

# Unannounced Care Inspection Report 20 October 2016



## Seven Oaks Housing with Care

**Address: Crescent Link, Londonderry, BT47 6DN**

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**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Seven Oaks Housing with Care took place on 20 October 2016 from 10:15 to 14:00 hours.

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

### Is care safe?

There were examples of good practice found throughout this inspection in relation to the home was found to be clean and tidy throughout with a good standard of décor and furnishings being maintained. Facilities were comfortable and accessible for residents to avail of.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practice found throughout this inspection in relation to discussions with two visiting relatives confirming that they felt that staff were able to communicate effectively with residents and themselves.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout this inspection in relation to observations of care practices and interactions demonstrating that residents were treated with dignity and respect.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout this inspection in relation to discussions with the registered manager and her line manager who undertakes the monitoring visits confirming an ethos of learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Antoinette Strawbridge, the registered manager, as part of the inspection process and can be found in the main body of the report.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 April 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Fiona McAnespie	<b>Registered manager:</b> Antoinette Strawbridge
<b>Person in charge of the home at the time of inspection:</b> Antoinette Strawbridge	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> DE - Dementia	<b>Number of registered places:</b> 16

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, accident and incident notifications.

During the inspection the inspector met with 16 residents, five members of staff of various grades and two resident's visitors/representative.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection Dated 26 April 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection Dated 26 April 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>This policy and procedure has been revised and updated.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 July 2016</p>	<p>The registered person should revise and update the home's policy and procedure on falls risks. In doing so, this needs to include the Falls Prevention Toolkit as issued as good practice guidance from the Health Promotion Agency.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>This policy and procedure has been revised and updated.</p>	
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.5</p>	<p>The registered person should review the font size of recording care records, as it is very small and almost illegible.</p>	<b>Met</b>

<b>Stated:</b> First time  <b>To be completed by:</b> 26 May 2016	<b>Action taken as confirmed during the inspection:</b> The font size of recording care records has been improved.	
<b>Recommendation 4</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 3 May 2016	The registered person should that monthly monitoring reports are available on an up to date basis for inspection.  <b>Action taken as confirmed during the inspection:</b> This was confirmed to be the case.	<b>Met</b>

### 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 staff.

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

- 1 x registered manager
- 1 x senior care assistant who was also responsible for the supported living side of the home
- 2 x care assistants
- 1 x administrator
- Catering and housekeeping staff

Review of a sample of a 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 was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

A competency and capability assessment was 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. An inspection of one of these staff competency and capability assessments was undertaken and found to satisfactory.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff recruitment was not inspected on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body, as inspected.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included a safeguarding champion, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff and was being up dated with staff on the afternoon of this inspection.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records 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 were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The home is a locked door facility which is done unobtrusively. This restrictive provision is appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team 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.

Review of the infection prevention and control policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in infection prevention and control in line with their roles and responsibilities. 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. Observation of staff practice identified that staff adhered to infection prevention and control procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken. The home was found to be clean and tidy throughout with a good standard of décor and furnishings being maintained. Facilities were comfortable and accessible for residents to avail of.

There were no obvious hazards to the health and safety of residents, visitors or staff.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually on April and October 2016. Records were 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 were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

## Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

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

A review of three residents' care records 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. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. For example they were able to describe how their knowledge and understanding of residents' individual needs and backgrounds help diffuse areas of agitation and frustration and how this could be acted on promptly with positive effect.

The home had a three weekly rotational menu which perusal found it to be varied and nutritional. Choice was also facilitated in the menu.

Records were stored safely and securely in line with data protection.

The registered manager confirmed 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' and their representatives' meetings, staff meetings and staff shift handovers.

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

Discussions with two visiting relatives confirmed that they felt that staff were able to communicate effectively with residents and themselves. They describe that they had a good relationship with staff and management and were kept well informed of any issues of concern.

The minutes of resident / representative meeting held on September 2016 were inspected and found to be appropriately maintained.

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 for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

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

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

- “I am very happy here and well looked after”
- “It’s great here, I have no complaints”
- “Everyone is very kind here”

The inspector also met with two visiting relatives at the time of this inspection. Both were keen to express their praise and gratitude for the care provided and the kindness and support received from staff. Both relatives informed the inspector that they had good confidence with the care in the home and that they were kept well-informed of any issues or concerns. Some of the comments made included statements such as:

- “The staff are all marvellous and care so much for the residents. Every one of them are so kind”
- “Staff are always so attentive”

Discussion with staff confirmed that residents’ spiritual and cultural needs, were met within the home. Discussion with staff also confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Observations of care practices and interactions demonstrated that residents were treated with dignity and respect. Staff were also able to demonstrate how residents’ confidentiality was protected. For example staff were sensitive when discussing information about residents and ensure this was done in a discreet area of the home.

An appetising nicely presented dinner meal was provided for, in a comfortable conducive dining room setting. Supervision and assistance with this was done in an unhurried manner and in accordance with residents’ specific needs.

Discussion with staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection there was a comfortable relaxed atmosphere in the home, with residents enjoying the company of one another, watching television or resting. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example the home had recently had an outing in September with residents to Letterkenny and Buncrana, for which there were a record of photographs showing the delight and enjoyment this brought.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of care practices confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.



There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. The outcomes of these quality assurance surveys were displayed. An action plan was developed and implemented to address any issues identified.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

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 with RQIA.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and displayed information on how to complaint. Discussion with the registered manager and her line manager confirmed that there was good knowledge on how to receive and deal with complaints, and that such expressions were taken seriously and dealt with appropriately.

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. This included a programme of training for staff that was in place on the morning of this inspection, following an investigation into a complaint that had been received. Such training recognised the learning from complaints and how this enhanced service provision.

There was 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. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. These reports were detailed and informative with good evidence of the governance arrangements.

Discussions with the registered manager and her line manager who undertakes the monitoring visits confirmed an ethos of learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous 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.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

### **Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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