



Unannounced Care Inspection Report

23 March 2021



Seven Oaks Housing with Care

Type of Service: Residential Care Home
Address: Crescent Link, Londonderry, BT47 6DN
Tel No: 028 7131 1278
Inspector: Laura O'Hanlon

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 16 residents.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Fiona McAnespie	Registered Manager and date registered: Antoinette Margaret Strawbridge 1 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 residential home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 23 March 2021 from 10.20 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they were happy with the care provided in the home and that staff were kind to them.

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	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Antoinette Strawbridge, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 residents and three staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- 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

The most recent inspection of the home was an unannounced care inspection undertaken on 22 August 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) and (d) Stated: First time	<p>The registered person shall ensure that the flooring in the identified areas is replaced.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and observations during the inspection confirmed that this work has not yet been completed.</p> <p>This area for improvement will be stated for the second time.</p>	Not met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		
Area for improvement 1 Ref: Standard 35 Stated: First time	<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 <hr/> <p>Action taken as confirmed during the inspection: Observations within the environment confirmed that the clinical waste bins were replaced the areas around the dispensers in bathroom/shower/toilet facilities was addressed.</p> <p>Whilst the bins in communal bathrooms were replaced; the lids were not working effectively and in ensuite bathrooms there were no lids on the bins. This element of the area for improvement will be stated for the second time.</p>	Partially met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		

Area for improvement 2 Ref: Standard 8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of three care records confirmed that all care records were reviewed and were found to be up to date and information was clearly recorded.	

6.2 Inspection findings

6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents and that the staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- "I am happy working here. There is enough staff on duty."
- "It's a good team here; we all work well together. There are always enough staff on duty."

We could see that the duty rota accurately reflected the staff working in the home and the manager's hours were recorded. The rota recorded the full names and grades of staff and the person in charge of the home in the absence of the manager was clearly identified.

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

There was an overview of staff training in place which included mandatory training and additional training where this was required.

6.2.2 Infection prevention and control procedures (IPC)

Information and signage was displayed at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available at the entrance.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak.

Staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

6.2.3 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared to be content and settled in their surroundings and in their interactions with staff. Comments included:

- "It's a good place. The staff are good and I feel very safe in here."
- "The staff are really good."
- "The food is lovely."
- "It's a lovely place; peaceful and quiet."

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and sat beside residents when assisting them with their meal.

Staff spoke of the importance of communication with families due to limited visiting at present; they were helping residents to keep in touch via alternative methods such as FaceTime and phone calls and found this was generally working well. At present visiting arrangements are in place in a designated area of the home and on a scheduled basis.

We observed some residents engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. A number of residents were encouraged to participate in singing activities in the sitting room. Staff were very aware of each resident's likes, dislikes and strengths and were easily able to redirect a resident when this was required.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room, storage areas and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised and the home was tastefully decorated. Corridors and fire exits were clear of obstruction.

We observed a fire door propped open with a chair. We discussed this with the manager to ensure this practice is ceased. This was identified as an area for improvement.

6.2.6 Governance and management arrangements

There is a clear management structure within the home. The manager confirmed that she undertakes a daily walk around the home so that she is appraised with everything. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable.

A system of audits was in place in the home. Examples of such audits reviewed were, the management of falls, hand hygiene and the use of PPE. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the report were available for residents, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

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Areas for improvement

One area for improvement was identified in relation to fire safety.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met.

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, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) and (d) Stated: Second time To be completed by: 23 May 2021	<p>The registered person shall ensure that the flooring in the identified areas is replaced.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: The communal area flooring will be replaced as part of the Scheme refurbishment to be completed this year.</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the practice of propping doors open is ceased with immediate effect.</p> <p>Ref: 6.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: A fail safe unit has been fitted to this door and all staff have been reminded they are not permitted to prop any door open.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 23 April 2020	<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"> • Waste bins in bathroom/shower/toilet facilities should have a lid <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: Replacement bins with lids have been purchased and are now in place.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)