



Unannounced Care Inspection Report 20 November 2018



Scrabo Isles

Type of Service: Nursing Home
Address: 61 Manse Road Newtownards BT23 4TP
Tel No: 02891 812231
Inspector: Lyn Buckley

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Tona Enterprises Ltd Responsible Individual: Mr Robert Maxwell Duncan	Registered Manager: Ms Annalyn Depayso
Person in charge at the time of inspection: Annalyn Depayso – Registered Manager	Date manager registered: 27 March 2009
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 35

4.0 Inspection summary

An unannounced inspection took place on 20 November 2018 from 10:00 to 13:30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing arrangements, proactive risk management, record keeping, governance arrangements, communication between patients, staff and other key stakeholders. We also identified good practice regarding the culture and ethos of the home, listening to and valuing patients and taking account of the views of patients, the patients' mealtime experience, quality improvement and maintaining good working relationships.

There were no areas for improvement identified as a result of this inspection.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Annalyn Depayso, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 15 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 15 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients individually, one patient's relative and seven staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you' cards which were then to be placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed beside the visitor sign in book.

The following records were examined during the inspection:

- duty rota for all staff from 22 October to 18 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records

- three patient care records
- a sample of governance audits
- complaints recorded since June 2018
- compliments received since June 2018
- RQIA registration certificate
- a sample of monthly quality monitoring reports, from 1 June 2018, undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) Stated: Second time	The registered person shall ensure that fire doors are not wedged or propped open.	Met
	Action taken as confirmed during the inspection: Observation throughout the nursing home evidenced that this area for improvement had been met.	

Area for improvement 2 Ref: Regulation 27(2)(b) Stated: First time	The registered person shall ensure that wood work is repaired or sealed to enable it to be cleaned effectively.	Met
	Action taken as confirmed during the inspection: Observation throughout the home; discussion with the registered manager and with a maintenance person evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the specified therapeutic chair is replaced or recovered to enable it to be effectively cleaned in accordance with the regional IPC guidelines.	Met
	In addition, any patient equipment which has the washable surface compromised should be replaced or repaired.	
	Action taken as confirmed during the inspection: Observation throughout the home and discussion with the registered manager evidenced that this area for improvement had been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 22 October to 18 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. There were no responses received before issuing this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Scrabo Isles. One patient said, "Good people work here."

One relative spoken with did not raise any concerns regarding staff or staffing levels and said, "Good home and good care."

We also sought the opinion of patients and relatives on staffing via questionnaires. Sixteen questionnaires were returned but none indicated if they were from patients or relatives. However, all 16 indicated that they were very satisfied that there was enough staff to provide help.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 June 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff it was evident that the risk of patients falling was proactively managed to reduce the risk. Discussion with the registered manager and review of records evidenced that nursing staff had put into practice their knowledge and skills when caring for a patient who had fallen.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients spoken with were complimentary in respect of the home's environment. We spoke with the home's maintenance person who was working on the repainting and repair of wood work and bedroom doors. They confirmed that this work was "always ongoing" to ensure the woodwork looked well and could be effectively cleaned.

Fire exits and corridors were observed to be clear of clutter and obstruction. As stated in section 6.2 fire doors were not wedged or propped open.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures and best practice guidance were consistently adhered to. For example, staff were observed to adhere to the correct hand washing technique and to make use of aprons and gloves appropriately.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. For example, in regard to the use of bed rails. There was also evidence of consultation with relevant persons and care plans in place to ensure the safe management of bedrails.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, infection prevention and control measures and practices, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight and management of bedrails. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed when patients’ care needs changed.

Discussion with staff evidenced that nursing, care and catering staff were aware of the international/national changes of how food and fluid textures/consistencies were defined. The registered manager confirmed that information had been received and training for staff was being disseminated. Staff clearly demonstrated their knowledge of patients’ specific needs in relation to food textures and consistencies.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence of regular communication with relatives within the care records. One relative was overheard discussing a concern with the registered manager. It was evident that there was a good rapport between them and that the advice shared was effective in providing a solution to the concern.

Patients and one relative spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager. In the sixteen returned questionnaires patients/relatives indicated that they were very satisfied that they get the right care, at the right time in the right place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10:00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying either their breakfast or a morning cup of tea or coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required. We observed one patient who had returned from the dining room ask a staff member for another cup of tea, which was provided along with some biscuits. When the staff member left the patient said, “Isn’t she great”.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. A patient said “staff know me and help me.” Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them. Staff were observed assisting patients with their meal appropriately and the registered manager or a registered nurse was overseeing the mealtime alongside the chef/cook. Patients were offered their choice of meal but should another meal

be preferred this could be catered for. There was also a choice available for patients who required their food texture to be modified. Patients able to communicate indicated that they enjoyed their meal and the food in general. One patient said, “Love it here, they look after us so well.” Patients also said that they did not feel rushed or “hurried along” at mealtimes.

Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“The way that you have cared for me during my recovery has been exceptional.”

“Thanks for the care you gave..., especially in the last few weeks.”

“I do miss you all but it is nice to be home again. Everyone was so kind and helpful.”

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Comments made to the inspector by patients are included throughout this report. All comments made were positive and there were no expressions of concern. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As stated previously we received 16 questionnaires which did not indicate if they were from patients or relatives. However, all 16 respondents indicated that they were very satisfied that care was safe, effective and compassionate and that the service was well led. There were no additional comments recorded.

Staff were asked to complete an on line survey; we had no responses before the issuing of this report.

Any comments from patients, relatives or staff in returned questionnaires or online responses received after the return date or issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, ensuring the dignity and privacy of patients, listening to and valuing patients and taking account of the views of patients; and of the patients’ mealtime experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients, and one relative evidenced that the registered manager's working patterns supported effective engagement with patients, their relatives and the multi-professional team.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that this information was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and wound care. It was evident that the audit processes were robust and effective in identifying areas for improvement.

Discussion with the registered manager and review of records, from 1 June 2018, evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were available in the home as required and evidenced that any actions identified were reviewed during subsequent visits as addressed or ongoing.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, proactive management of risks, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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