

Unannounced Care Inspection Report 26 April 2016



Seven Oaks Housing with Care

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Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Seven Oaks Housing with Care took place on 26 April 2016 from 11:00 to 15:10 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were two areas of improvement identified with this domain. These were in relation to the revising and updating the policy and procedure on safeguarding in line with current guidance, and revising and updating the falls risk policy in line with current guidance.

Is care effective?

There was one area of improvement identified with this domain. This was in relation to revising the legibility of care records.

Is care compassionate?

No requirements or recommendations made with this domain.

Is the service well led?

There was one area of improvement identified in this domain. This was in relation to the availability of monitoring visit reports.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards, August 2011.

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Antoinette Strawbridge the 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 medicines inspection

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

2.0 Service details

Registered organisation/registered person: Fiona McAnespie	Registered manager: Antoinette Strawbridge
Person in charge of the home at the time of inspection: Antoinette Strawbridge	Date manager registered: 1 April 2005
Categories of care: RC-DE	Number of registered places: 16
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 15

3.0 Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications. Correspondence documentation and duty log records were also reviewed both for the residential service and for the supporting living support which is shared in the same facility.

During the inspection the inspector met with 15 residents, one visiting relative and five staff members of various grades and the registered manager.

The following records were inspected during the inspection:

- Safeguarding policy and procedure
- Accident and incident notifications
- Duty rotas
- Competency and capability records
- Staff training records
- Complaints and compliments records
- A sample of three residents' care records
- Quality assurance audits
- Falls policy and procedure
- Monitoring reports
- Fire safety records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17/2/2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 29/9/2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

Discreet observations of care practices during this inspection, found these to be undertaken in an organised, unhurried manner with cohesive team working in place.

On the day of inspection the following staff were on duty;

- Registered manager
- 1 x senior care assistant
- 3 x care assistants
- 3 x domestics
- 1 x laundry worker
- 1 x cook
- 1 x catering assistant
- 1 x secretary

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. .

Any member of staff who has responsibility of being in charge of the home has a competency and capability assessment in place. One of these assessments was inspected on this occasion.

The registered manager reported that no staff have been recently recruited to the home as there is a low turnover of staff.

Staff recruitment records are held centrally at the organisation's human resource department.

The adult safeguarding policy and procedure in place was dated 20 August 2014. A recommendation was made for this policy and procedure to be revised and updated. In doing so this needs to be in line with the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). A safeguarding champion for the home needs to be appointed and contact details of aligned Trust (s) put in place.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. Written records of these were retained.

A policy on falls risks dated March 2012 was inspected. A recommendation was made for this policy to be revised and updated. In doing so this needs to include the Falls Prevention Toolkit as issued as good practice guidance from the Health Promotion Agency.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges dining room and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items.

The home was clean and tidy and appropriately heated.

Discussions with a domestic assistant confirmed that daily work schedules were in place.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control procedures.

The home is a locked facility which is done discreetly as possible. This provision is documented in the Statement of Purpose and Resident's Guide, as well as an aligned policy pertaining to same.

There were observed to be other obvious restrictive care practices in place at the time of this inspection.

Inspection of three residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. .

The most recent fire risk assessment as dated 8 August 2015 was inspected. There was corresponding evidence in this assessment that any recommendations made from it had been dealt with. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

There were two areas of improvement identified with this domain. These were in relation to the revising and updating the policy and procedure on safeguarding and falls risk. Both of these need to be revised and updated in line with current guidance.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the registered manager and the senior care assistant established that the home responded appropriately to the assessed needs of the residents.

A review of three residents' care records was undertaken. Records were maintained via a computerised input with a hard copy also maintained. The font of recording entries was very small and almost illegible. A recommendation was made to address this issue.

The review of care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident.

The care records reflected multi-professional input into the service users' health and social care needs.

Observations confirmed that records were stored safely and securely in line with data protection.

The senior care assistant confirmed that systems were in place to ensure effective communication with residents, their representatives and aligned healthcare professionals. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussions with two care assistants during this inspection confirmed that they had good knowledge and understanding of residents' needs and positive interventions. Staff were able to describe how this knowledge and interventions de-escalated incidents of distressed behaviours and frustration.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of the care review meetings were available for inspection.

The registered manager assistant confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. The availability of this was displayed in the home.

Areas for improvement

There was one area of improvement identified with this domain. This was in relation to revising the legibility of care records.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

Discussions with the registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussions with residents in accordance with their capabilities were all positive in respect of their life in the home. Some of the comments included statements such as:

- “They are very good to me ”
- “The girls (staff) are all marvellous. I am very fond of them”
- “I am happy here”
- “The staff are great”
- “No problems or complaints”
- “Everything is lovely here”

Discussion with one visiting relative was positive and complimentary with regard to the provision of care and the kindness and support received from staff.

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home. A planned church service was in place at the time of this inspection with many residents availing of this.

Discussion with staff confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff / residents interactions found that residents were treated with dignity and respect. Care interactions such as provision of choice and explanation of tasks were observed. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Observations and discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents were found to be enjoying the company of one another and staff, relaxing or watching television. Television channels and radios were played with residents’ choice and tastes.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The senior care assistant confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that staff had a courteous manner. This was also observed in practice with the prompt response to areas of assessed need.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation as dated 2016 were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required. This was displayed in a conspicuous area of the home.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified in respect of this domain.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

Review of the complaints register established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. The most recent complaint was yet to be recorded in full but the registered manager was very knowledgeable about this and the subsequent actions to address this.

Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately.

Arrangements were in place to share information about complaints and compliments with staff.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Audits of accidents and incidents were undertaken. However in determining these audits this was difficult as accident and incident reports were not maintained in a chronological order but by individual resident. In revising and updating the home's policy on falls as detailed in 4.3 of this report reference and guidance should be sought with audits included the Falls Prevention Toolkit as issued by the Public Health Agency.

There were quality assurance systems in place to drive quality improvement. These included quality assurance reviews of management of diabetes, anti-coagula therapy and end of life care.

Discussions with the registered manager and staff confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. This specific training included dementia training by the University of Stirling, which a number of staff were reported to be undertaking.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports for January and February 2016 were inspected. These were recorded in detail with evidence of good governance arrangements. The report for March 2016 was not available for inspection. A recommendation was made for this to be made available for inspection.

There was a clear organisational structure. All staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

There was one area of improvement identified in this domain. This was in relation to the availability of monitoring visit reports.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with 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 The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. 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 care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should revise and update the home's policy and procedure on adult safeguarding.</p> <p>In doing so, the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) needs to be included.</p> <p>A safeguarding champion for the home needs to be appointed and contact details of aligned Trust (s) put in place.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The policy has been updated as directed.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should revise and update the home's policy and procedure on falls risks.</p> <p>In doing so, this needs to include the Falls Prevention Toolkit as issued as good practice guidance from the Health Promotion Agency.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The policy has been updated as directed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 26 May 2016</p>	<p>The registered person should review the font size of recording care records, as it is very small and almost illegible.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Recommendation noted and a request has been submitted to the I.T. provider organisation to increase the font size.</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 3 May 2016</p>	<p>The registered person should that monthly monitoring reports are available on an up to date basis for inspection.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Recommendation noted and actioned.</p>

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