

# Inspection Report

21 March 2023



## Seven Oaks Housing with Care

Type of service: Residential Care Home  
Address: Crescent Link, Londonderry, BT47 6DN  
Telephone number: 028 7131 1278

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Radius Housing Association  <b>Responsible Individual</b> Mrs Fiona McAnespie	<b>Registered Manager:</b> Mrs Antionette Margaret Strawbridge  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Antionette Strawbridge	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b> 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 and secure outside spaces.  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 21 March 2023 from 10.10am to 4.40pm. The inspection was carried out 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 warm and free from malodour and bedrooms were tastefully personalised. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Seven Oaks Housing with Care.

Five new areas requiring improvement were identified in relation to recruitment, staffing, safe storage of toiletries and care records. Three areas for improvement, with regard to medicines management, were carried forward for review to the next inspection and one area for improvement was stated for the second time.

RQIA will be assured that the delivery of care and service provided in Seven Oaks Housing with Care will be safe, effective and compassionate and is well led in addressing these areas for improvement.

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 returned quality improvement plan, 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.

### **4.0 What people told us about the service**

Residents told us that they were happy living in the home. Residents' comments included, "very happy in here, well cared for," "I feel safe in here; you can ask for anything," and "it's good in here; they are good to me."

Staff commented that the home was "a good place"; one staff member told us "I like working here; the residents are safe and well cared for." Staff spoken to confirmed that they felt well supported in their roles within the home, that there was enough staff on duty and were all encouraged to complete any training relevant to their roles and responsibilities.

We spoke with one visiting professional during the inspection. They were very complimentary about the care provision in this home. They stated that “this was a welcoming home; there is good communication. I would have a relative of mine in here. The staff are very good.”

## 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 19 January 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b) and (d)  <b>Stated:</b> Second time	<p>The registered person shall ensure that the flooring in the identified areas is replaced.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.</p>	<b>Met</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	<p>The registered person shall ensure that all medicines are administered as prescribed, are administered without delay and records are fully and accurately completed.</p> <p><b>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.</b></p>	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	<p>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.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 29.4  <b>Stated:</b> First time	The registered person shall ensure that fire safety training is completed twice yearly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First 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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the records of audits and found there were some audits completed in relation to care records. However, there was no regular system of auditing in place.  This area for improvement will be stated for the second time.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person should ensure that staff adhere to the infection prevention and control guidelines specifically with respect to jewellery and nail polish/artificial nails.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall review and develop the governance arrangements for medicines management, to ensure that all aspects of medicines management are included.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was some evidence that a system was in place to ensure staff were recruited correctly. While there was a recruitment checklist in place which was signed off by the manager; there were deficits in the two recruitment records reviewed. This was identified as an area for improvement.

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated excellent knowledge of their roles and responsibilities regarding Adult Safeguarding. In addition, staff received training in a range of topics including moving and handling, fire safety, adult safeguarding and infection prevention and control.

Staff said there was good team work and that they felt well supported in their role and with the level of communication between staff and management. One member of staff said, "the support is good here, our manager is excellent."

We noted during the inspection that the senior care assistant rostered to take charge of the residential home was also responsible for duties in the adjacent supported living service. No additional staff were rostered or identified to take charge of the home during the time the senior care assistant was undertaking duties in the supported living service. Seven Oaks Housing with Care is a registered service in its own right and therefore must be staffed independent of the adjacent supported living service; this was identified as an area for improvement.

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. Competency and capability assessments for those staff in charge of the unit when the manager was not on duty were carried out by the manager on a yearly basis.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner, for example, staff were observed to attend to residents' personal care needs promptly and assistance with lunchtime meal.

Residents said that they felt safe in the home and that staff were always available and were kind to them. One comment made was "I feel safe in here; you can ask for anything".

### 5.2.2 Care Delivery and Record Keeping

The home had a calm atmosphere. Positive interactions were observed between residents and the staff.

Staff met at the beginning of each shift to discuss any changes to 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.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

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.

Staff were seen to socialise with residents throughout the lunchtime meal. The mealtime was observed to be a pleasant and unhurried experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

A menu was displayed in the dining room with alternative choices catered for. Residents and staff spoke positively of the food provision within the unit. The food was attractively presented and smelled appetising. There was a variety of drinks available. Staff were knowledgeable in relation to residents' nutritional requirements and a record of this was maintained in the kitchen. The tables were set with condiments.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Residents' care records were held safely and confidentially.

We noted on one care record where a resident's care plans and risk assessments had not been updated to reflect a change to their overall condition. Care plans in relation to residents who required a modified diet did not have the specific assessed recommendation by speech and language therapist consistently recorded. These issues were discussed during the inspection and identified as an area for improvement to ensure that care records accurately reflect the needs of the residents. We identified that there was no system in place to ensure that care records are regularly reviewed. This was identified as a further area for improvement.

Residents' individual likes and preferences were reflected throughout the records. 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.



Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. We viewed a sample of the bedrooms, bathrooms, lounges and the dining room.

Residents' bedrooms were personalised and tidy. Communal lounges and dining rooms were welcoming spaces for residents. Residents were able to walk around freely. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction.

We observed denture cleaning tablets within a resident's ensuite bathroom. This was of particular concern as a risk assessment had been completed and risks identified. This was discussed and addressed without delay during the inspection; an area for improvement was made.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### 5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place. We observed some residents in an activity with the reading rooms. The residents enjoyed this very much. Staff talked about some of the residents who attended a tea dance in the local area and there was a party in the home to celebrate Mother's day. The residents are also in the process of completing memory boxes.

While all residents were encouraged to participate in activities; some residents chose to spend time alone. We observed staff chatting with these residents while others were reading and watching television.



The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

One resident made the following comments; "I am so happy in here and so well cared for."

### 5.2.5 Management and Governance Arrangements

There has been no change in the management arrangements since the last inspection, Mrs Antoinette Strawbridge is the manager of Seven Oaks Housing with Care.

Staff commented positively about the manager of the home and described her as supportive, approachable and always available for guidance. Staff said that the manager in the home is supportive when it comes to training and development.

There was a system in place to manage complaints. The most recent complaints were viewed and this evidenced a good overall summary of the complaint, the actions taken and the outcomes.

When we reviewed the system of auditing we noted that there was a lack of evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. This area for improvement was stated for the second time.

There was 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.

During our discussions with staff it was evident that they 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.

The home was visited 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.

### 7.0 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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Antoinette Strawbridge, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that all medicines are administered as prescribed, are administered without delay and records are fully and accurately completed.</p> <p>Ref: 5.1</p>
	<b>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.</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>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.</p> <p>Ref: 5.1</p>
	<b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that a robust system for staff recruitment is implemented to ensure staff are recruited correctly. This relates specifically to:</p> <ul style="list-style-type: none"> <li>• Enhanced AccessNI number should be retained on file</li> <li>• Full employment history should be recorded and any gaps explored</li> <li>• The reason for leaving should be recorded and if not; this should be explored.</li> </ul> <p>Ref: 5.2.1</p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff who work within the Home are enhanced Access NI checked prior to commencement in post. This information is held on each staff members personnel file within the HR department. As part of the interview process applicants are asked to disclose any gaps in employment and reasons for leaving previous posts if this information has not already been disclosed.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</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>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Radius will review the current Management and Senior team structure at the Home in conjunction with the Commissioning Trust.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</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>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A risk assessment in respect of storage of toiletries is in place for each resident and staff and next of kin have been made aware that denture cleaning tablets may not be retained by the resident.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (1 December 2021)</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> <p>Ref: 5.1</p>
	<p><b>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.</b></p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2023</p>	<p>The registered person shall ensure that a robust system of auditing is implemented across various aspects of care and services provided by the home.</p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2023</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: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The senior team are aware that consistency of terminology must be used in resident care records to accurately reflect their needs. An update was made on the day of the Inspection.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2023</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: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered managers monthly audit includes a spot check of care records and all seniors have been reminded of their responsibility to complete regular ( minimum 3 monthly) evaluation and update of resident care plan information.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care

