

# Inspection Report

8 April 2024



## 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>Registered Manager:</b> Mrs Antoinette Margaret Strawbridge
<b>Responsible Individual</b> Mrs Fiona McAnespie	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Antoinette 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> 16
<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.  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 8 April 2024, from 10.00 am to 5.45 pm 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 inspection findings raised concerns that the deployment of Seven Oaks Housing with Care staff to the supported living scheme, accommodated in the same building, had the potential to place residents at risk. This area for improvement had been identified during previous inspections, and whilst improvements to the staffing arrangements had been made on day duty, concerns remained with the deployment of staff early evening and at night. Enforcement action did result from the findings of this inspection.

The Responsible Individual and the manager were invited to attend a Serious Concerns meeting with RQIA on the 24 April 2024 to discuss the inspection findings and their plans to address the issue identified. During the meeting, the Responsible Individual and the manager provided RQIA with an action plan and advised of the planned actions to secure the necessary improvement and address the concern identified during the inspection.

RQIA were sufficiently assured that the management team acknowledged the need for an identified competent and capable staff member to be in charge of the home in the absence of the manager for Seven Oaks Housing with Care and had taken appropriate action to address this concern.

The inspection identified five new areas for improvement; these are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

A further inspection will be undertaken to ascertain the progress made in addressing the areas for improvement identified and the arrangements in place to monitor and ensure the improvements are sustained.

### **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 previous areas for improvement issued, 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

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

Residents presented as relaxed and comfortable in their surroundings, this was observed through their interaction with staff and one another. Residents were observed laughing and smiling when interacting with staff. Residents who were able to make their wishes known told us they enjoyed living in the home and the environment was kept clean and tidy.

Staff told us they were happy in the home and enjoyed working there. Staff said there was good teamwork and they found the manager approachable and supportive.

One questionnaire was received from a resident and three questionnaires were received from friends/relatives of residents in the home. The feedback received from the questionnaires told us the staff were; kind, thoughtful and caring and they provided the care that was needed. Comments included “residents receive absolutely fabulous care and attention”, another said, “I would not hesitate to recommend the home as a first class residents home.”

#### 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 31 August 2024		
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 13 (4) <b>Stated:</b> First time	The registered person shall ensure that all medicines are administered as prescribed, are administered without delay and records are fully and accurately completed.	<b>Carried forward to the next inspection</b>
	<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	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.	<b>Carried forward to the next inspection</b>

	<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> Second time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> Second time	<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>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There were evident improvements to the staffing arrangements in the home, however there continued to be periods where a senior care assistant was also in charge of the supported living scheme.</p> <p>During a meeting with the management team on 23 April 2024, evidence was provided to confirm a senior care assistant has been rostered to work in the home at all times. This area for improvement has been partially met and will be stated for a third time.</p>	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 14 (2) (c)  <b>Stated:</b> Second time	<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>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>	

	<p>There was evidence that resident's toiletries and denture cleaning tablets were stored in locked cabinets, however one cabinet was unlocked at the time of inspection with access to denture cleaning tablets. This area for improvement, as stated, was met. A new area for improvement was identified relating to the monitoring of the storage arrangements in place. See Section 6.0 for further detail.</p>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	<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>	<b>Carried forward to the next inspection</b>
	<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>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Second time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> Second time	<p>The registered person shall ensure that a robust system is implemented to ensure that care records are regularly and consistently reviewed.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure continence aids and items in the identified areas are stored appropriately.</p> <p>If required a variation should be submitted to RQIA outlining the change in the use of these areas than that of their original stated purpose.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a consistent record is kept of the activities offered to all residents.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the action plans outlined following audits, are completed within the identified timeframes.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. However, it was evident that a number of staff required updated fire training. Assurances were provided by the manager and an area for improvement was identified.

A review of the system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC) was not robust at ensuring staffs registration was in place. An area for improvement was identified. A discussion took place with the manager and assurances were provided that staff were appropriately registered with NISCC as required.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. One staff member said, "I really enjoy working here."

The staff duty rota was reflective of the staff working in the home on a daily basis, the duty rota was inclusive of both the residential service and the supported living service. Evidence of a new duty rota separating both services was put into place on the day of inspection. This will be reviewed at a future inspection.

Staff generally told us that there was enough staff on duty to meet the needs of the residents. Comments made by a staff member regarding staffing levels were shared with the manager for action as appropriate.

As previously discussed senior care assistants (SCA) from Seven Oaks Housing with Care were also deployed to work in Sevenoaks Scheme (Supported Living). Whilst the two services are located within the one building they are two separately registered services and therefore planned staffing levels must be met in both services. This was identified as an area for improvement as a result of a previous inspection, has been assessed as partially met and is stated for a third time.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, a staff member was observed sitting down with residents offering them choice about what activities they wanted to take part in. The residents were observed smiling and laughing during their interaction with the staff member.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive, for example; alarm mats. A recommendation was made for the implementation of an audit tool to monitor the use of restrictive practices. An area for improvement was identified.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected 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.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service or their GP.

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.

There was evidence of residents having been offered choice during the mealtime experience, however the daily menu to inform residents of menu choices was not displayed in a suitable format in each unit of the home. A discussion took place with the manager and an area for improvement was identified.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was observed that the door entering into Waterloo Place dining area did not have a suitable hold open device for the heated trolley to enter this area. Assurances were provided by the manager that this has been requested. This will be reviewed at a future inspection.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

The manager had a system in place to monitor care plans, however it was evident that care plan reviews did not always detail changes in resident's care needs. A discussion took place with the manager and an area for improvement was identified.

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.

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

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The home was warm and welcoming. Residents were observed sitting comfortably in communal spaces across the home.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as flowers, newspapers, snacks and drinks available. The décor of the home included reminders of the local area with the use of street names for corridors and pictures of the local area that would be of interest to residents.

Residents told us the home was kept clean and tidy. Staff were observed completing cleaning duties across the home. Locked cabinets were in place for residents to safely store denture cleaning tablets and toiletries, however one cabinet was observed unlocked with denture cleaning tablets and toiletries accessible. This was addressed immediately by the manager and an action plan implemented. A new area for improvement was identified.

Observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents could have birthday parties with family and friends in their room or one of the lounges, could go out to church, or other activities in the community.

Residents were observed engaging in activities throughout the day for example; Church Services, puzzles and colouring. Residents were provided with choice regarding their own preferred activities, those residents who preferred to remain in their rooms were supported to do so.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff including; social, community, cultural, religious, spiritual and creative events.

Residents were well presented, clean, neat and tidy; dressed appropriately for the time of year.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Antoinette Strawbridge has been the Manager in this home since 1 April 2005.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Antoinette Strawbridge was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff 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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents said they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and available for guidance.

The home was visited each month 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. A recommendation was made for the manager to ensure these are signed off. This will be reviewed at a future inspection. These reports are available for review by residents, their representatives, the Trust and RQIA.

### 6.0 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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

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

\* the total number of areas for improvement includes one regulation that has been stated for a third time; two regulations and one standard that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Antoinette Strawbridge (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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (19 January 2022)</p>	<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> <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>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (19 January 2022)</p>	<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> <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>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> From the date of inspection (21 March 2023)</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: 5.1 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Two separate staff rotas are in place which detail the two Senior care staff on duty each shift. Regular agency staff and newly recruited/trained flexi senior staff are in post to achieve this.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p>	<p>The registered person shall ensure robust systems are in place to ensure staff are appropriately registered with NISCC.</p> <p>Ref: 5.2.1</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (8 April 2024)</p>	<p><b>Response by registered person detailing the actions taken:</b> A process is in place to review and confirm that staff are registered with NISCC and maintain their registration.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (8 April 2024)</p>	<p>The registered person shall implement a monitoring system to ensure denture cleaning tablets and toiletries are stored appropriately to minimise any risk to residents.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Storage arrangements for denture cleaning tablets and toiletries have been reviewed and daily checks are conducted to ensure these are all stored in a locked cabinet/area of the home.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</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> From the date of inspection (19 January 2022)</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 29.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 May 2024</p>	<p>The registered person shall ensure fire training is completed by all staff twice yearly.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have completed their 6 monthly fire awareness training and the staff training matrix has been updated accordingly.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that restrictive practices are audited and kept under regular review.</p> <p>Ref: 5.2.2</p>

6 May 2024	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A restrictive practice file has been set up for Seven Oaks and will be kept updated by the Registered Manager.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 May 2024</p>	<p>The registered person shall ensure that a menu is displayed in a suitable format and location within all units.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Menu boards are available at each dining area, night staff have been reminded that these are to be updated during their shift to reflect the menu choices for the next day.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 May 2024</p>	<p>The registered person shall ensure the review of resident's care plans is meaningful and accurately reflects any changes in resident's care needs..</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Senior Care worker team, have been reminded to record a comment each time a care and support plan evaluation is completed to evidence that this has been reviewed and is reflective of the residents current needs</p>

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



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