

Inspection Report

25 June 2024 & 4 July 2024



Scrabo House

Type of Service: Residential Care Home
Address: 203 Scrabo Road, Newtownards, BT23 4SJ
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Scrabo House	Registered Manager: Mr Grant Alexander Buchanan
Registered Person: Mr Alexander Buchanan	
Person in charge at the time of inspection: 25/06/2024 – Alexander Buchanan 04/07/2024 – Grant 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 care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 17 residents. Residents have access to communal lounge, dining areas, conservatory and outside garden.	

2.0 Inspection summary

An unannounced inspection took place on 25 June 2024, from 9.30 am to 3.30 pm and on 4 July from 11.15 am to 3.30 pm 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.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Staff spoke positively of their experiences working in the home and of the support provided by the management team. Additional comments received from the residents, family members and staff are included in the main body of the report.

There was a concern highlighted to the inspector by the Responsible Individual for the home, in relation to a complaint. The South Eastern Health and Social Care Trust (SEHSCT) are managing this complaint through the complaints process. RQIA have requested the home manager to provide updates on the investigation as it continues.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve governance systems, staff practice and the residents' lived experience in the home.

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.

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 residents, relatives, staff or the Commissioning Trust.

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 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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are helpful”, “staff are very kind” and “staff are fantastic, I have no complaints”.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the management team are supportive, approachable and available for advice and guidance.

RQIA received feedback from some resident’s relatives and representatives during and following the inspection. They spoke highly of the care provided in the home, stating that they were happy with the care and support being provided to their loved ones.

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 31 January 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The responsible person shall put measures in place to ensure, residents do not have access to any substances hazardous to their health such as cleaning or laundry chemicals and ensure that the laundry door is kept locked at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement as stated was met in relation to COSHH requirements within the laundry.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that, staff complete Deprivation of Liberty Safeguards Training Level 2 and or level 3 commensurate with their role and function in the home.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was not met and will be stated for a second time.</p> <p>Please see section 5.2.1 for further details.</p>	Not met
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that individual risk assessments are completed to inform the care planning process and kept under review for the identified residents.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was not met and will be stated for a second time.</p> <p>Please see section 5.2.2 for further details.</p>	Not met
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 13.4</p>	<p>The responsible person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 22 Stated: First time	<p>The responsible person shall ensure that when residents and staff meetings are held that robust records are maintained for each meeting in accordance with Minimum Standards 1.5, 22 and 25.8; and good record keeping principles.</p> <p>For example, notes or minutes should be, detailed, preferably typed and include the following;</p> <ul style="list-style-type: none"> - date of meeting - names of all those attending - outline of the discussions held - Details of any actions agreed - who is responsible for the action and the date it is to be achieved by. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and will be stated for a second time.</p> <p>Please see section 5.2.5 for further details.</p>	Not met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. However, a review of the staff training matrix evidenced that Deprivation of Liberty Safeguards (DoLS) training had not been completed as required. An area for improvement has been stated for a second time.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this evidenced that all staff who were required to be registered with NISCC, had this in place.

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 and managed any distressed reactions in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and they enjoy working in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team (SALT).

Some care records had not been regularly reviewed or updated to ensure they continued to meet the needs of residents. For example, a resident's care plan and risk assessment had not been reviewed to include details of their mental health care and support needs, despite this being an identified area of need. This resident also needed a specialised mattress for pressure relief, but did not have a care plan in place for this. Another resident who required a modified diet following assessment by the Speech and Language Team, did not have a care plan or risk assessment in place for this. Concerns identified with residents care records were discussed with the manager and advice was provided to seek necessary training for staff and management in care planning. Two areas for improvement have been identified, one for a second time.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary. However, it was identified that the home was using two separate systems for recording and monitoring weights and staff were not updating the relevant care records in a timely manner. This was discussed with the manager and an area for improvement has been identified.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this. However, a review of the DoLS register for the home highlighted that it had not been reviewed regularly. This was discussed with the manager and an area for improvement has been identified.

Residents' daily progress records were completed by management and a scoring system was used to detail how a resident was progressing throughout the day. However; these records lacked detail in relation to person centred provision of care, resident's daily routines, the level of support provided to residents in relation to their emotional health and well-being, changes in residents, activities and visits from professionals.

It was also discussed with the manager that the completion of daily progress records should be carried out by the staff providing the care to residents. An area for improvement has been identified.

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.

There was a choice of meals offered, the food was freshly prepared in the kitchen, attractively presents and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet in accordance with their needs.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely. There were no malodours detected in the home.

Observation of the home's environment evidenced that cleaning chemicals were not safely stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations. For example, there were cleaning chemicals stored in a box between two resident's bedrooms, potentially causing an obstruction and a hazard to residents. An area for improvement has been identified.

A review of resident's bedrooms highlighted three wardrobes had not been attached to the wall as per health and safety requirements. An area for improvement has been identified.

There were two raised toilet seats in bathrooms that had rusted and could not be effectively cleaned, potentially causing an infection control concern. An area for improvement has been identified.

The flooring in the ground floor shared bathroom was not fitted correctly due to water damage and presented as a hazard to residents and staff using the bathroom. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 8 November 2023 and all actions had been recorded as completed.

Systems and processes were in place for the management of infection prevention and control. For example; there was an ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choice to residents throughout the day which included food and drink options and where and how they wished to spend their time. Some residents choose to spend time in the communal lounge watching TV and chatting to staff. Other residents preferred to spend time alone relaxing in their bedrooms, or having visits in their bedrooms or conservatory with loved ones.

Residents spoke positively about the provision of activities in the home with the majority of residents telling us they really enjoyed going out with a befriender that the home organised, shopping or to local areas of interest. An activity planner was in place for residents and their representatives to view. Activities offered in the home included, armchair aerobics, crafts, hairdressing, current affairs and music events.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Grant Buchanan has been ~~M~~anager of the home since 6 December 2022.

Staff were aware of who the person in charge of the home was and the wider management team, their own role in the home and how to raise any concerns about residents, care practices or the environment. Staff told us that the management team were supportive, approachable and they dealt with any concerns quickly.

There was evidence of some auditing practices across aspects of care and services provided by the home. However, the current systems were not effective in identifying deficits and they were not robust in addressing identified deficits to ensure the delivery of safe and effective care. For

example; care record audits were not identifying gaps in records and the lack of review to ensure these reflected residents' changing needs. The audit system used for identifying environmental deficits and infection control deficits was not effective; given the number of environmental concerns identified during the inspection. The concerns identified regarding the effectiveness of managerial oversight and governance systems were discussed at length with the manager and an area for improvement has been identified.

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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The responsible individual was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff and residents' meetings were held accordingly and included a list of agenda items. A review of these records highlighted that the home was using two systems to record the minutes of these meetings. - There were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. An area for improvement has been identified for a second time.

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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2	10*

* the total number of areas for improvement includes three standards that have been stated for a second time

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 Regulations (Northern Ireland) 2005

Area for improvement 1

Ref: Regulation 14 (2) (a) (c)

Stated: First time

To be completed by:
25 June 2024

The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety; and that staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.

This area for improvement includes the supervision and storage of cleaning chemicals under COSHH regulations.

Ref: 5.2.3

Response by registered person detailing the actions taken:

Staff have received refresher training and again reminded of their responsibilities in this area. All cleaning materials are correctly stored.

Area for improvement 2

Ref: Regulation 14 (2) (a) (c)

Stated: First time

To be completed by:
25 June 2024

The registered person shall ensure that all wardrobes are secured to the wall for safety.

Ref: 5.2.3

Response by registered person detailing the actions taken:

All wardrobes are secured to the wall

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)

Area for improvement 1

Ref: Standard 23.4

Stated: Second time

To be completed by: 31
May 2024

The registered person shall ensure that, staff complete Deprivation of Liberty Safeguards Training Level 2 and/or Level 3 commensurate with their role and function in the home.

Ref: 5.1 & 5.2.1

Response by registered person detailing the actions taken:

DoL Training Level 2 And Level 3 completed.

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2024</p>	<p>The registered person shall ensure that individual risk assessments are completed to inform the care planning process and kept under review for the identified residents.</p> <p>Ref: 5.1 & 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2024</p>	<p>The registered person shall ensure that when residents and staff meetings are held that robust records are maintained for each meeting in accordance with Minimum Standards 1.5, 22 and 25.8; and good record keeping principles.</p> <p>For example, notes or minutes should be, detailed, preferably typed and include the following;</p> <ul style="list-style-type: none"> - date of meeting - names of all those attending - outline of the discussions held - details of any actions agreed - who is responsible for the action and the date it is to be achieved by. <p>Ref: 5.1 & 5.2.5</p> <p>Response by registered person detailing the actions taken: <u>————The recording form has been revised to include all of the above.</u></p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2024</p>	<p>The registered person shall ensure that all residents care plans are kept up to date and reflective of the resident's current needs; through regular review.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: <u>————A system of regular review has been implemented to ensure care plans are reflective of the Residents current needs.</u></p>

<p>Area for improvement 5</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall review the current system for recording of residents weights, to ensure that the record completed by care staff is accurate and up to date.</p> <p>Ref: 5.2.2</p>
	<p><u>Response by registered person detailing the actions taken:</u> _____A single system of recording residents weights has been implemented. <u>Response by registered person detailing the actions taken:</u></p>
<p>Area for improvement 6</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that the Deprivation of Liberty Safeguards (DoLS) register for the home is regularly reviewed, updated and changes made where necessary.</p> <p>Ref: 5.2.2</p>
	<p><u>Response by registered person detailing the actions taken:</u> _____The DoLS register has been reviewed and updated. <u>Response by registered person detailing the actions taken:</u></p>
<p>Area for improvement 7</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall review how progress evaluations are completed to ensure the record of daily progress for residents are meaningful and person centred and carried out by the staff providing the care. Care staff must be provided with guidance in relation to the completion of these records, in order to ensure a full account of the support provided to residents has been recorded.</p> <p>Ref: 5.2.2</p>
	<p><u>Response by registered person detailing the actions taken:</u> _____A new form has been developed to record the support provided to residents <u>Response by registered person detailing the actions taken:</u></p>

<p>Area for improvement 8</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall conduct a review of any care equipment used in the home, including raised toilet seats and replace any that cannot be effectively cleaned.</p> <p>Ref: 5.2.3</p>
	<p><u>Response by registered person detailing the actions taken:</u> <u>————A care equipment audit tool has been developed and implemented to inspect and if necessary replace any items unable to be effectively cleaned.</u> Response by registered person detailing the actions taken:</p>
<p>Area for improvement 9</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that flooring in the identified bathroom is repaired or replaced.</p> <p>Ref: 5.2.3</p>
	<p><u>Response by registered person detailing the actions taken:</u> <u>————The new bathroom floor had been ordered prior to this inspection and has now been completed.</u> Response by registered person detailing the actions taken:</p>
<p>Area for improvement 10</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that there is an effective and robust system of governance and management oversight in the home. This includes completion of a schedule of regular audits.</p> <p>Ref: 5.2.5</p>
	<p><u>Response by registered person detailing the actions taken:</u> <u>————A schedule of regular audits has been developed to assist with management oversight and governance in the home.</u> Response by registered person detailing the actions taken:</p>

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