

Unannounced Care Inspection Report 25 January 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 16 beds that provides care for residents living with dementia. The home shares its accommodation with a supported living service with service users living with dementia.

3.0 Service details

Organisation/Registered Provider: Seven Oaks Housing with Care Responsible Individual(s): Fiona McAnespie	Registered Manager: Antionette Strawbridge
Person in charge at the time of inspection: Antionette Strawbridge	Date manager registered: 01 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 25 January 2018 from 10:15 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 staff training, adult safeguarding, management of accidents and incidents and care records. Good practice was also found in relation to the environment, governance and maintenance of good working relationships.

Two areas requiring improvement were identified. These were in relation to repair of a television reception and confirmation that the complainant is satisfied with the outcome in the management of complaints.

Feedback from residents and staff during this inspection was all positive, as were 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	2

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.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent Pharmacy inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 September 2017.

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 and accident and incident notifications and any written and verbal communication received from the home.

During the inspection the inspector met with 14 residents, four staff members of various grades, two visiting relatives and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for agency staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment file(s)
- Three residents' care files
- Complaints and compliments records
- Records of staff meetings
- Records of residents and their representative meetings
- Annual quality assurance report
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities

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 21 September 2017

The most recent inspection of the home was an unannounced medicines management inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 29 June 2017

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 6.2 Stated: First Time	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	Met
	Action taken as confirmed during the inspection: A risk assessment and subsequent care plan has been put in place for this assessed need.	
Area for Improvement 2 Ref: Standard 28.5 Stated: First time	The registered person shall risk assessed the safety of the glass in display type cabinets or similar type furnishings with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: This risk assessment was put in place with subsequent appropriate action.	

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 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, residents' representatives and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Inspection of completed induction records for agency staff 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 inspected during the inspection.

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; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure complies with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the 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. 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 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.

Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably keypad entry system and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

These restrictions are detailed in the Statement of Purpose and Residents' Guide.

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

The registered manager confirmed there were risk management policy and procedures in place. The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The enclosed courtyard garden areas of the home were well maintained with good accessibility for residents to avail of.

Inspection of the internal environment identified that the home was 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 home had an up to date fire risk assessment in place dated 25 July 2017. The recommendations made from this assessment were noted to be appropriately addressed.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 of good practice

There were examples of good practice found throughout this inspection in relation to staff training, adult safeguarding and the home’s environment.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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

An inspection 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. Care needs assessment and risk assessments such as manual handling, falls and nutrition 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’ 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. This was reflective on their knowledge and understanding of individual resident’s needs and prescribed care interventions.

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

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

The registered manager confirmed 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 care plans, care reviews, accidents and incidents and the environment were available for inspection. Further evidence of audit was contained within the monthly monitoring reports.

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’ meetings, staff meetings and staff shift handovers.

Observation of practice evidenced that staff were able to communicate effectively with residents and their representatives.

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 this inspection in relation to care records, audits and communication between residents and their representatives.

Areas for improvement

No areas for improvement were identified in relation 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.

The inspector met 14 residents at the time of this inspection. In accordance with their capabilities, all confirmed 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;

- “All is grand. No problems”
- “I love the staff here”
- “This is a great place”

Staff confirmed 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.

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

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by inspection of care records in that there were care plans for management of pain, trigger factors, and prescribed interventions. Issues of assessed need such as pain had a recorded statement of care/treatment given and effect(s) of same.

The registered manager confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Residents appeared relaxed and at ease in their environment and interactions with staff.

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. These included care review meetings and day to day contact with management.

Residents and their representatives are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, observation of practice and inspection 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 relaxing or enjoying the company. An issue of improvement was identified with the television reception in one resident's bedroom which was very poor and effected the resident's enjoyment of this facility. This provision needs to be investigated and made good. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to feedback from residents and staff and general observations of care practices.

Areas for improvement

One area of improvement was identified in relation to this domain during the inspection. This was in relation to investigating and making good the poor television reception in the identified resident's bedroom.

	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 confirmed 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 Residents' Guide and information on same displayed. Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

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 and the outcome of the complaint. Arrangements were in place to share information about complaints and compliments with staff. Four expressions of complaint had been received. However none of these had a recorded statement to confirm whether the complainant was satisfied with the outcome. This has been identified as an issue of improvement.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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 reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

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 monthly monitoring visit 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, trust representatives and RQIA to read. Inspection of the last two months reports found these to be maintained in informative detail with good evidence of governance.

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.

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

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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that appropriate support would be given.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to governance arrangements, management of accidents and incidents and maintenance of good working relationships.

Areas for improvement

One are of improvement was identified in relation to this domain during the inspection. This was in relation to recording confirmation that the complainant is satisfied with the outcome in the management of complaints.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

The 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 13.5</p> <p>Stated: First time</p> <p>To be completed by: 2 February 2018</p>	<p>The registered person shall investigate and make good the poor television reception in the identified resident’s bedroom.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Actioned, works order submitted immediately following the Inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 26 January 2018</p>	<p>The registered person shall record confirmation that the complainant is satisfied with the outcome in the management of complaints.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Additions have been made to the record to reflect the complainants satisfaction with the outcome.</p>



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