

Inspection Report

Name of Service: Scrabo House
Provider: Scrabo House
Date of Inspection: 30 June 2025

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

1.0 Service information

Organisation:	Scrabo House
Responsible Individual:	Mr Alexander Buchanan
Registered Manager:	Mr Grant Alexander Buchanan Date Registered 24 June 2024
Service Profile: This home is a registered Residential Care Home which provides health and social care for up to 17 residents. The home provides care for residents living with dementia and general residential care to those over 65 years of age. Residents' bedrooms are located over two floors and residents have access to communal lounge areas, dining areas and outside garden area.	

2.0 Inspection summary

An unannounced care inspection took place on 30 June 2025, from 8.50 am to 2.00 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 care inspection on 25 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection ten areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Two areas for improvement were not met and will be stated for a second time. Full details, including new areas for improvement identified, 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 resident'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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

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 very good", "it is just like a home from home" and "the staff are very nice".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

One family member spoken with confirmed that they are satisfied with the care and services being provided to their loved one.

Ten questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that the food served appeared appetising and nutritious. However, it was noted that the living room prior to lunch time and the dining room during lunch time, were unsupervised for a period of time. Also, one resident who required specific supervision levels during mealtimes, in line with their Speech and Language assessment, did not have this in place. Two areas for improvement have been identified.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

3.3.3 Management of Care Records

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

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

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, however a review of the DoLS register for the home highlighted that it had not been kept up to date. An area for improvement has been stated for a second time.

3.3.4 Quality and Management of Residents' Environment

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.

Observations identified some concerns with environmental risk management. For example, the staff kitchenette was unlocked and cleaning chemicals and resident's supplements were potentially accessible to anyone entering the room. An area for improvement has been stated for a second time.

A review of the environment evidenced that there was furniture and equipment used by residents positioned close to three fire exits in the home, which could potentially cause an obstruction in the case of an emergency. This was brought to the attention of the manager immediately for their action. An area for improvement has been identified.

Observation of staff evidenced that basic infection prevention and control (IPC) practices were not adhered to. For example; there was poor compliance by staff with the appropriate donning and doffing of Personal Protective Equipment (PPE) following a care task with residents. An area for improvement has been identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Grant Buchanan has been the registered manager of this home since 6 December 2022.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, advice was provided to the manager to consider increasing the frequency of audits in relation to the dining experience and infection prevention and control, given the concerns identified during this inspection. Advice was also given to ensure that when action plans are developed following an audit, these are signed off once completed.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

* the total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Grant Buchanan, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) & (c) Stated: Second time To be completed by: 30 June 2025	<p>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.</p> <p>This area for improvement includes the supervision and storage of cleaning chemicals under COSHH regulations</p> <p>Ref: 2.0 & 3.3.4</p>
	<p>Response by registered person detailing the actions taken: A secure combination lock has now been fitted to the kitchenette door, with access restricted to authorised staff only. All staff have been reminded of their responsibility to identify, report, and mitigate hazards in line with COSHH regulations.</p>
Area for improvement 2 Ref: Regulation 27 (4) (c) (d) (v) Stated: First time To be completed by: 30 June 2025	<p>The registered person shall ensure that they provide adequate means of escape in the event of a fire. This is in relation to ensuring fire escapes are kept clear and free of any obstruction and checks completed by a nominated person as necessary.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Staff have been briefed on the importance of keeping all fire exits clear at all times. Senior staff and management now conduct daily checks to ensure fire escapes remain unobstructed.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2) (Dec 2022)	
Area for improvement 1 Ref: Standard 22.4 Stated: Second time To be completed by: 30 June 2025	<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: 2.0 & 3.3.3</p>
	<p>Response by registered person detailing the actions taken: A monthly audit process has been implemented to review, update, and verify the register, ensuring it remains current and accurate at all times.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The registered person shall ensure there are adequate numbers of staff deployed in the living and dining areas to ensure any support or risks for residents are managed appropriately.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff have been reminded that residents must never be left unsupervised during meals. Clear guidance has been issued to ensure at least one staff member remains present in the dining room at all times, even during emergencies.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The registered person shall ensure that any resident who requires direct supervision when eating and drinking, as assessed by the Speech and Language Team, have this in place as required.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: A “Meal Time Experience/Dining Room Audit” has been introduced to ensure all mealtime supervision requirements, including those outlined by the Speech and Language Therapy (SALT) team, are consistently met.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The registered person shall ensure staff adhere to Infection Prevention Control (IPC) best practice guidance. This is with specific reference to the appropriate use, donning and doffing of Personal Protective Equipment (PPE).</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have received refresher training on infection prevention control best practice and the correct use of PPE. Compliance will be monitored regularly by senior staff and management.</p>

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews