

Inspection Report

1 December 2021



Seven Oaks Housing with Care

Type of Service: Residential Care Home
Address: Crescent Link, Londonderry, BT47 6DN
Tel No: 028 7131 1278

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Mrs Antoinette Margaret Strawbridge Date registered: 01 April 2005
Person in charge at the time of inspection: Mrs Antoinette Strawbridge	Number of registered places: 16
Categories of care: Residential Care DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 16 persons living with dementia. Residents are accommodated in single bedrooms with en suite facilities. Residents also have access to communal areas with secure outside spaces. There is a Supported Living service located on the same site and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 1 December 2021 between 10.15am and 4pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and free from malodour. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Seven Oaks Housing with Care.

Two new areas of improvement were identified during this inspection in relation to fire safety training and audits.

RQIA were assured that the delivery of care and services provided in Seven Oaks Housing with Care was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with 14 residents and six staff either individually or in small groups.

Residents told us that they felt safe and well cared for. They described the staff as being helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that they were able to make their own choices and decisions and were involved in their care.

Staff spoke positively about working in the home and advised there was good team work within the home.

Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role.

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 23 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) and (d) Stated: Second time	The registered person shall ensure that the flooring in the identified areas is replaced.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that the practice of propping doors open is ceased with immediate effect.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that there were no doors propped open during the inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure that infection prevention and control measures in the home are in accordance with regional guidelines regarding: <ul style="list-style-type: none"> • Waste bins in bathroom/shower/toilet facilities should have a lid. 	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, first aid and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. However we noted a number of staff had not completed training in fire safety training within the required timeframe. This was identified as an area for improvement.

There was a planner in place to ensure that staff received regular supervision and appraisal. Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. This was good practice.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the serving of mid-morning snacks the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable and had a pleasant experience. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals available. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 14 July 2021. Any areas for improvement identified within this assessment were addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place. We observed some residents engaged in craft activities with the activities therapist. The residents were enjoying this very much. Staff spoken with commented positively on the role of the activity therapist and that resident engagement in activities has increased and this has enhanced their wellbeing. In the afternoon we observed a number of residents participating in music activities. This is to be commended.

The genre of music played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "This is a great place; the staff are excellent. They (staff) are more than willing to help you. I feel very safe in here." And "I like it here; I get my paper every day".

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection. Mrs Antoinette Strawbridge is the registered manager of this home.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices. Staff commented positively about the manager and described her as approachable and accessible.

We discussed the system of auditing within the home. There was limited evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. This was identified as an area for improvement to ensure that a program of auditing is in place across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)**.

	Regulations	Standards
Total number of Areas for Improvement	1*	2

* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) and (d) Stated: Second time To be completed by: 23 May 2021	The registered person shall ensure that the flooring in the identified areas is replaced. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 2 Ref: Standard 29.4 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that fire safety training is completed twice yearly. Ref: 5.2.1 Response by registered person detailing the actions taken: Staff training has been completed and the training matrix has been updated to reflect compliance.
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that a robust system of auditing is implemented across various aspects of care and services provided by the home. Ref: 5.2.5 Response by registered person detailing the actions taken: A Registered Manager monthly audit template has been introduced to capture a summary of all operational areas reviewed and any remedial actions completed.

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



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