

Inspection Report

31 August 2023



Seven Oaks Housing with Care

Type of service: Residential Care Home
Address: Crescent Link, Londonderry, BT47 6DN
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association	Registered Manager: Mrs Antoinette Margaret Strawbridge
Responsible Individual Mrs Fiona McAnespie	Date registered: 1 April 2005
Person in charge at the time of inspection: Sophie Lindsay	Number of registered places: 16
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential care home on the day of this inspection: 12
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 residents. Residents are accommodated in single rooms with en suite facilities. Residents have access to communal and dining areas. There is a supported living facility in the same building which is managed by the same manager.	

2.0 Inspection summary

An unannounced inspection took place on 31 August 2023, from 10.10 am to 5.50 pm by a care inspector.

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

The home was bright and welcoming, clean, neat and tidy. Residents were seated in communal areas or in the front seating area, interacting with one another and staff.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents.

Staff spoken with told us they enjoyed working in the care home. Comments regarding staffing levels and quality of life for residents in the care home were shared with the management team.

It was established that staff were knowledgeable regarding the needs, likes and dislikes of residents. This was evident in staff's intervention and support offered to residents.

Areas requiring improvement were identified relating to; the recording of activities, appropriate use of storage and audits.

The findings of this report will provide the management team 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 management team following the inspection.

4.0 What people told us about the service

Residents provided positive feedback about their experiences in the care home. One resident told us, "staff are good." Another resident said, "it's great in here, everyone is very good." Those residents who were unable to make their wishes known appeared to be comfortable in their surroundings, smiling and interacting with staff and other residents.

Staff spoken with told us they enjoyed working in the care home. One staff member said, "I love it in here." Staff told us they had opportunities for training. Comments regarding staffing levels were shared with the management team; with specific reference to the delegation of tasks

between the supported living unit and the residential unit. Staff comments regarding activities and meals were also shared with the management team.

No questionnaires were received from residents or relatives following the inspection and we received no responses from the online survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 21 March 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are administered as prescribed, are administered without delay and records are fully and accurately completed.	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 13 (4) Stated: First time	The registered person shall review the storage of medicines to ensure that medicines for residential care home residents are kept in separate cupboards from medicines belonging to service users in the supported living service; and separate controlled drug records books and refrigerator temperature records are maintained for each service.	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 3 Ref: Regulation 19 (2) Schedule 4	The registered person shall ensure that a robust system for staff recruitment is implemented to ensure staff are recruited correctly. This relates specifically to:	Not met

<p>Stated: First time</p>	<ul style="list-style-type: none"> Enhanced AccessNI number should be retained on file Full employment history should be recorded and any gaps explored The reason for leaving should be recorded and if not; this should be explored. <p>Action taken as confirmed during the inspection: A checklist evidencing manager oversight of the pre-employment checks was not available on the day of inspection. This area for improvement has not been met and has been stated for a second time.</p>	
<p>Area for improvement 4 Ref: Regulation 20 (1) (a) Stated: First time</p>	<p>The registered person must ensure that there is a senior care assistant on duty at all times to take charge of the home.</p> <p>Action taken as confirmed during the inspection: The management team confirmed their plans for the recruitment of additional staffing, however evidence of this was not available on the day of inspection. This area for improvement has not been met and has been stated for a second time.</p>	Not met
<p>Area for improvement 5 Ref: Regulation 14 (2) (c) Stated: First time</p>	<p>The registered person shall ensure that unnecessary risk to residents are appropriately managed. This relates to the appropriate storage of toiletries and denture cleaning tablets.</p> <p>Action taken as confirmed during the inspection: There was evidence of denture cleaning tablets in the identified bathroom. This area for improvement has not been met and is stated for a second time.</p>	Not met
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		Validation of compliance
<p>Area for improvement 1 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall review and develop the governance arrangements for medicines management, to ensure that all aspects of medicines management are included.</p>	Carried forward to the next inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Standard 20.10 Stated: Second time	The registered person shall ensure that a robust system of auditing is implemented across various aspects of care and services provided by the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that residents' care records accurately reflect the needs of the residents.	Not met
	This should include the recommendations made by Speech and Language Therapists in relation to modified diets. Action taken as confirmed during the inspection: Care plans were not always reflective of individual assessed need with specific reference to Speech and Language Recommendations. This area for improvement has not been met and is stated for a second time.	
Area for improvement 4 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a robust system is implemented to ensure that care records are regularly and consistently reviewed.	Partially met
	Action taken as confirmed during the inspection: A care record audit is completed by the manager on a monthly basis and was robust in identifying deficits. However, care records continue to lack regular review therefore, further improvement is required. This area for improvement has been partially met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Staff recruitment files were not made available on the day of inspection. The manager should have oversight of all pre-employment checks and evidence of this should be available for inspection. This area for improvement has not been met and is stated for a second time.

There were systems in place to ensure staff were trained and supported to do their job. Further training was scheduled to promote compliance with all mandatory training. This will be reviewed at the next inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The senior care assistant on duty is responsible for covering both the residential unit and the supported living unit. Staff across the home told us increased staffing was required to ensure staff had adequate time to complete their tasks. This was discussed with the management team who confirmed they are recruiting additional staff to support this. This area for improvement has not been met and is stated for a second time.

Staff on duty were attentive to the needs of residents. They were observed supporting with tea, coffee and snacks at customary intervals throughout the day. Staff were compassionate in their interactions with residents, ensuring residents choices and wishes were inherent throughout the care being delivered.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One staff member told us, "I love my work and the residents." Staff comments regarding management were shared with the management team.

Visitors to the home said, "mum has done brilliantly in here, I could not complain. Everything has been great and I'm very happy with the care she has received."

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, onward referrals made to Occupational Therapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. The daily menu had not been updated to reflect the meal for that day, this was evident in one unit. This was discussed with the management team and will be reviewed during the next inspection.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Residents care records were held confidentially. There was evidence of person centred care planning, however care records were not reviewed regularly to reflect change in resident's needs. This area for improvement has not been met and will be stated for a second time. As well as this, care records did not always reflect individual assessed need with specific reference to individuals International Dysphagia Diet Standardisation Initiative levels (IDDSI). No harm came to residents as a result of this. This area for improvement has not been met and will be stated for a second time.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy, fresh smelling and well maintained. The domestic was observed completing their duties across the home. Residents told us the home was kept clean, neat and tidy.

There was evidence of 'homely' touches throughout the home, such as snacks and drinks available and décor included reminders of the local area with the use of local street names for corridors and pictures of the local area that would be of interest to residents.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents had access to an en suite. Denture cleaning tablets were stored in a resident's bathroom cabinet which was accessible. These were removed immediately. An area for improvement had previously been identified relating to this, this has not been met and is stated for a second time.

A number of continence aids were observed to be stored in residents' bedrooms. The multi-sensory room was also being used for the storage of equipment and not for its original stated

purpose. This was discussed with the management team and an area for improvement was identified.

RQIA received a copy of the Fire Risk Assessment on the 15 September 2023 following the inspection and this was reviewed by the RQIA estates Inspector. The Fire Risk Assessment was completed on 18 April 2023 and the risk in the premises was assessed to be 'tolerable' although there were several items requiring attention listed on the action plan of the report. The manager agreed to address the action plan in line with the timescales set out by the assessor.

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 personal protective equipment (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.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could go out of the home to attend local shops or Church. On the day of inspection, there was evidence of planned activities taking place, resident's appeared to be engaging with the quiz. Staff told us, new screens had been provided to promote opportunities for residents to engage with activities.

Residents able to make their wishes known told us they had access to activities, some told us they preferred not to participate in these and preferred to remain in their rooms. Other residents were observed singing in the lounge and interacting with staff comfortably. One resident told us, they were supported to go out to the City Centre. Comments made by staff regarding the provision of activities were shared with the management team.

Residents engagement and opportunities to engage in activities were not always reflected in the records held on these. This was discussed with the management team and an area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Antoinette Margaret Strawbridge has been the registered manager in this home since 1 April 2005.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. Action plans completed following audits were not always signed off by staff to confirm completion and ensure these were addressed. This was discussed with the management team and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Antoinette Strawbridge was identified as the appointed safeguarding champion for the

home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Residents spoken with said that they knew how to report any concerns and said they were confident that the person in charge would manage this.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. There was a system in place to manage complaints.

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.

Staff commented positively about the management team and described them as supportive.

The home was visited each month by a representative of the registered provider 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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	5*	6*

* the total number of areas for improvement includes three regulations and two standards that have been stated for a second time and two regulations and one standard which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Antoinette Margaret 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 13 (4) Stated: First time To be completed by: From the date of inspection and ongoing	The registered person shall ensure that all medicines are administered as prescribed, are administered without delay and records are fully and accurately completed. 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.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection and ongoing	The registered person shall review the storage of medicines to ensure that medicines for residential care home residents are kept in separate cupboards from medicines belonging to service users in the supported living service; and separate controlled drug records books and refrigerator temperature records are maintained for each service. 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.
Area for improvement 3 Ref: Regulation 19 (2) Schedule 4 Stated: Second time To be completed by: Immediately and ongoing	The registered person shall ensure that a robust system for staff recruitment is implemented to ensure staff are recruited correctly. This relates specifically to: <ul style="list-style-type: none"> • Enhanced AccessNI number should be retained on file • Full employment history should be recorded and any gaps explored • The reason for leaving should be recorded and if not; this should be explored. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: Radius recruitment practice is compliant with regulatory and legislative requirements. Questions are asked at interview in respect of employment history gaps and reasons for leaving. These two sections will be added to the Association's recruitment checklist for all new starts. An enhanced Access NI check is completed for all staff and these are screened before an offer of employment is made. These are held on staff personnel files. This check is presently included on the

	Association recruitment checklist, the actual number will be added to the form.
Area for improvement 4 Ref: Regulation 20 (1) (a) Stated: Second time To be completed by: Immediately and ongoing	The registered person must ensure that there is a senior care assistant on duty at all times to take charge of the home. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: Radius have completed recruitment of an additional Senior since the Inspection visit. Agency support has been procured to provide additional Senior cover, pending further recruitment and internal staff development. The staff rota reflects the Senior staff member on duty for each shift. Radius Senior Management will review future service delivery at Seven Oaks with the Western Trust Contracts and Service Team Leads.
Area for improvement 5 Ref: Regulation 14 (2) (c) Stated: Second time To be completed by: Immediately and ongoing	The registered person shall ensure that unnecessary risk to residents are appropriately managed. This relates to the appropriate storage of toiletries and denture cleaning tablets. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: All staff and next of kin have been reminded of the safe storage requirements for toiletries and denture cleaning tablets at Seven Oaks. Lockable storage is in place for all residents. Staff are aware of the need to complete daily checks to provide further assurance.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: From the date of inspection and ongoing	The registered person shall review and develop the governance arrangements for medicines management, to ensure that all aspects of medicines management are included. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that residents' care records accurately reflect the needs of the residents.</p> <p>This should include the recommendations made by Speech and Language Therapists in relation to modified diets.</p> <p>Ref: 5.1 and 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<p>Response by registered person detailing the actions taken: Speech and Language have completed assessments for two resident's and their Care plans have been updated to reflect current dietary needs.</p> <p>The registered person shall ensure that a robust system is implemented to ensure that care records are regularly and consistently reviewed.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager and Senior team have completed a review of all resident care plans and a planned review schedule has been put in place. This will be subject to monthly checks by the Registered Manager and the Designated Person.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure continence aids and items in the identified areas are stored appropriately.</p> <p>If required a variation should be submitted to RQIA outlining the change in the use of these areas than that of their original stated purpose.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: These items have been removed, no variation required.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.9</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that a consistent record is kept of the activities offered to all residents.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: An activity record is in place and all staff have been reminded of the requirement to maintain records to detail daily activities and names of those who participated.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the action plans outlined following audits, are completed within the identified timeframes.</p> <p>Ref: 5.2.5</p>
<p>To be completed by: Immediately and ongoing</p>	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager monthly audits action section has been amended to ensure timely completion and sign off by the identified staff member. This will be audited as part of the monthly monitoring visit.</p>

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