outcome recorded.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>[Signature]</i>	Date Completed	5/7/15
Registered Person	<i>A. Buchanan</i>	Date Approved	5/7/15
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	27/7/15

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

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.