

Unannounced Care Inspection Report

19 March 2021



Scrabo House

Type of Service: Residential Care Home (RCH)
Address: 203 Scrabo Road, Newtownards, BT23 4SJ
Tel No: 028 9182 6384
Inspector: Mandy Ellis

www.rqia.org.uk

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 residential care home registered to provide residential care for up to 17 residents.

3.0 Service details

Organisation/Registered Provider: Scrabo House Responsible Individual: Alexander Buchanan	Registered Manager and date registered: Elizabeth Buchanan 1 April 2005
Person in charge at the time of inspection: Elizabeth Buchanan	Number of registered places: 17
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 15

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

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
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Buchanan, manager, Alex Buchanan, responsible individual and Grant Buchanan, staff member, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with five residents and five staff. Questionnaires were also left in the home to obtain feedback from residents and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No completed questionnaires were received from residents or their relatives/ representatives within the indicated time frame.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- the duty rota from 8 March to 21 March 2021
- the home's registration certificate
- staff registration with their professional body
- staff training
- complaints and compliments
- two residents' care records
- the fire risk assessment
- a sample of governance records
- the annual quality report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 26 September 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of two resident care records evidenced the care records reflected the residents current assessed care needs. The care plans were reviewed at least monthly.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to respond to the needs of the residents and provide the correct level of support.

We could see the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

Staff were also able to correctly describe their roles and responsibilities regarding Deprivation of Liberty Safeguards.

6.2.2 Personal Protective Equipment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. We observed that PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE.

The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home.

6.2.3 Infection Prevention and Control and the internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge, kitchen and dining areas.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard with recent redecoration of some bedrooms and new carpet had been fitted on the stairs and corridors. It was observed that several wardrobes were not securely attached to the wall following the redecoration. This was discussed with the responsible individual who immediately started to secure the wardrobes and explained this was an oversight on their behalf. Walkways throughout the home were kept clear and free from obstruction.

We did identify some deficits in environmental cleaning and inappropriate storage. This was discussed with the responsible individual for action as required.

Within the kitchen area some cupboards were observed damaged and worn. The manager advised of plans to address the damaged cupboards once Covid-19 restrictions are lifted. This will be followed up on a future inspection.

Information displayed on notice boards throughout the home was not observed to be laminated or to have a surface that could be wiped clean in order to adhere to infection prevention and control best practice. This was discussed with the responsible individual who advised he would address the matter. Correspondence from the responsible individual on 26 March 2021 advised notices have been laminated and those unsuitable for lamination have been removed. This will be followed up on a future inspection.

6.2.4 Care delivery

We observed that residents looked well cared for were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “It’s hard to beat”.
- “The staff are very kind and helpful”.
- “I can’t complain”.
- “All the staff are nice, you could not fault them”.

The manager told us that they recognised the importance of maintaining good communication with families during the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. The responsible individual established a family message group which provides families with frequent updates about the home. Arrangements were in place to facilitate relatives visiting their loved ones at the home in a dedicated room and window visits continued for those residents who preferred this.

The inspector spoke with two family members on the telephone and one family member who was visiting during the inspection. A further two emails were received from family members. All the comments received were positive about the care their loved one received in the home and the families felt very satisfied with the communication from the management team. Comments included:

- “The staff are so caring, they go above and beyond”.
- “Alex and Elizabeth are amazing, approachable and friendly”.
- “Mum has settled and is so well looked after”.
- “Mum is happy and nurtured and so very well cared for. We could ask for no more”.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. 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 food was attractively presented and smelled appetising, and portions were generous. Residents commented positively about the food.

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a weekly record of treatment provided in the home along with the outcomes of such treatment. It was discussed with the manager how the progress notes should be updated on a daily basis going forward. This will be followed up on a future inspection.

6.2.5 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and the responsible individual and described them as supportive, approachable and always available for guidance.

The manager provided assurance that complaints were managed appropriately and that complaints, although rarely received, were viewed as an opportunity to learn and improve.

We saw that the home had received numerous cards of support throughout the current pandemic.

The responsible individual and manager both retain daily oversight of the home. A sample of weekly and monthly audits were reviewed which included environmental checks.

The annual quality review report for 2020 was reviewed and was acceptable; it was discussed with the manager and responsible individual how this could be enhanced to evidence how the home has had to adapt and change in response to the challenges presented by Covid - 19.

The manager confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

The home had a current fire risk assessment dated 13 August 2020. However, there was no evidence the required actions had been addressed or signed off by the manager. This was discussed with the manager how the actions to address any deficits identified should be documented and dated to evidence completion. This was identified as an area for improvement. The responsible individual later provided written confirmation to RQIA the actions from this risk assessment had been addressed and signed off.

The record of the accident and incidents was not available in the home on the day of inspection. It was discussed with the management team in accordance with Regulation 19 of the Residential Care Homes Regulations (Northern Ireland) 2005 records should at all times be available for inspection by RQIA. The records were later forwarded to the inspector for review. The review of the records identified one accident where RQIA were not notified. The residents' next of kin and the appropriate health and social care trust were informed. A retrospective notification was forwarded to RQIA and this will be further followed up on a future inspection.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, staffing, teamwork and communication with families.

Areas for improvement

One area for improvement was identified during this inspection. This is in relation to the home's fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

During the inspection, we observed positive interactions between staff and residents. Staff were observed to have caring, cheerful and friendly interactions with residents.

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, manager, Alex Buchanan, responsible individual and Grant Buchanan, staff member 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 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.1 Stated: First time To be completed by: 30 April 2021	<p>The registered person shall ensure that all actions recommended in fire risk assessment are addressed, signed and dated when completed.</p> <p>Response by registered person detailing the actions taken:</p> <p>The actions recommended in the Fire risk Assessment have been completed, signed and dated as requested. (31/3/2021.) On the day of inspection, the wardrobes were all re-secured following our recent programme of redecoration. The new kitchen that had been ordered since last year, but could not be fitted due to covid, has now been installed. The Annual Quality Review has also been ammended to highlight the fact that our Home has remained "100% Covid-free" for all staff and residents throughout the duration of the Pandemic and up to the present day. (11/5/2021)</p>

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

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