



The Regulation and
Quality Improvement
Authority

Unannounced Primary Care Inspection

Name of Establishment: Seven Oaks Housing with Care
RQIA Number: 1124
Date of Inspection: 24 February 2015
Inspector's Name: John McAuley
Inspection ID: IN016972

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Seven Oaks Housing with Care
Address:	Crescent Link Londonderry BT47 6DN
Telephone Number:	(028) 7131 1278
Email Address:	Toni.strawbridge@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Fold Housing Association
Registered Manager:	Mrs Toni Strawbridge
Person in Charge of the Home at the Time of Inspection:	Mrs Hestor Shaw Senior Care Assistant
Categories of Care:	RC-DE
Number of Registered Places:	16
Number of Residents Accommodated on Day of Inspection:	15 plus 1 resident in hospital
Scale of Charges (Per Week):	£450.00
Date and Type of Previous Inspection:	23 June 2014 Unannounced inspection
Date and Time of Inspection:	24 February 2015 10:20am – 2pm
Name of Inspector:	John McAuley

2. Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3. Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4. Methods/ Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the senior care assistant in charge
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents
- Inspection of the premises
- Evaluation of findings and feedback

5. Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	14
Staff	4
Relatives	0
Visiting Professionals	1

6. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 – Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7. Profile of service

Seven Oaks Residential Care home is situated *XXX (describe the local area and situation.)*

The residential home is owned and operated by *add name*. The current registered manager is *add name*.

Accommodation for residents is provided *single/double rooms on single/double storey (describe)* Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided *XXX (describe where the lounge and dining rooms are located).*

The home also provides for catering and laundry services on the *add where eg. Ground or first floor*.

A number of communal sanitary facilities are available throughout the home. *? hairdresser, café, pub, secure garden etc. (inspector to complete narrative re environmental facilities in the home.)*

The home is registered to provide care for a maximum of 16 persons under the following categories of care:

Residential Care;

DE – Dementia

8. Summary of Inspection

This primary unannounced care inspection of Seven Oaks was undertaken by John McAuley on 24 February 2015 between the hours of 10:20am and 2pm. The senior care assistant Mrs Hestor Shaw was in charge of the home and available during the inspection and for verbal feedback at the conclusion of the inspection.

A review of the quality improvement plan issued to the home as a result of the inspection dated 4 April 2014 was undertaken. This inspection resulted in eight requirements and three recommendations being made. One of these requirements in relation to recruitment of staff was not reviewed on this occasion. A review of the remaining, found that six requirements and three recommendations had been addressed on a satisfactory basis. One requirement in relation to staffing levels has been stated for a second time, due to specific findings in relation to inadequate skill mix of staff on duty, at the time of this inspection.

The detail of the actions taken by the registered provider / manager can be viewed in the section following this summary.

Prior to the inspection, the registered provider / manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and one visiting professional, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure on responding to residents' behaviours and restraint. A review of this found this policy was detailed and contained implications of human rights legislation on restrictive practices. Through the inspector's observations, a review of documentation and discussions with staff, confirmation was obtained that restraint is not used, other than the locked door provision in relation to dementia assessed needs. This provision is documented in the home's Statement of Purpose. Residents' care records outlined their usual routine, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The senior care assistant was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

The overall assessment of this standard found that the home was compliant with same.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and interactions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions.

The overall assessment of this standard found that the home was compliant with same.

8.2 Stakeholder Consultation

During the course of the inspection the inspector met with residents, staff and one visiting professional.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Discussions with staff were positive in respect of the provision of care, teamwork and staff morale.

A discussion with the visiting professional also was positive in terms of the home responding to assessed needs of residents.

Comments received from residents, staff and the visiting professional are included in section 11.0 of the main body of the report.

8.3 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

A requirement has been made in respect of increasing the skill mix of staff on duty as identified from observations of care practices at the time of this inspection. The details of this can be found in 11 of this report.

8.4 General environment

The home was clean and tidy with a good standard of décor and furnishings being maintained.

One requirement has been made in respect of a chair whose covering needs to be made good as detailed later in this report.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Two requirements were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and senior care assistant for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 4 April 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (a)	The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.	<p>Staffing levels in the home and in particular the skill mix of staff did not meet the overall needs of the two registered services provided for nor the dependencies of residents and services users accommodated. The workload of the sole senior care assistant on duty at the time of this inspection was considered to be excessive as detailed in 11.6 of this report.</p> <p>This requirement has been stated for a second time.</p>	Not compliant
2	21	<p>The registered person shall not employ a person to work at the residential care home unless he is of integrity and good character;</p> <p>(b) He has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work;</p> <p>(c) He is physically and mentally fit for the purposes of the work he is to perform at the home.</p> <p>(d) full and satisfactory information is available in relation to him in respect of the following matters –</p>	The employment and recruitment records of staff were not reviewed on this occasion.	Not reviewed

		(i) Each of the matters specified in paragraphs 1 to 7 of Schedule 2.		
3	19 (2) Schedule 4 (7)	The registered person shall ensure that a record of whether the hours highlighted on staff duty rosters were actually worked be maintained.	A review of the home's duty rota found this record to be maintained accordingly.	Compliant
4	19 (3) (b)	The registered person shall ensure that records specified in Schedule 4 are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.	All requested records were available at the time of this inspection.	Compliant
5	13 (1) (a)	It is required that the registered manager requests an urgent review of the identified residents' needs through the trust care manager and relevant multidisciplinary professionals including the residents' representative to ascertain the appropriateness of these residents continued placement in the home.	This care review has been put in place accordingly.	Compliant
6	20 (1) (c) (i)	It is required that staff as appropriate are trained/ updated in behaviours that challenge.	Staff have received training and update training in behaviours that challenge.	Compliant

7	15 (2) (a) (b)	The registered person shall ensure that the assessment of the resident’s needs is kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	A review of a sample of residents’ care records confirmed that the needs assessments were maintained on an up to date basis.	Compliant
8	16 (1)	The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident’s representative as to how the resident’s needs in respect of his care, health and welfare are to be met.	Evidence was in place that the care plan was prepared in consultation with the resident’s representative through a signature and also via discussions with the senior care assistant regarding this process.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.6	It is recommended that a record is kept of staff working over a 24-hour period and the capacity in which they worked.	A review of the duty rota confirmed that the capacity in which staff worked was recorded.	Compliant
2	25.6	The staff duty roster should clearly indicate the time each shift commences and concludes.	A review of the duty rota confirmed that times of duty were clearly recorded.	Compliant
3	20.15	It is recommended that resident's care manager be informed as appropriate of any accidents / incidents involving the resident.	A review of accident / incident reports confirmed that the resident's care manager was duly notified of the event.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Prior to admission to Seven Oaks all applicants are assessed by the Registered Manager. Information collated throughout the assessment process is made available to the senior team and care staff before the individual moves in so that all involved in the resident's care are informed of the resident's physical and mental health needs.	Compliant
Inspection Findings:	
The home has a policy and procedure on responding to residents' behaviours and restraint. Staff has also received training in this.	Compliant
A review of this policy and procedure found had reference to Human Rights Legislation and implications of restrictive practices.	
Discussions with care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents' behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents' assessed needs, which were also found to correspond with the sample of residents' care records reviewed on this occasion.	
Criterion Assessed:	COMPLIANCE LEVEL
10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seeks to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in	

charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	
Provider's Self-Assessment	
Should there be a change in a resident's behaviour that is uncharacteristic or a source of concern, it is reported to the senior care worker who will liaise with the Registered Manager, to agree how to proceed and who to contact in regard to further assessment and treatment. This will also be discussed with the resident and/or their appointed next of kin.	Compliant
Inspection Findings:	
A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional. Further evidence of this was gained from discussions with a visiting behavioural nurse specialist from the Trust who was assessing the assessed behavioural needs of a resident.	Compliant
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any approach or response from staff is discussed with the resident, their designated next of kin and Care Manager, and documented to each resident's individual person centred care plan.	Compliant
Inspection Findings:	
A review of residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident's representative, through a signature.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL

Provider’s Self-Assessment	
Specific behavioural management programmes are agreed as part of a multi -disciplinary team, and with the resident and next of kins understanding and agreement.	Compliant
Inspection Findings:	
There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with staff would indicate if this were to be the case the appropriate trained professional(s) would be duly consulted in this process.	Compliant
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Staff are consulted and contribute to behaviour management programmes put in place. Where the behaviour Specialist Nurse is involved, staff are provided with guidance and support throughout the profiling process, and once a behaviour care plan is formulated, this is communicated to staff within a training format.	Provider to complete
Inspection Findings:	
Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated. Discussions with the visiting behavioural nurse specialist confirmed confidence in staff in following prescribed guidance and interventions.	Compliant
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>Incidents managed outside the scope of a resident's care plan are reported to the relevant care professionals and if appropriate the resident's next of kin. All relevant documented is completed as required. In such instances, a care review may require to be arranged however, in some circumstances the Care Manager with the agreement of the resident and/or their next of kin may make a referral to to behaviour nurse specialist, and once this assessment process has been completed a multi-disciplinary review will be arranged, and minutes retained for reference.</p>	Compliant
Inspection Findings:	
<p>A review of accident and incident records from June 2014 to date of inspection evidenced that notification was made as appropriate, to the resident's representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals.</p> <p>Discussions with the senior care assistant evidenced that where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Physical restraint may be used in exceptional circumstances as a "preventative measure" and only where there is convincing evidence that it is in the person's best interests, or to protect others; when other less restrictive strategies have been unsuccessful. Such actions are discussed and agreed with all relevant parties, are time limited and regularly reviewed, and are documented in accordance with procedure.</p>	Compliant

Inspection Findings:	
<p>The home has a policy and procedure on restraint. Discussions with staff confirmed that they were aware of the issues surrounding governance of same, in terms of bedrails and safety mats, which were duly care planned for.</p> <p>At the time of this inspection there were no obvious restrictive practices other than the locked door facility for care of dementia, which was done in an unobtrusive manner. This provision is documented in the home's Statement of Purpose.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activity programmes and events arranged are developed to take account of the likes, needs and interests of each individual. Attendance and feedback is recorded after each activity and event.	Compliant
Inspection Findings:	
The home has a policy and procedure on the provision of activities. A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan. Discussions with staff at the time of this inspection revealed they were positive with such provision.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activity assessments are completed for each individual and the outcome of assessment is used to inform the activity programme, which takes account of each individual's likes, dislikes and interests. The activity programme includes activities that are purposeful, age and culturally appropriate and promote healthy living.	Compliant
Inspection Findings:	
A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.	Compliant

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Each resident is encouraged to attend activities and events; however their choice as to whether they wish to attend is respected. The opportunity to engage in 1 to 1 one activities is offered to those residents who do not wish to participate in group activities, and who generally stay in their rooms.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for.</p> <p>Residents and their representatives were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The activity programme is displayed to notice boards outside each of the communal dining/ sitting rooms, and within the central atrium area. Where requested, residents may receive an individual copy to their room.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The programme of activities was on display in communal areas throughout the home.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment	
Staff either provides or accompany residents during all activities either in house or externally provided. Equipment provided is specific to the needs of the client group. Activities provided by an external provider are monitored and feedback is obtained from both residents and staff, and kept on record. This feedback will inform decision as to whether the activity will take place again.	Compliant
Inspection Findings:	
The home designates member of staff each day with for inclusion with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The duration and daily timetable of each activity takes account of individuals abilities, strengths and needs. Information collated through assessment and included within individual care plan assists to inform meaningful activity for those residents participating.	Provider to complete
Inspection Findings:	
Discussion with care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	Compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL

Provider's Self-Assessment	
When a person outside the organisation is brought in to provide an activity within the home, they are always accompanied by a member of care staff for the duration of the activity. Verbal feedback from residents is obtained and kept on record to inform decisions as to whether the activity will take place again..	Provider to complete
Inspection Findings:	
The senior care assistant confirmed that any person who is contracted in to provide activity, such as a visiting entertainer is supervised and assisted by staff during such provision.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Where an activity is provided in the home by a person contracted-in to do so, staff remain present throughout the duration of the activity to provide a co-worker role, and are available to provide information about any specific individual needs applicable to residents attending the activity.	Compliant
Inspection Findings:	
As detailed in criterion 13.7	Compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A record is kept of all activities taking place, person leading the activity and the names of those residents who will participate.	Compliant

Inspection Findings:	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	
Provider's Self-Assessment	
The activity programme is reviewed quarterly, or more frequently if required so as to include one off activities and events, as they occur, and to address the changing needs of residents.	Compliant
Inspection Findings:	
Care staff confirmed that they felt there was good provision with the range of activities provided and was aware that changes would be made in accordance with the assessed needs of the resident or at a care review.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with all but one resident in the home at the time of this inspection. Due to levels of dependencies, only three residents could articulate their views, confirming that they were happy and content with life in the home, the kindness afforded by staff and the provision of meals.

The other residents appeared comfortable, content and at ease in their environment and interactions with staff.

No concerns were expressed or indicated.

11.2 Relatives/ representative consultation

The inspector met with no visiting relatives at the time of this inspection.

11.3 Staff consultation

The inspector spoke with four staff of various grades on duty. Discussions with staff confirmed that they felt a good standard of care was provided for, and they were complimentary on the provision of training, staff morale and teamwork.

No concerns were expressed.

11.4 Visiting Professionals' Consultation

The inspector did meet with one visiting professional in the home at the time of this inspection. This professional spoke in complimentary terms about the provision of care in the home, and staff's ability to respond to assessed needs and implement prescribed interventions.

No concerns were expressed.

11.5 Observation of Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a polite, friendly, supportive manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

An appetising dinner time meal, as well as mid-morning snacks, was provided for and residents were found to assist in an organised unhurried manner with same.

11.6 Staffing

At the time of this inspection, the senior care assistant was the only senior member of staff on duty. This role involved managing both registered services of the home, that being the registered residential side and the registered domiciliary side. General observations found that

the level of aligned duties, such as administration of medications, managing staff, responding to residents and service users' care needs and responding to visitors, telephone call and appointments and queries, was excessive. For example the morning medication round was not completed until 11:30am, thereafter the senior care assistant was continuously busy with other aligned duties. Added to this there were no incidents in the home which would only exasperated these duties. A requirement has been made for the skill mix of staff to be increased and in doing so to be aligned to the two registered services of the home, taking account of the residents and service users' dependencies. At the time of this inspection it was noted that the senior care assistant attended throughout this excessive workload to residents and service users' needs in a kind, caring, diligent manner.

11.7 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.8 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records, together with discussion with the senior care assistant evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.9 Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible to avail of. The home was comfortably heated throughout.

A chair in the lounge of the residential side was torn with cushion foam exposed. A requirement was made for this to be made good.

11.10 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

The senior care assistant in charge informed the inspector that there are currently no residents who are placed in the home under a Guardianship Order.

11.11 Fire Safety

The home's most recent fire safety risk assessment as dated 30 June 2014 was reviewed. This assessment had subsequent evidence that the recommendations from it had been attended to.

A review of the fire safety records evidenced that fire training, had been provided to staff on an up to date basis and that different fire alarms are tested weekly with records retained.

There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

11.12 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered provider / manager which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Hestor Shaw, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Unannounced Primary Care Inspection

Seven Oaks Housing with Care

24 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Senior Care Assistant in Charge Mrs Hestor Shaw either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/ managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20(1)(a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Reference to this is made in that the skill mix of staff on duty must be reviewed / increased to take account of the two registered services in the home, the dependencies of residents and service users accommodated and the aligned duties and responsibilities of the role.</p>	Two	<p>Seven Oaks provides housing, care and support services to 30 residents.</p> <p>The scheme has dual registration i.e. 16 residential flatlets and 14 flatlets have domiciliary registration. A Manager works 40 hours over 5 days each week and a Senior Care Workers is on duty 24/7. The Association is working within the RQIA guidelines. The Association regularly reviews the dependencies of the residents and service users and considers that the skill mix is correct to safely meet their needs and the duties and responsibilities of the role. On occasion a second Senior may be deployed if need dictates this is required.</p>	25 March 2015

2.	27(2)(c)	<p>The registered person shall, having regard to the number and needs of residents, ensure that –</p> <p>(c) equipment provided at the home for use by residents or persons who work in the home is in good working order, properly maintained in accordance with the manufacturer’s guidance and suitable for purpose for which it is to be used.</p> <p>Reference to this is made in that the chair in the lounge of the residential unit which is torn needs to be made good.</p>	One	The Chair noted on the day of the inspection has been re-upholstered.	24 March 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Toni Strawbridge
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes.	<i>[Signature]</i>	27/7/15.
Further information requested from provider			