

Inspection Report

Name of Service: Scrabo Isles

Provider: Tona Enterprises Ltd

Date of Inspection: 11 December2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Tona Enterprises Ltd
Responsible Individual:	Mr Robert Maxwell Duncan
Registered Manager:	Ms Annalyn Depayso
<p>This home is a registered nursing home which provides general nursing care for up to 40 patients, including patients with a terminal illness. Scrabo Isles also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years.</p> <p>The bedrooms are situated over two floors with dining and communal areas on the ground floor.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 December 2024 from 09.50 am to 5.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last inspection on 23 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to the environment, the provision of activities, staff training and record keeping. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

This inspection resulted in one new area for improvement being identified. As a result of this inspection one area for improvement was assessed as having been addressed by the provider; one area for improvement regarding medicines management has been carried forward for review at a future inspection. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "The staff are very good and provide me with assistance to ensure all my care needs are met. I like to have my meals in the lounge and staff facilitate this for me" and "I like living here and the staff are kind. I'm offered the choice of the activities I want to attend. We are also given a choice of daily meal options. I enjoy the food and they give me a generous helping".

Patients' relatives spoken with said, "This is a good home. It's well organised and clean and Dad receives very good care. I have no concerns at all" and "Staff and the manager are attentive and approachable. Communication is very good as we're kept well informed of any changes. I have no issues but I know I could discuss anything with staff and would be confident that the matter would be addressed promptly".

Staff said they were provided with good support and training. They confirmed that there were good working relationships; that the manager was caring and approachable and that they felt well supported in their role.

Following the inspection, we received seven completed patient/patient representative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. It was observed that patients were enjoying their meal and their dining experience. Staff demonstrated their knowledge of patients'

individual needs, likes and dislikes regarding food and drinks. They were able to describe the various international dysphagia diet standardisation initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks. However, the daily menu outlining what was available at each meal time for patients was not displayed. An area for improvement was identified.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as reminiscence sessions, quizzes and arts and crafts. Staff said Christmas preparations were underway with a planned Christmas party. On the morning of inspection patients were entertained by 'The Singing Priest' and in the afternoon patients were observed to enjoy a game of balloon volleyball with staff.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

On arrival to the home it was noted that planned building work was underway by contractors. The area had been partitioned off with minimal disruption to patients. An application to vary the registration of the home had been appropriately submitted to RQIA prior to the commencement of the work.

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Equipment used by patients such as hoists, shower chairs and wheelchairs were noted to be effectively cleaned.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

Since the last inspection there has been no change in the management arrangements. Ms Annalyn Depayso has been the manager in this home since 27 March 2009.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

An application to vary the registration of the home was submitted to RQIA and the manager advised that work was ongoing. RQIA are satisfied that work has commenced and on completion this will be reviewed at a future inspection.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Annalyn Depayso, Registered Manager, 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 Care Standards for Nursing Homes (December 2022)	
<p>Area for Improvement 1</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 23 April 2024</p>	<p>The registered person shall ensure that medicines are stored safely and securely as stated in the report.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 11 December 2024</p>	<p>The registered person shall ensure that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Daily menu is always displayed in the dining room to show service users what is available each meal time . Individual Resident is also being informed by the Kitchen staff every morning regarding menu for the day .This is to give them the opportunity to choose their preferred meal either from the menu or would make specific request . During the inspection, unfortunately the cook forgot to display the menu for the day because the menu board was obscured by a Christmas Tree .</p>

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