

Inspection Report

21 July 2023



Sevenoaks Scheme

Type of service: DCA/SL

Address: 1 - 31 Crescent Link, Londonderry, BT47 6DN

Telephone number: 028 7131 1278

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association	Registered Manager: Mrs Antoinette Strawbridge
Responsible Individual: Mrs. Fiona Mc Anespie	Date registered: 09 April 2009
Person in charge at the time of inspection: Mrs. Antoinette Strawbridge	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency supported living type which provides care and support services for up to 14 adults living with dementia. The care and support provided includes helping service users with activities of daily living, emotional support and assistance to access community services. Staff are available to support service users 24 hours per day. The Sevenoaks Scheme is operated by Radius Housing. It is located within the Seven Oaks Housing with Care residential home. The supported living service and residential home are managed by the same manager. The agency's registered premises are based within the same building as the service users' dwellings.	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2023 between 10.25 a.m. and 3.20 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

One area for improvement was identified in relation to staffing.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I love living here. I like the company. The food is good. It's a beautiful place."
- "I feel very settled here."
- "This place is ten out of ten."
- "I was at a tea dance yesterday."
- "I have a lovely room."

Staff comments:

- “I love my job. It challenges and motivates me. I am very well supported. The manager is a great mentor. All my training is up to date. I’m confident if I raised a concern it would be dealt with quickly.”

There were no responses to the questionnaires or electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 4 February 2022		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards Version 1: August 2011 Version 1.1: August 2021.		Validation of compliance
Area for improvement 1 Ref: Standard 7 (7.14) Stated: First time To be completed by: From the inspection date.	The agency has arrangements in place to ensure that care workers manage medicines safely and securely.	Met
	Practices for the management of medicines are systematically audited to ensure they are consistent with the agency’s policy and procedures and action is taken when necessary. This relates specifically to the current storage and administration of medication.	
	Action taken as confirmed during the inspection: Inspector confirmed an identified storage area for medication for service users within the supported living service has been set up. Separate refrigerators and controlled drug record books are also in place. Liaison has taken place with RQIA Pharmacy inspector in this regard.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

A review of a sample of care records for service users who were experiencing a deprivation of liberty revealed the absence of some details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Follow up on this was commenced on the day of inspection and will be reviewed in detail at the next inspection.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for modifying food and fluids were introduced in August 2018. Whilst none of the service users had swallowing difficulties, a high proportion of staff had received training in Dysphagia and all on how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Advice was given to the manager to ensure the recording of staff induction's offered increased detail on the shadowing component.

Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. A comment from a WHSCT professional was noted:

- "I find the staff in Sevenoaks to be professional. I have no issues with the service provided."

The Annual Quality Report was reviewed and was satisfactory. The report reflected a high level of satisfaction from service users regarding their care, meals and activities.

It was noted that the senior care assistant from the residential care home carried out some duties daily within the agency. These included the administration of medications and contacting GPs and other healthcare professionals. These are two separately registered services and must be staffed independently of one another. This has been identified as an area for improvement.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. It was also positive to note that the agency had received a range of compliments since the last inspection.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs. Antoinette Strawbridge, Registered 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16(1)(a) Stated: First time To be completed by: Ongoing from the date of inspection	The registered person shall ensure at all times there are appropriately skilled and experienced persons employed within the agency. This relates to the use of the senior care assistant from the residential care home to provide support within the agency. Ref: 5.2.6
	Response by registered person detailing the actions taken: We are reviewing the current registration and senior staffing arrangements at Seven Oaks and are actively recruiting to the Senior team.

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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
 [@RQIANews](https://twitter.com/RQIANews)

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