

Inspection Report

4 February 2022



Sevenoaks Service

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: 09/04/2009
Person in charge at the time of inspection:	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency of a supported living type which provides care and support services to 14 adults living with dementia. The care and support provided includes helping service users with tasks of everyday living, emotional support and assistance to access community services. The Sevenoaks Scheme is operated by Radius Housing and is located within the Seven Oaks Housing with Care residential home. Staff are available to support service users 24 hours per day. The agency's registered premises are based within the same building as the service user's dwellings.	

2.0 Inspection summary

An unannounced inspection was undertaken on 4 February 2022 between 09.15a.m. and 11.45a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring, medication administration and storage and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

One area for improvement was highlighted during this inspection relating to the storage and administration of medications.

It was good to note a number of complements received by the agency and we have highlighted a selection:

- "The level of care is beyond expectation."
- "Thanks for the kindness and support."
- "A great support to me and my family."
- "Brilliant care given to my ***** thanks."
- "They do a marvellous job."

The findings of this report will provide the agency with the necessary information.

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. Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, quality improvement plan, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- Communicating with the service users and staff to find out their views on the service.
- Reviewing a range of relevant documents, policies and procedures relating to the Agency's governance and management arrangements.

4.0 What people told us about the service?

We spoke with the manager and one staff member who both gave a comprehensive overview of the service. No service users were available for discussion. However we did issue a number of questionnaires for service users or relatives to feedback on the quality of service. We also provided an electronic survey for staff feedback.

We received a number of questionnaires from service users/relatives

Comments received:

- "I am happy here."
- "I am well looked after staff re friendly and good."
- "I have no concerns about my stay at Sevenoaks."
- "I am well cared for and respected as an individual person."
- "My dignity is assured to make me feel as best as I could with my friends."
- "The staff re very good and I'm happy."
- "Care first class, staff first class and I am more than satisfied."
- "Staff and residents are always happy which speaks volumes 10*."
- "I have no concerns at all."
- "I cannot complain about anything, you always get a laugh with staff and the care is exceptional."

No staff feedback from the electronic survey was received prior to the issue of this report.

Comments received during inspection process-

Staff comments:

- "I received a good comprehensive induction, and had the opportunity to shadow other experienced staff."
- "The managers have an open door policy to all."
- "We have good professional relationships with relatives."
- "All my training has been completed and I am up to date."
- "A good supervision system is in place."
- "Good effective communication between staff."
- "We provide a good person centred service."

5.0 The inspection

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

Areas for improvement from the last inspection on 13 June 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.16 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that a record of all accidents and incidents are maintained in accordance with the agency's policy and procedure. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The standard has been met and following discussions with the manager, we agreed that the system could be reviewed to meet with current domiciliary care reporting procedures.	

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership'

July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the Manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

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 had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that all current DoLS practices were in place. Care records reviewed evidenced this.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment had rights as outlined in the Mental Capacity Act. Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

There was no current evidence that agency staff had made any referrals to the multi-disciplinary team for specific (SALT) recommendations to ensure the care received in the service user's home was safe and effective. The manager stated that they had no current concerns relating to Dysphagia.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. The agency currently use the services of other RQIA registered care agencies. Records reviewed evidenced the required information was in place including NISCC registrations. The records reviewed were satisfactory.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted some of the comments received during monthly quality monitoring:

Service users:

- "I'm doing very well."
- "I'm very happy it's great."
- "It's great here I have no worries."

Staff:

- "A good positive standard of care."
- "Good job satisfaction."
- "We are well supported by the service."

Relatives:

- "Staff are excellent."
- "My *** is well cared for."
- "The staff are lovely as is the home."

HSC Staff:

- "The patients are very happy."
- "The care is excellent."
- "The staff are excellent and the residents are well cared for."

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. It was positive to note that a number of annual care reviews had been completed and the agency must be commended for their actions.

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis's (SEAs) or Early Alert's (EAs).

5.2.5 Medication administration and storage.

We reviewed the current arrangements regarding the storage and administration of medication. The manager stated and highlighted evidence of a review of the current arrangements. We identified an area for improvement relating to storage and administration of medicines.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

6.1 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards Version 1: August 2011 Version 1.1: August 2021

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs A Strawbridge 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 Minimum Standards Version 1: August 2011 Version 1.1: August 2021.	
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.
	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.
	Response by registered person detailing the actions taken: Further separation of medication in another storage area has been identified within supported living and is being put in place.

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The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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