

# Unannounced Domiciliary Care Agency Inspection Report 12 May 2016



## Sevenoaks Scheme

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Tel No: 028 7131 1278  
Inspector: Jim McBride

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Sevenoaks Scheme took place on 12 May 2016 from 10.30 to 15.30. The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. However, one recommendation for improvement has been made. The registered person is recommended to establish a system to ensure their policies and procedures are subject to a systematic 3 yearly review. This area for quality improvement was identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Antoinette Strawbridge Registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation / registered person:</b> Fold Housing association Fiona Mc Anespie	<b>Registered manager:</b> Antoinette Strawbridge
<b>Person in charge of the agency at the time of inspection:</b> Antoinette Strawbridge	<b>Date manager registered:</b> 9 April 2009

## 3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events.

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback.

The following records were examined during the inspection:

- Ten care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for December 2015, January, February and March 2016
- Minutes of staff meetings for June and September 2015 and January 2016
- Minutes of tenants meetings held in September 2015, January and April 2016
- Staff training records relating to:
  - Vulnerable adults*
  - Challenging behaviours*
  - Human rights*
- Records relating to staff supervision/Appraisal
- Complaints /Incidents records
- Induction procedure
- Staff rota information.

#### 4.0 The inspection

The Sevenoaks Scheme is a domiciliary care agency (supported living) operated by Fold Housing Association. A service is provided to 13 adults with dementia, all of whom live within the Seven Oaks complex. The Scheme is located within the Seven Oaks Housing with Care residential home. All care and support required is agreed by the service users and the HSC Trusts care managers.

During the inspection the inspector spoke with the registered manager, five care workers and two service users. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, three questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, and or relatives. No questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, there was evidence of outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the service users and agency staff for their warm welcome and full co-operation throughout the inspection process.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 26 May 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 16 (4) <b>Stated:</b> First time	(4) The registered person shall ensure that each employee receives appropriate supervision.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted a number of staff supervision records in place and up to date. The records in place were in line with the requirement and were satisfactory.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 16 (2)  <b>Stated:</b> First time	(2) The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform;	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted a number of staff appraisal and training records in place and up to date. Training was completed on the 5 April 2016. The records in place were in line with the requirement and were satisfactory.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13.2  <b>Stated:</b> First time	The policy and procedures detail the arrangements for and frequency of supervision and staff appraisal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency has updated their policy in line with the recommendation. The policy in place was updated on the 8 September 2015 and was satisfactory.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 8.11  <b>Stated:</b> First time	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	<b>Met</b>
	This recommendation refers to the inclusion of the	

	<p>views of HSC Trust professionals in the monthly monitoring reports.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector examined a number of monthly monitoring reports in place. The agency has sought the views of HSC Trust professionals. The records in place were satisfactory.</p>	
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#### 4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The inspector was advised by the manager that service users are introduced to, and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide.

One service user stated *"The staff are very considerate to me and others."*

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined ten care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. Records in place evidence the completion of pre-employment checks.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/ emergency arrangements.

One staff member stated *"My induction was good and the other staff were supportive."*

Induction records examined by the inspector include the following topics:

- Facilities and welfare;
- Policies and procedures;
- Communication;
- Finances;
- Courtesies;
- The role of the care worker;
- Training and development;
- Company induction;
- Induction reviews.

The agency's induction standards are in line with the Northern Ireland Social Care Council (NISCC) standards for new workers in social care. One staff member stated *"The induction prepares you for the role."*

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and including mandatory training, were retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency. The manager reported that she undertakes supervision with senior staff who in turn supervises support staff.

The inspector examined staff rotas for weeks ending 1 May 2016, 8 May 2016, 15 May 2016 and 22 May 2016 and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The two service users interviewed by the inspector stated that they felt safe and secure in their homes.

Other comments included:

*"I'm safe here."*

*"I like a very peaceful home."*

Staff comments:

*"Induction and training is good."*

*"The residents are safe and secure here, risk assessments are completed to ensure safety."*

Three returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

The inspector found the care provided was of a high standard and it was good to note that in the returned staff questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.3 Is care effective?

The service users interviewed by the inspector stated that they are aware of whom they should contact if there any issues regarding their care. Both said *"The staff or manager."*

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified.



The inspector noted a number of comments made by service users and relatives during their last reviews:

*“Staff attitude is first class.”*

*“Staff approach is excellent.”*

*“I feel very safe and secure here.”*

*“The quality of the service is good.”*

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

The inspector noted the positive results from the most recent satisfaction survey completed by the agency.

- Care and support received;
- Feeling listened to;
- Being treated with dignity and respect;
- Staffing;
- Complaints;
- Activities.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

Service user comments:

*“Staff treat me very well.”*

*“I have never had to complain.”*

Staff comments:

*“The service is very effective as we provide person centred care and support.”*

*“We have a good supportive staff team.”*



Three returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide

The inspector found the care provided was of a high standard and it was good to note that in the returned staff questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

The agency's Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. One service user stated: *"The care is good and staff are very professional."*

No concerns were raised regarding the staff treating the service users with dignity or respect. Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. One service user stated *"The staff help me with some things but I do a lot for myself."* Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector recorded some comments by service users, relatives, staff and HSC Trust professionals:

Service user's comments:

*"Staff are kind."*

*"Staff are very good."*

*"Could not be better."*

HSC Trust comments:

*"My client is very happy,"*

*"Staff always prepare well for reviews."*

*"Staff are helpful and accommodating."*

Relatives' comments:

*Staff listen to what you say."*

*\*\*\* is well settled."*

*"The scheme is a life saver for me."*

*\*\*\*\* and the staff are fantastic,"*

Staff comments:

*"Staff have a good understanding of residents."*

*"Staff are very friendly and helpful."*

The agency has in place an annual service quality monitoring report which is made available to service users and relatives/representatives describing the quality of service provided. The information requested from service users/relatives has been highlighted earlier in this report.

Staff interviewed were aware of the agency's policy and procedure on confidentiality and could demonstrate how this is implemented.

During discussion with staff it was stated that:

*"The service is compassionate as we provide care that meets individual needs."*

*"The staff team support each other."*

Three returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to

The inspector found the care provided was of a high standard and it was good to note that in the returned staff questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users Guide were satisfactory. Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was not found to have been implemented as a number of policies sampled required updating. The registered person is recommended to ensure this area is addressed.

The service users interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews. One staff member stated: *"The manager is very proactive and is easy to talk to."* Another stated *"The manager has an open door policy and is always free to talk."*

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received two complaints during this period. The complaints received had been resolved satisfactorily. The agency has responded to all regulatory matters as and when required.

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. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for December 2015 to March 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed indicated that they felt supported by the manager and senior staff who were described as approachable and helpful.

Three returned questionnaires from staff indicated:

- The service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

The inspector found the care provided was of a high standard and it was good to note that in the returned staff questionnaires.

The registered person should establish a system to ensure that policies and procedures are subject to a systematic 3 yearly review. This recommendation relates to a number of policies examined by the inspector during the inspection that require to be updated. The registered person should be aware of the risks associated with out of date policies.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Antoinette Strawbridge the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### **5.3 Actions taken by the registered manager/registered person**

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 9.5

**Stated:** First time

**To be Completed by:**  
13 August 2016

The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review. This recommendation relates to a number of policies examined by the inspector during this inspection.

#### **Response by registered person detailing the actions taken:**

The Adult Safeguarding and Fall policies have been updated and issued. A policy and procedure group has been established and will meet quarterly to review and update policies in accordance with best practice and regulatory requirements.

***\*Please ensure this document is completed in full and returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) from the authorised email address\****

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



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