



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 22 August 2019



Seven Oaks Housing with Care

Type of Service: Residential Care Home
Address: Crescent Link, Londonderry, BT47 6DN
Tel No: 028 7131 1278
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 16 persons living with dementia. The home is within a shared complex of a supported living complex.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Fiona McAnespie	Registered Manager and date registered: Antoinette Margaret Strawbridge 01 April 2005
Person in charge at the time of inspection: Antoinette Strawbridge	Number of registered places: 16
Categories of care: Residential Care DE – Dementia.	Number of residents accommodated in the nursing home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 22 August 2019 from 10.20 hours to 16.45 hours.

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.

Areas for improvement in respect of previous pharmacy inspection has also been reviewed and validated.

There were examples of good practice found throughout the inspection in relation to the assessment of residents' needs and the planning of how these needs would be met. Residents were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for residents. Staff were well informed of the needs of the residents and worked well as a team to deliver the care required.

We observed that residents were offered choice within the daily routine, that systems were in place to provide residents with a say in the day to day running of the home and that the activities provided had a positive impact on the residents.

There were established management arrangements with systems in place to provide management with oversight of the services delivered.

Areas for improvement were identified in relation to the environment, infection prevention and control and the review of residents' needs.

Residents described living in the home in positive terms. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. One resident commented, "They're (staff) more than nice, very pleasant."

Comments received from residents, people who visit them and staff, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Antoinette Strawbridge, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 27 November 2018

The most recent inspection of the home was an unannounced care inspection. No further actions were required to be taken following the most recent inspection on 27 November 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 August to 22 August 2019
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- recruitment and induction process
- three residents' care records
- supplementary care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met. We asked residents about staffing levels and none expressed any concern. Several residents spoke positively about the home to the inspector, including comments such as:

- "Staff are excellent."
- "I find no problem here."

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with Residential Care Homes Minimum Standards, August 2011. One staff member told the inspectors: "It's the atmosphere here that makes it a great place to work." Staff did raise that staffing could be a bit 'tight' over the summer period but otherwise staff were satisfied with the arrangements.

Discussion with both the registered manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of bi-annual supervision and annual appraisal. Three staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One such staff member told the inspector that they had been inducted by a senior staff member and then worked alongside staff and stated this was helpful.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of face to face instruction. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for residents within the home.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Residents' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including the lounges and dining rooms appearing bright and welcoming to residents and visitors. However, there were some areas of the environment and infection prevention and control measures (IPC) which required urgent attention, namely the bathrooms/shower rooms and toilet facilities. Equipment, for example a clinical waste bin, needed replacing due to rust being present, waste bins in bathroom and toilet facilities should have a lid and the walls in bathrooms/shower/toilet facilities where dispensers had been replaced should be made good. This has been identified as an area for improvement. Carpeting in Waterloo and Duke Street areas evidenced significant wear and tear and were noticeably stained in places. The carpeting should be replaced as the appearance of the flooring detracted from the general pleasing appearance of the home. This has been identified as an area for improvement.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to residents' needs.

We also saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. The most recent fire drill/evacuation training for staff and/or residents was 3 July 2019 with more training dates scheduled to ensure staff meet their mandatory training requirement. The fire risk assessors report was dated 26 June 2019 and evidence was present that recommendations made were being actioned.

In relation to medicines management the most recent medicines management inspection was 21 September 2017, the registered manager stated that the areas for improvement identified at the inspection had been addressed and systems were in place to ensure the issues did not arise again.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

The following areas were identified for improvement in relation to the environment and infection prevention and control measures.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of residents during these meetings.

Staff who were spoken with stated that that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff comments included:

- "It's knowing that you make a difference to someone's day, even just by sitting talking to them."

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

The care records also evidenced that staff regularly communicated with residents’ families or representatives and also used a range of risk assessments to help inform the care being provided.

The use of a pressure mat which alerted staff to the movement of one resident was reviewed. It was good to note that appropriate and comprehensive risk assessments had been completed which clearly indicated that this equipment was both necessary and proportionate in helping to keep the resident safe. The resident’s history was clearly noted along with an appropriate and person centred care plan.

Falls and post falls management to residents was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present. A discussion with staff regarding falls management confirmed the registered nurse’s clear understanding and responsibility in respect of post falls management.

The review of care documentation evidenced that care plans were generally person centred and reflected the needs of persons living with dementia. An exception was noted regarding the description of a resident’s behaviour. Clarity in respect of the behaviour and how to support the resident was not present. There was also inconsistency regarding the review of care documentation and not all review dates were achieved. This was discussed with the registered manager and has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other professionals and residents representatives.

Areas for improvement

The following area was identified for improvement in relation to ensuring a consistent approach is present regarding the review of residents’ wellbeing in care documentation.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.20 and were met immediately by staff who offered us assistance. Residents were present in the lounges or in their bedroom, as was their personal preference.

The atmosphere in the home was welcoming. Observations of interactions throughout the day demonstrated that residents relating positively to staff and to each other. Residents were engaged by staff with respect and encouragement at all times. One resident commented, “Staff are nice and very, very good” and “Staff are excellent.”

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. We met with residents in both lounges, residents spoke very positively in respect of staff and were aware that they had a choice about joining the morning activity or not. One resident commented:

- “There’s a girl in here who takes me down for the papers just cause she knows I like to go for walks.”

The activities programme is delivered by staff as the home does not have a dedicated activities coordinator. Staff stated that they know the residents and base the day’s activities around what residents say they would like to do. Staff also commented that they knew the importance of one to one time with residents as many residents preferred to ‘chat’ and enjoyed reminiscing together. Therefore, activity programmes are organised with each individual’s agreement. Staff members were observed interacting sensitively with residents and being attentive to each person’s needs.

The systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account included residents/relatives meetings, an annual quality survey of service users and their carers or relatives, the monthly quality monitoring visits and daily discussions with residents in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about home life. The most recent quality survey of February 2019 identified that residents and relatives would like a more activities. The registered manager had displayed the outcome of the survey on a notice board in the format of ‘You said, we did’ and informed that the home would continue to strive to provide more activities for residents. During each monthly monitoring visit the views of a sample of residents were sought and their views were reflected in good detail in the three monthly monitoring reports that were reviewed.

The serving of the midday meal was observed. The meal was served in the combined lounge and dining room in the home. The lounge/dining arrangements presented as homely and residents enjoyed their meal. Residents were offered a choice of meal and of juice or milk. Tables were nicely presented and a range of condiments were available for residents on the tables. Residents chatted with each other and staff and the dining experience was observed as being relaxed and cordial. A staff member was present during the meal service in both dining rooms to ensure the wellbeing of residents and one staff member commented, “I must stay in the dining room with residents during the meal service.”

Two relative’s questionnaire was submitted to RQIA following the inspection and the respondents were very satisfied that residents’ were treated in a compassionate manner, that care was safe and effective and that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2005 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The registered manager reported that they were well supported by senior management within the organisation. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. Residents and staff reported that the manager was very approachable and available to speak to.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. The registered manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. Copies of the reports were available for residents, their representatives, staff and Trust representatives.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint. Comments from residents included:

- “They’re (staff) very good; I’ve no qualms about here.”
- “I find no problem here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Antoinette Strawbridge, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b) and (d)</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2019</p>	<p>The registered person shall ensure that the flooring in the identified areas is replaced.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All of the carpeting in the communal corridor areas has had an industrial deep clean completed. Weekly and daily spot cleaning arrangements remain in place for these areas. It is acknowledged that carpeting is worn in places and replacement flooring is being costed. A business case will be completed for approval to support it's replacement. In the interim a stringent cleaning regime remains in place.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards , August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2019</p>	<p>The registered person shall ensure that infection prevention and control measures in the home are in accordance with regional guidelines regarding:</p> <ul style="list-style-type: none"> • Replacing clinical waste bins that evidence rust • Waste bins in bathroom/shower/toilet facilities should have a lid • Make good the walls of bathroom/shower/toilet facilities where dispensers have been replaced <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The clinical waste bin has been replaced and new waste bins, with lids have been purchased for communal facilities. A works order has been submitted to complete the identified repairs.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2019</p>	<p>The registered person shall ensure that a consistent approach to the reviewing of residents care records by staff is in evidence and that any detail relating to residents is clear and explicit.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Additional detail was added to this residents care plan on the day and Senior staff have been reminded of the requirement to evaluate and update records on time.</p>

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



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