The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Scrabo Isles**

Provider: **Tona Enterprises Ltd**

Date of Inspection: **12 December 2025**

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
This home is a registered nursing home which provides general nursing care for up to 50 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. The bedrooms are situated over two floors with dining and communal areas on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 12 December 2025 from 09.45 am to 5.30 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 11 December 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 staffing, the patient dining experience and the provision of activities. 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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider and one new area for improvement has been identified. 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 patients, 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

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 attending activities or not; 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, "I'm settling in well. Staff are attentive and my room is comfortable. The manager introduced herself to me and I would be confident that if I had any concerns I could discuss them with her and she would sort them out. However, I don't have any concerns." and "The care and staff are excellent. I have no issues at all".

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

Patients' relatives spoken with said, "Mum's well cared for. We visit at different times and find the manager and staff are always happy, smiling and approachable" and "I'm delighted with the care and the staff. I couldn't praise them enough".

Staff confirmed that there were good working relationships; there was enough staff on duty to meet patients' needs and complete tasks; they enjoy working in the home and take pride in their work; that the manager was approachable and they felt well supported in their role.

Following the inspection, we received two completed patient/patients' relative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No responses from the staff online survey 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 patients. There was evidence of systems in place to manage staffing.

Staff spoken with said there was good teamwork and that they felt well 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.

Review of mandatory training records evidenced that the training provided staff with the necessary skills and knowledge to care for the patients.

Patients told us that they felt well cared for; 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 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 menu was displayed on the notice board outlining what was available at each mealtime and the atmosphere was calm, relaxed and unhurried. Patients enjoyed their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately.

Patients spoken with said they enjoyed lunch and that portions were generous.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events. Birthdays and annual holidays were celebrated and on occasions patients, their families and staff attended larger events.

Patients' needs were met through a range of individual and group activities such as exercise programmes, reminiscence sessions, games, puzzles and also arts and crafts. After lunch patients enjoyed attending a quiz with staff. Patients spoken with said they enjoyed the activities they attended and that there was always something to do. A record is kept of the activities patients attend.

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.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

3.3.4 Quality and Management of Patients' Environment

The home was welcoming, clean, tidy, well maintained and nicely decorated for Christmas. Patients' bedrooms were personalised with items important 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.

On the first floor of the home, it was noted that planned refurbishment of an identified area was underway by contractors with minimum disruption to patients.

Treatment rooms and sluice rooms were observed to be appropriately locked.

Equipment used by patients such as hoists and walking aids were seen to be effectively cleaned.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), for example aprons and gloves were available throughout the home. However, we observed that only vinyl gloves were available in the PPE stations. Infection control guidance advises that nitrile gloves are made available to allow staff choice depending on the type of care they are delivering. An area for improvement was identified.

Staff members were observed to carry out hand hygiene at appropriate times. Dispensers containing hand sanitiser were seen to be full and in good working order.

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.

Review of competency and capability assessments evidenced they were completed with the registered nurses left in charge of the home when the manager was not on duty.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

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.

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.

The Quality Assurance survey on the notice board, completed by patients and their representatives for July 2025, evidenced that a robust governance system is operational in the home which assures the quality of services and care available in the home.

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

Staff meetings were held on a regular basis. Minutes were available.

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

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Annalyn Depayso, Registered Manager, and Mr Robert Duncan, Responsible Individual, 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)	
Area for improvement 1 **Ref:** Standard 46 **Stated:** First time **To be completed by:** From the date of inspection 12 December 2025	The registered person shall ensure a choice of gloves is available for use by staff depending on the type of care they are providing. Ref: 3.3.4
	Response by registered person detailing the actions taken: Home no longer holds vinyl gloves . Nitrile gloves already purchased for all staff to use when providing care .

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

The Regulation and Quality Improvement Authority

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