



# Unannounced Care Inspection Report 26 September 2019



## Scrabo House

**Type of Service: Residential Care Home**  
**Address: 203 Scrabo Road, Newtownards BT23 4SJ**  
**Tel no: 02891826384**  
**Inspectors: Marie-Claire Quinn and Debbie Wylie**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 17 residents over 65 years of age and/or living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Scrabo House  <b>Responsible Individual:</b> Alexander Buchanan	<b>Registered Manager and date registered:</b> Elizabeth Buchanan 1 April 2005
<b>Person in charge at the time of inspection:</b> 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>Total number of residents in the residential care home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 26 September 2019 from 10.10 hours to 16.55 hours.

This inspection was undertaken by care inspectors.

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

Evidence of good practice was found in relation to staffing, the home's environment, person centred care delivery, the dementia friendly surroundings and the dining experience. Good practice was also identified in relation to the culture and ethos of the home, community involvement and activities. We were also satisfied with the management arrangements, the management of complaints and compliments and the maintenance of good working relationships in the home.

One area requiring improvement was identified in relation to ensuring care plans were fully updated.

Residents and their visitors were extremely complimentary about the care being provided in the home:

- “The home is absolutely brilliant – it can't be matched. It is hands on care, and better than any other home I've seen.”
- “This home is better than the best.”

Comments received from residents, people who visit them and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Buchanan, registered manager, and Alexander Buchanan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 25 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 February 2019. No further actions were required to be taken as a result of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from previous inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. We received one response to the questionnaires, and the respondent stated they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led.

RQIA also received correspondence from relatives who were highly complementary about the care being provided in the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire however no staff responded within the agreed time frame of two weeks.

During the inspection a sample of records was examined which included:

- staff duty rota from 23 September to 30 September 2019

- staff supervision and annual appraisal schedule
- one staff recruitment file
- staff training checklist 2018-2019
- fire safety records
- care records of four residents
- complaints and compliments records
- accident/incident records from 5 September 2018 to 30 June 2019
- dementia friendly environment audit March 2019
- RQIA registration certificate
- Annual Quality Review report 2018

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 14 June 2018

There were no areas for improvement made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

No concerns regarding staffing levels were raised by residents, visitors or staff. We saw residents being responded to in a prompt, polite and kind way. Rather than call bells, the home uses an individual buzzer system for residents to request staff.

Relatives told us:

- “It’s a gorgeous, quiet, calm place. We always felt they (relative) were safe and secure there. We were always made to feel welcome.”
- “My relative is happier now than she was at home due to the high standard of care.”
- “We have been happy and relieved with the care our relative has received. There is a homely atmosphere and all the staff have been kind and considerate towards our relative and the other residents. It is clear that the staff enjoy their work; there appears to be little or no turnover. Although my relative now doesn’t really understand their situation, they do recognise the staff as “familiar” and reassuring, which is invaluable.”

Discussion with the manager and review of one staff recruitment file confirmed that staff and volunteers were recruited safely. Review of records and discussion with staff confirmed that training and supervision were regularly provided in the home.

The home was clean, warm, tidy and well maintained. Cleaning was ongoing throughout the day. One bathroom required attention; when we raised this with management; it was immediately and effectively addressed. We discussed ways the home could further strengthen storage regarding Control of Substance Hazardous to Health (COSHH); this was immediately put into practice.

We spoke at length with management about the upcoming implementation of the Mental Capacity (NI) Act 2016 and how the home is preparing for this. There are currently some safeguards in place; the home is secured with key padded entry. This code is provided to residents with capacity, as agreed in conjunction with relatives and multi-disciplinary professionals.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the home's environment.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Care was delivered in a calm, organised manner. We observed lovely interactions between residents and staff. Staff were able to describe each residents individual needs, wishes and preferences which was evident in the person centred care we saw being delivered.

It was clear that staff had taken great care and attention when supporting residents with their personal appearance. Residents were very well-presented and told us how they enjoyed pamper days in the home, where they get their hair and nails done. Residents told us:

- "I'm very content here. I love the dog and walking outside."
- "I'm more than happy here. I have a lovely view."
- "I love it here. The décor is lovely. You don't have to wait long if you need a carer."
- "It's home from home for me. I love it here and I can go about the home when I want."
- "Very satisfactory and brilliant. The laundry is perfect."

Relatives told us:

- "We couldn't thank staff enough for all that they did for my relative. They were magic."

- “Our experience of Scrabo has been wholly positive. I am fully confident that my relative is receiving the best possible care. Having been a nurse myself for 30 years and having worked in dementia wards and care homes, I would not be able to improve on the care my relative is receiving.”

The home’s environment had been personalised and adapted in such a way to meet the needs of residents, especially those living with dementia. Communal areas were homely and inviting. The home had framed the name and meaning of residents who had lived in the home, which was a lovely personal touch. Bedrooms were personalised; residents could adjust the lighting as they wished and some liked to use memory boxes and individual signage for their bedroom. Several residents used calendars, diaries and daily schedules to good effect; staff ensure to update this with the resident and their relative, which helps reduce residents anxiety and distress. These variations depended on the needs and wishes of the resident and were adjusted accordingly.

We reviewed a sample of care records. It was positive to note that records contained written records of consent depending on the individual needs of each resident; these had been signed by the resident and/or their representative. Detailed weekly progress notes were maintained, outlining the care being provided in the home, including input from multi-agency professionals as required. This information did not always correlate with some sections in individual care plans and an area of improvement has been made under the standards.

We observed part of the lunch time meal. The use of two dining rooms helped to ensure a calm and relaxing experience for residents, with sufficient individual attention from staff. Both tables were set with cutlery, napkins, and place names. The menu was on display and residents were provided with choice throughout. Classical music was playing adding to a lovely ambience. Staff were visible, but residents were encouraged to eat independently where possible. Staff also maintained good hygiene practices. Residents told us:

- “Yes, lunch was nice.”
- “I had warm apple and custard for dessert. Lovely.”
- “I couldn’t eat another bite!”
- “The food is good and you get treats as well.”
- “Food couldn’t be better.”

One relative outlined the care and support the home had provided to improve their relative’s physical health and told us: “The food provided is homely and in suitably sized portions. My relative enjoys the meals at Scrabo and eats well.”

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to person centred care delivery, the dementia friendly surroundings and the dining experience.

### **Areas for improvement**

One area for improvement was identified during the inspection in relation to ensuring that care plans are fully updated.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We saw care being delivered in a way which protected and promoted residents' privacy and dignity. Residents were provided with choice throughout the day. We saw staff respond kindly and promptly to any expressed need from residents. Relatives told us:

- “The staff made sure (my relative) had whatever she wanted, knew her personality so well, even her favourite music, food and films. We couldn't have coped without them.”
- “They go out for coffee, get their hair done; there are great activities here.”

Good communication and information sharing was visible throughout the home. Notice boards and posters were displayed advertising areas of interest for both residents and their visitors, including advocacy services and community groups. One popular activity is a local choir group on Fridays; several residents attend to enjoy a coffee morning and some singing. Residents told us how much they enjoyed this. It was also positive to see that information on carer support was available, and the manager described how she encourages families to attend this for both education and support.

The home further maintained strong links with the community through fundraising activities. Residents choose which charity they would like to support each year; this year they have selected a charity to support families with premature babies. Residents and their families are knitting a range of items and the proceeds of this go to the charity. This is an excellent example of a meaningful activity which empowers residents.

We observed part of the afternoon's activity; residents enjoyed the quiz which incorporated elements of reminiscence therapy and memory games. There was a lovely, family style atmosphere in the room; some residents were enjoying a manicure, or enjoyed just listening to the others play the quiz. Activities varied throughout the year, for instance in the warmer weather residents enjoy the use of a sun room; sun hats, sun cream and refreshments are made available.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, community involvement and activities.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Management were hands-on and proactive throughout the inspection. Discussion with residents, relatives and staff confirmed that management were available and responsive. It was positive to note that some staff were being supported to complete additional care and management qualifications to further support effective leadership in the home.

When we spoke with staff, they confirmed that working in the home was a positive experience for residents and staff:

- “I love it here. Residents are well looked after and we’re always doing activities with them.”
- “There’s good management here. Staffing levels are very good. It’s very homely and we provide excellent care. It’s a lovely team to work with.”
- “It’s a great wee team. I like to come to work.”

The responsible individual retains daily oversight of the home. A sample of audits and the annual quality review report for 2018 were acceptable.

Review of records and discussion with staff confirmed that accidents or incidents were managed safely. Staff were able to correctly outline their roles and responsibilities under adult safeguarding and whistleblowing.

The home’s complaints policy and procedure was displayed in the home, as well as information on how to contact RQIA or the Patient Client Council with any concerns. Review of records and discussion with management confirmed that complaints were infrequent, but managed satisfactorily. Residents confirmed that they knew who the manager was and that they could speak to them if needed.

The management of compliments was also satisfactory. The home had received and retained numerous thank you cards. Individual compliments included:

- “Residents are happy and loved.”
- “You are so kind.”
- “Excellent care, so considerate of changing needs.”

Several relatives have contacted RQIA prior to and following the inspection; all have been extremely positive about the quality of care being provided in the home, and have singled out the manager for her kindness and compassion.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, the management of complaints and compliments and the maintenance of good working relationships.

## Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Buchanan, registered manager, and Alexander Buchanan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 November 2019</p>	<p>The registered person shall ensure that care plans are kept up-to-date and reflect the residents' current needs. This should include some detail on the action required to meet the residents' needs.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> We have reviewed our care plans and simplified the presentation to highlight the information required.</p>

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



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