

# Unannounced Care Inspection Report 13 June 2019



## Sevenoaks Scheme

**Type of Service: Domiciliary Care Agency**  
**Address: 1 - 31 Crescent Link, Londonderry, BT47 6DN**  
**Tel No: 02871311278**  
**Inspector: Marie McCann**

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

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 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 overall goal is that of promoting service user independence and maximising their quality of life. 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 users 14 supported living dwellings.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Radius Housing Association  <b>Responsible Individual:</b> Mrs Fiona McAnespie	<b>Registered Manager:</b> Mrs Antoinette Margaret Strawbridge
<b>Person in charge at the time of inspection:</b> Mrs Antoinette Margaret Strawbridge	<b>Date manager registered:</b> 9 April 2009

### 4.0 Inspection summary

An unannounced inspection took place on 13 June 2019 from 09.45 to 18.00.

This inspection was underpinned by the Health and personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency 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; knowledge of adult safeguarding; risk management; quality and regular evaluation of care records. Further areas of good practice were also noted in regard to communication between service users and agency staff and other key stakeholders; the provision of compassionate care; governance arrangements, quality improvement and maintaining good working relationships.

One area requiring improvement was identified in regard to completing incident reports.

There was evidence identified throughout the inspection process that the agency promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, privacy, confidentiality and service user choice.

Service users' comments are included throughout the report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 21 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 August 2018.

#### 5.0 How we inspect

Prior to the inspection the inspector reviewed the following information:

- unannounced care inspection report and QIP dated 21 August 2018
- incident notifications that had been reported to RQIA since the last care inspection
- information and correspondence received with regard to the agency since the last inspection

During the inspection the inspector met with the manager, five service users, two care staff and three service users' relatives.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. One response was received in time for inclusion in this report.

The response from a service user's relative indicated that they were very satisfied that care provided was safe, effective, compassionate and well led.

The inspector would like to thank the manager, service users and their relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 21 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 14.1 <b>Stated:</b> First time	The registered person shall ensure that the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the organisation's adult safeguarding policy and noted that it had been updated to reflect the Regional Adult Safeguarding Prevention and Protection in Partnership Policy, July 2015 and its associated Operational Procedures, September 2016. The document stated that safeguarding update training was required three yearly; however within domiciliary care agencies the update training is required two yearly. The document was therefore amended post inspection and returned to RQIA and was noted to be satisfactory. A review of the agency training matrix confirmed that staff had received or were booked to attend update safeguarding training within two years.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.6 <b>Stated:</b> First time	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.  This relates to, but is not limited to; ensuring evaluations of risk assessments and support plans are completed in line with timescales identified.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed a sample of three service users' records in regard to timely evaluations of risk assessments, care plans and support plans. This evidenced that staff were completing timely evaluations of the documents. However, the computer system was not adjusting the timescales for the next review accordingly. The inspector stressed the importance of the staff and manager ensuring that the date generated for the next evaluation is correct.</p>	
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## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment processes were managed by the organisation's human resources department, located at the organisation's head office. The manager advised that one staff member had been recruited and commenced employment since the last inspection. Discussions evidenced that the manager was knowledgeable in relation to safe recruitment practices and a recruitment checklist was provided by the organisation's human resources team.

The induction programme for the staff member was viewed and evidenced that a four day induction programme which included training and shadowing of experienced staff, had taken place. Records also evidenced that follow up meetings with the new staff member occurred at one, two and three month intervals to support the new staff member and identify any outstanding issues. The inspector stressed the importance of the staff member signing each component of the induction programme upon completion and that the induction record should also include dates whenever the inductee was shadowing experienced care staff. The manager agreed to review the template accordingly. Discussions with the staff member on the day of inspection confirmed that the induction process had provided them with the necessary skills and knowledge to undertake their role.

The manager described the staffing levels that have been assessed as required to support service users. A review of a sample of rota information evidenced that staffing levels were provided as described. The manager confirmed that on occasions agency staff are employed to ensure effective staffing levels. A review of two agency staff member's records evidenced that they had received an induction into the setting and that the manager maintained a profile which also outlined the agency staff member's training information. The manager acknowledged her

responsibility to ensure that any agency staff member has the necessary training and skills to provide support to the service users, confirming that where possible, the same agency staff are used to establish and promote continuity of care for service users. The inspector also noted that staffing levels are reviewed as appropriate due to changes in individual service user's needs.

Discussion with staff, service users and relatives on the day of inspection highlighted no concerns in regard to staff having appropriate time to undertake their duties in accordance with individual service user's care and support plans. Staff confirmed that they felt care was safe and service users' rights were promoted. They reported that they were given all relevant information to ensure that they could meet the needs of service users.

The inspector viewed the agency's system to ensure that staff receive appropriate training to fulfil the duties of their role. Review of the staff training matrix and discussion with the manager established that arrangements were in place for staff who were due training updates. It was positive to note that the agency provided additional training in regard to behaviours which challenge, restrictive practices, human rights and dementia awareness. The manager confirmed that a system is in place to identify and provide any additional training to staff as needed. This helps staff to meet the specific needs of service users; examples provided included stoma care and end of life care.

The manager and staff consulted with were knowledgeable about the human rights of service users and the potential impact of any restrictive practices. The security of the setting is maintained using a number of locked doors. Access through exterior doors is controlled by use of a finger point recognition system. Service users are individually assessed as to whether they have the ability to move freely in and out of the building without the support of others. Other restrictive practices which were noted to be implemented included the use of assistive technology and continuous support of staff as a short term measure to maintain a service user's safety. A review of documentation evidenced that the use of restrictive practices were assessed, care planned and reviewed in consultation with the service user, their next of kin and trust representative, as appropriate.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. Review of records confirmed that any potential safeguarding incidents had been referred appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager is also due to complete ASC training. The agency also has arrangements in place for the completion of the annual safeguarding position report required for 31 March 2020.

The agency's governance arrangements in place that identify and manage risk were discussed and reviewed. Discussion with the manager and a review a sample of incident/accident reports evidenced that there is a transparent system for reporting and investigating any incidents/accidents which have impacted or have the potential to impact of the wellbeing of service users. There was evidence of effective action being taken by staff to reduce risk. This involved liaison with members of the multi-disciplinary team and timely review of risk assessments and care plans, as appropriate. However, the inspector noted that the agency's incident form could not be found for two incidents which had been notified to RQIA. Although there was evidence that appropriate follow up action was taken following the identified incidents, an incident form as required by the agency's incident policy should be maintained. An area for improvement has been made in this regard.

Discussion with service users, and their relatives and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

**Service users’ comments:**

- “Staff will help you if you need it.”
- “They (staff) are very capable and know what they are doing.”
- “Staff will help you; tell you everything you need to know.”

**Relative’s comments:**

- “It’s first class.”
- “Couldn’t rate it high enough.”
- “It’s a great place.”

**Staff comments:**

- “100 per cent the induction was good”
- “The shadowing experience really helped to get to know the service users and stand back and learn from staff who knew them well.”
- “They are safe here.”
- “If I did see anything, I wouldn’t hesitate to report anything.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, knowledge of adult safeguarding and risk management.

**Areas for improvement**

One area for improvement was identified in regard to completing incident forms as required by the agency’s policy and procedure.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.4 Is care effective?**

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

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection.

The inspector reviewed three service users’ care records; they were noted to be maintained in an organised manner and stored securely. Review of the care records identified that they were comprehensive and person-centred. The care records evidenced referral information, daily progress notes, multi-disciplinary assessments, care and support plans and a range of risk assessments based on the individual needs of the service users. There was evidence that the care and support plans and risk assessments were routinely evaluated and also updated in a



timely manner if any changes occurred. Staff had effective access to care plans, support plans and assessments on a secure computer system.

The care plans and support plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service users' rights to privacy and dignity; personal choices, safety and autonomy.

Care plans had also been developed, as appropriate, to guide staff on how individual service users communicate through behaviour. These care plans were noted to be individualised and demonstrated an understanding that the person may have a need that needs to be met or they are trying to express particular feelings. These arrangements demonstrate that service users are valued as individuals and are listened to and what is important to them is viewed as important to the staff.

Information on relevant medical conditions was included in the service users' care records; this ensured that the staff would be knowledgeable in relation to particular conditions and how best they could support the service users.

Observation of staff and service users' interactions evidenced that service users appeared comfortable approaching staff for a chat or to ask for assistance. Staff were responsive and confident in their communications with the service users.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Staff stated that there was effective communication with each other and the manager to ensure that safe and effective care was provided to the service users. Staff reported that if there was a change in a service users' needs or important information about service users had to be shared, it would be recorded for all staff to read. In addition, they had effective access to management support and advice including provision of out of hour's support.

Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and the multi-disciplinary team. The inspector noted that liaison with others on behalf of service users was evidenced within the care recording system. Liaisons were timely and effective and contributed to the safety and wellbeing of the service users.

The agency has in place robust arrangements for seeking feedback from service users on the quality of care and support provided by the agency. A sample of service users' records confirmed that the agency complete care review meetings with service users, their next of kin and HSCT representatives to ensure their needs were being met. Service users' meetings are held and regular contact is also made with service users during monthly monitoring visits completed by the organisation's senior manager. The annual satisfaction questionnaire completed in 2018 evidenced 100 per cent satisfaction from service users, their relatives and HSCT professionals regarding the care and support provided. The Service User Guide provides details of how service users can give feedback to the agency regarding the quality of care. It also includes the agency's complaints procedure, the role of the Northern Ireland Public Services Ombudsman, RQIA and a number of advocacy services. The inspector advised that the contact details of RQIA are to be updated in the document. The manager agreed to action this.

Discussion with service users, and their relatives and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

**Service users’ comments:**

- “Staff will tell you what you want to know and they won’t bother you unless you need them, which is good.”
- “The place is ship shape.”

**Relative’s comments:**

- “Staff keep you well updated and contact you as needed.”

**Staff comments:**

- “Time is taken to support them (service users) individually; you get to know them and their preferences.”
- “We have the information we need in the care and support plans and assessments, they are easy to access on the computer system.”
- “We promote independence, helping them (service users) instead of doing everything for them. It’s good for their self-esteem and keeps them active.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the quality of the care records and communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the service.

Staff were observed communicating with service users providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and expectations.

Staff were knowledgeable about the philosophy of supported living, promotion of human rights and risk management. Staff gave examples of the importance of obtaining service users' consent at all times and recognised service users' rights to decline care. They recognised that giving and obtaining consent is an ongoing process rather than a one off event.

Staff referred to the sense of fulfilment/job satisfaction they receive from supporting service users to remain as independent as possible, whilst promoting their safety and wellbeing.

The inspector noted the service users living in the residential home and the supported living service were both referred to as residents by staff and within the agency's documentation. The inspector obtained reassurance from discussions with the manager and staff that there was a clear distinction between both services, although they were located on the same premises. Care and support plans were in place for service users to help them live as independently and as safely as possible given their individual needs. The inspector suggested that the agency review some of the documentation relating to supported living and the references to service users as residents. The manager agreed to review this.

Care records evidenced that service users are enabled and supported to engage and participate in meaningful activities within their home and in the community. A review of the minutes of three service users' meetings since the last inspection, evidenced feedback being sought from service users regarding activities that would like to participate in and sharing of information regarding staffing and maintenance work to be completed. It was good to note that service users were provided with a sampling menu to enable them to provide feedback on their preferences to inform menu choices.

Discussion with service users, and their relatives and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

**Service users' comments:**

- "They (staff) are the best."
- "I like coming here to sit with the others and have some company."
- "The staff are all very nice."

**Relative's comments:**

- "Xxxx gets out to so many things, better social life than me."
- "Great opportunities, xxxx was recently doing Tai Chi, now trying new things."

**Staff comments:**

- "Definitely their (service users) rights are upheld."
- "They (service users) get out a lot, which is really encouraged."
- "I love my job."
- "It's a nice place to work."
- "The rights of the service users are so important."

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving their quality of life.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 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 inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The agency is managed on a day to day basis by the manager, who also manages the residential home, with the support of a team of senior care workers and care workers. It was identified that the agency has effective systems of management and governance in place. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

An open and transparent culture was evidenced with the reporting of incidents and accidents. Staff confirmed that there were good working relationships within the agency, they felt able to raise issues with the manager and that management were responsive to suggestions and /or concerns raised.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to staff.

The inspector discussed the development of the NISCC website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the agency. The manager advised that they would review this resource and share with the staff team.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council or with the Nursing and Midwifery Council (NMC). The manager advised that the organisation's human resources department monitor staff registration on a monthly basis. The inspector received confirmation post inspection that all staff are currently registered with NISCC.

The manager confirmed that the agency maintains and implements a complaints policy. The complaints/compliments log was viewed. It was noted that since the last inspection two complaints and a range of compliments have been received. Discussion with the manager and review of records confirmed that appropriate procedures were in place and that actions had been taken to investigate complaints and identify any learning to improve quality of care provided.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, by a senior management who has a good knowledge and understanding of the agency. A sample of reports were reviewed from February 2019 to April 2019, which evidenced a review of the conduct of the agency and consultation with service users and other stakeholders. Actions plans were developed and progress reviewed at subsequent visits.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used to develop person centred care and support plans.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- adult safeguarding
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users, and their relatives and staff evidenced that they felt the service was well led. The following is a sample of comments made:

**Service users' comments:**

- "No complaints about the place."

**Relative's comments:**

- "No concerns at all."
- "The manager and staff are approachable."

**Staff comments:**

- "Without a doubt I could go to the manager, if I needed."
- "Ten out of ten for support from the management."

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that a record of all accidents and incidents are maintained in accordance with the agency’s policy and procedure.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The policy requirements have been addressed with the Senior team and they have been reminded of the different notifications which are required to be completed for each incident/accident.</p>

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



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