

Unannounced Care Inspection Report 5 June 2018



Seven Oaks Housing with Care

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 residential care home with sixteen beds that provides care for residents living with dementia. The home is within a shared complex of a supporting living facility.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Fiona McAnespie	Registered Manager: Antoinette Strawbridge
Person in charge at the time of inspection: Antoinette Strawbridge	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 16

4.0 Inspection summary

An unannounced care inspection took place on 5 June 2018 from 10.10 to 14.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to management of complaints, incidents and accidents, induction, training and adult safeguarding. Good practice was also found in relation to maintaining good working relationships, management of care records and the environment.

Four areas requiring improvement were identified. These were in relation to a checklist to be put in place confirming adherence to staff recruitment legislation and confirmation of a legionella risk assessment, repair of lock on a shower room/toilet door and with monthly monitoring visit reports.

Feedback from residents was positive in respect of their life in the home and relationships with staff. Similar was found with general observations of care practices.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Antoinette Strawbridge, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, sixteen residents and four staff of various grades.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within timescale for inclusion to this report.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedule
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Two residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Equipment maintenance records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.5 Stated: First time	The registered person shall investigate and make good the poor television reception in the identified resident's bedroom.	Met
	Action taken as confirmed during the inspection: The television reception in this identified bedroom had been made good.	
Area for improvement 2 Ref: Standard 17.10 Stated: First time	The registered person shall record confirmation that the complainant is satisfied with the outcome in the management of complaints.	Met
	Action taken as confirmed during the inspection: The outcome in the management of complaints was found to be appropriately recorded.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were reported to be used in a very infrequent basis in the home.

No concerns were raised regarding staffing levels during discussion with staff. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

An inspection of two completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. Schedules and records of training, supervision and appraisals were inspected during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A staff competency and capability assessment was inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager and inspection of a staff member's file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. However another staff member's personnel file did not contain confirmation from the organisation's human resource department to confirm that this member of staff was recruited in line with legislation. This has been identified as an area of improvement to put in place a checklist from the human resource department confirming each member of staff is recruited in line with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Staffing in the home was reported to be very stable with a low turnover of staff.

The registered manager advised that AccessNI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager has completed training in the role of the safeguarding champion. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The registered manager completes a pre-admission assessment with the potential resident so as to ensure the home can meet any assessed needs. Arrangements are in place for prospective residents and/or their representatives to visit and assess the suitability of the home prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems, pressure alarm mats and management of smoking materials etc. Restrictive practices were described in the Statement of Purpose and Residents' Guide. No other obvious restrictive practices were observed at the time of this inspection.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

The registered manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for patterns and trends. Referrals were made to the Trust’s falls team in line with best practice as required.

A general inspection of the home was undertaken. The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. Good evidence was in place to confirm that a programme of decoration and maintenance was actively in place.

The grounds of the home were well maintained with good accessibility for residents.

The registered manager advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc. It was reported that there was one resident in the home who smokes. An up-to-date risk assessment for this is in place.

The home’s Legionella risk assessment was dated 4 January 2016 as emailed to RQIA the day following this inspection. There was no evidence recorded of the actions taken in response to the seven recommendations made from this assessment. This has been identified as an area of improvement in accordance with standards. Confirmation of the action(s) taken to these recommendations needs to be submitted to the home’s aligned estates inspector.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A recorded system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary on a weekly basis.

Inspection of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date with the last maintenance record being on 4 January 2018.

The home’s most recent fire risk assessment was dated 25 July 2017. Confirmation was in place of the actions taken in response to the five recommendations made from this assessment.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation induction, training, adult safeguarding and the environment.

Areas for improvement

Two areas of improvement were identified. These were in relation to a checklist to be put in place confirming adherence to staff recruitment legislation and confirmation of a legionella risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of two residents' care records was undertaken. This confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by the resident's representative.

Care records were legible, accurate, up-to-date and signed and dated by the person making the entry. Care records were also maintained in an organised, methodical manner with good access to information.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff could readily identify residents' needs and preferences and how these were facilitated.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Observations of the supervision and assistance with the lunch time meal found that this was undertaken in an unhurried, organised manner with a nice ambience in place for residents to enjoy their meal.

Staff advised that they were able to recognise and respond to pressure area damage. It was reported that there are no residents in the home with pressure area damage.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were observed to be polite, friendly, warm and supportive.

Discussion with the staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

Discussions with staff indicated that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents advised that consent was sought in relation to care and treatment. For example, written consent was obtained for any photographs used for care record identification and social activities.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. For example, staff talked about being able to talk and give time to residents and how this helped form good relationships. An area of improvement was identified in accordance with standards with dignity in that a shower room/toilet door had no locking mechanism in place.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. There was a record of the people to be contacted and any arrangements the resident specifically requests to be put in place at the time of death. When the resident prefers not to discuss this or is unable, this is recorded.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. An example of this was a notice board in the reception of the home which contained added information for both residents and their representatives.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included, care review meetings, residents' meetings, suggestion box and day to day contact with management.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection, residents were enjoying the company of one another or watching television, reading or relaxing. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with all the residents in the home at the time of this inspection. All confirmed/indicated that they were happy with their life in the home, their relationship with staff, activities and the provision of meals. Some of the comments made included statements such as:

- “I love it here.”
- “It is a marvellous place. I couldn’t complain about a thing.”
- “They are very good to me here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

One area of improvement was identified in relation to repair of lock on a shower room/toilet door.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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 registered manager outlined the management arrangements and governance systems in place within the home and stated that the 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with the registered manager confirmed she was knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. The reports of the last two months' visits were not available for inspection nor was there recorded evidence that previous agreed actions had been dealt with. This has been identified as an area of improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. 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. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Feedback from staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

One area of improvement was identified in relation to monthly monitoring visit reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Antoinette Strawbridge, registered 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 residential care home. 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 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.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2018</p>	<p>The registered person shall put in place a checklist from the human resource department confirming each member of staff is recruited in line with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and maintain this checklist in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: These are now held in each staff members file within the scheme.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2018</p>	<p>The registered person shall submit confirmation of the actions taken to the recommendations made from the Legionella risk assessment dated 4 January 2016, to the home's aligned estates inspector.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Confirmation of all actions taken in respect of each recommendation have been sent to the schemes aligned Estates Inspector</p>
<p>Area for improvement 3</p> <p>Ref: Standard N 29</p> <p>Stated: First time</p> <p>To be completed by: 12 June 2018</p>	<p>The registered person shall make good the lock on shower room/toilet door.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This repair has been completed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 5 July 2018</p>	<p>The registered person shall ensure that monthly reports of the responsible individual are available in the home on an up-to-date basis and that any actions taken as a response are recorded also on an up-to-date basis.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Noted and actioned.</p>

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



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