



Unannounced Care Inspection Report 27 November 2018



Seven Oaks Housing with Care

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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with sixteen beds that provides care for residents living with dementia. The home is within a shared complex of a supporting living facility.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Fiona McAnespie	Registered Manager: Antoinette Strawbridge
Person in charge at the time of inspection: Sylvia Cadden senior care assistant	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 16

4.0 Inspection summary

An unannounced care inspection took place on 27 November 2018 from 10.00 to 13.50.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to induction, training, adult safeguarding and management of complaints and incidents. Good practice was also found in relation to maintenance good working relationships and the environment.

No areas requiring improvement were identified during this inspection.

Feedback from residents was all positive in regards to their life in the home, their relationships with staff and the provision of meals.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sylvia Cadden, senior care assistant, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 June 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 12 residents, five members of staff and the senior care assistant in charge.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Two staff members' files
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the most recent inspection dated 5 June 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall put in place a checklist from the human resource department confirming each member of staff is recruited in line with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and maintain this checklist in the home.	Met
	Action taken as confirmed during the inspection: This checklist has been put in place.	
Area for improvement 2 Ref: Standard 28.5 Stated: First time	The registered person shall submit confirmation of the actions taken to the recommendations made from the Legionella risk assessment dated 4 January 2016, to the home's aligned estates inspector.	Met
	Action taken as confirmed during the inspection: Confirmation of actions taken has been received by RQIA.	
Area for improvement 3 Ref: Standard N 29 Stated: First time	The registered person shall make good the lock on shower room/toilet door.	Met
	Action taken as confirmed during the inspection: This lock has been made good.	

Area for improvement 4 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that monthly reports of the responsible individual are available in the home on an up-to-date basis and that any actions taken as a response are recorded also on an up-to-date basis.	Met
	Action taken as confirmed during the inspection: These reports were available on an appropriate and up-to-date basis.	

6.3 Inspection findings

6.4 Is care safe?

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

The senior care assistant advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in an infrequent basis in the home. It was advised that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

An inspection of a sample of two completed induction records and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the senior care assistant confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Records of recruitment are maintained in the organisation's human resource department. A checklist from the human resource department is made available to the registered manager to confirm that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. A sample of two of these checklists was inspected and found to be appropriately maintained.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. Staff were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior care assistant, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The senior care assistant stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The registered manager completes a pre-admission assessment with the potential resident so as to ensure the home can meet any assessed needs. Arrangements are also in place for prospective residents and/or their representatives to visit and assess the suitability of the home prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Restrictive practices were employed within the home, notably the use of keypad entry systems, pressure alarm mats and management of smoking materials etc. Restrictive practices were described in the Statement of Purpose and Residents' Guide. No other obvious restrictive practices were observed at the time of this inspection.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The home's Infection Prevention and Control (IPC) policy and procedure was in line with regional guidelines. Inspection of staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff also established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

The "Falls Prevention Toolkit" guidance was being used to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for patterns and trends. Referrals were made to the Trust's falls team in line with best practice as required.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. Good evidence was in place to confirm that a programme of decoration and maintenance was actively in place.

The grounds of the home were well maintained with good accessibility for residents.

It was established that one resident in the home smoked. An inspection of the care records of this residents identified that a risk assessment and corresponding care plan was completed in relation to smoking. Staff were also knowledgeable about this risk and the subsequent care interventions.

The home's Legionella risk assessment was dated 4 January 2016 and there was recorded evidence of actions taken in response to this.

A recorded system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary on a weekly basis.

The home's most recent fire risk assessment was dated 3 July 2018. Confirmation was received following this inspection via email to confirm that all 16 recommendations made from this assessment had been addressed.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- "It's a good home. Well run. All my training is up-to-date and I really enjoy working here"
- "We are coping very well. The staffing levels and morale is fine"

Areas of good practice

There were examples of good practice found throughout the inspection in relation induction, training, adult safeguarding and the environment.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with staff established that the home responded appropriately to and met the assessed needs of the residents. Staff also declared that they felt a good standard of care was provided for and that they had the necessary skills, training and resources to do so.

The home's records management policy in place included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of three residents' care records was undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The care records inspected were observed to be signed by the resident's representative.

Care records were maintained in an organised, methodical manner with good access to information.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff were able to recognise individual resident's social preferences and acted on these create a relaxed homely environment.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Observations of the supervision and assistance with the lunch time meal found that this was undertaken in an unhurried, organised manner with a nice ambience in place for residents to enjoy their meal. The meal was appetising and nicely presented. Choice of meal was promoted and readily available. Afterwards residents commented positively on this provision.

The catering facility was tidy and well organised.

Staff advised that they were able to recognise and respond to pressure area damage. It was reported that there are no residents in the home with pressure area damage.

Arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The senior care assistant advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were observed to be friendly, warm and polite.

Discussion with the staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents spoken with during the inspection made the following comments:

- "The meals are lovely"
- "The tea and scones are lovely. The best ever."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

Discussions with staff indicated that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The senior care assistant and residents advised that consent was sought in relation to care and treatment. For example, this was evident on how staff interacted with residents and gave clarification and sought agreement with undertaking tasks such as assistance with personal care.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. There was a record of the people to be contacted and any arrangements the resident specifically requests to be put in place at the time of death. When the resident prefers not to discuss this or is unable, this is recorded.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. An example of this was a notice board in the reception of the home which contained added information for both residents and their representatives.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included, care review meetings, residents' meetings, suggestion box and day to day contact with management. Inspection of the record of residents' meeting dated 20 September 2018 found these were appropriately maintained.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Weekly activities include Tai Chi, the Reading Rooms and visiting singer. At the time of this inspection, residents were enjoying the company of one another or watching television, reading or relaxing. Arrangements were in place for residents to maintain links with their friends, families and wider community, such as support from Alzheimer’s Society who befriend residents on trips out.

The inspector met with all the residents in the home at the time of this inspection. All confirmed/indicated that they were happy with their life in the home, their relationship with staff, activities and the provision of meals. Some of the comments made included statements such as:

- “I am very happy here and well cared for. I have no complaints”
- “The staff are all great. I like everyone one of them”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 senior care assistant outlined the management arrangements and governance systems in place within the home. It was also advised that the needs of residents were met in accordance with the home’s Statement of Purpose and the category of care for which the home is registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

The home’s complaints policy and procedure is in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. RQIA’s complaint poster was available and displayed in the home.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Inspection of these records found these to be appropriately maintained. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision. The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with staff confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. The reports of the last three months' visits were inspected and found to be recorded in informative detail with recorded evidence that previous agreed actions had been dealt with.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Feedback from staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

One staff member spoken with during the inspection made the following comments:

- "The care is a high standard. I never have seen any problems here. Any that there are, are all sorted."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintenance good working relationships.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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