

Inspection Report

4 July 2024



Seven Oaks Housing with Care

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|--|--|
| Organisation/Registered Provider: Radius Housing Association Responsible Individual Mrs Fiona McAnespie | Registered Manager: Mrs Antoinette Margaret Strawbridge Date registered: 1 April 2005 |
| Person in charge at the time of inspection: Mrs Antoinette Strawbridge, Manager | Number of registered places: 16 |
| Categories of care: Residential Care (RC) DE – dementia | Number of residents accommodated in the residential care home on the day of this inspection: 15 |
| Brief description of the accommodation/how the service operates: <p>Seven Oaks Housing with Care 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.</p> <p>There is a supported living facility in the same building which is managed by the same manager.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 4 July 2024, from 10.15am to 1.15pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

This inspection also assessed progress with three areas for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

The outcome of this inspection concluded that the three areas for improvement identified at the last medicines management inspection had been addressed. No new areas for improvement were identified.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

4.0 What people told us about the service

The inspector met with senior care staff and the manager. Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

| Areas for improvement from the last inspection on 8 April 2024 | | |
|---|---|---------------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (4) Stated: 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. | Met |
| | Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.1 & 5.2.3 | |
| Area for improvement 2 Ref: Regulation 13 (4) Stated: 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. | Met |
| | Action taken as confirmed during the inspection: Medicines for residential care home residents were stored separately from supported living service users' medicines. Separate controlled drug record books and refrigerator temperature records were maintained. This area for improvement has been assessed as met. See Section 5.2.2 | |

| | | |
|---|---|---|
| Area for improvement 3 Ref: Regulation 20 (1) (a) Stated: Third time | The registered person must ensure that there is a senior care assistant on duty at all times to take charge of the home. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 4 Ref: Regulation 20 (1) (c) (ii) Stated: First time | The registered person shall ensure robust systems are in place to ensure staff are appropriately registered with NISCC. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 5 Ref: Regulation 14 (2) (a) Stated: First time | The registered person shall implement a monitoring system to ensure denture cleaning tablets and toiletries are stored appropriately to minimise any risk to residents. | Carried forward to the next inspection |
| | 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. | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 30 Stated: First time | The registered person shall review and develop the governance arrangements for medicines management, to ensure that all aspects of medicines management are included. | Met |
| | Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.3 & 5.2.5 | |
| Area for improvement 2 Ref: Standard 29.4 Stated: First time | The registered person shall ensure fire training is completed by all staff twice yearly. | Carried forward to the next inspection |
| | 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. | |

| | | |
|--|--|---|
| Area for improvement 3 Ref: Standard 20.10 Stated: First time | The registered person shall ensure that restrictive practices are audited and kept under regular review. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 4 Ref: Standard 12.4 Stated: First time | The registered person shall ensure that a menu is displayed in a suitable format and location within all units. | Carried forward to the next inspection |
| | 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. | |
| Area for improvement 5 Ref: Standard 6.6 Stated: First time | The registered person shall ensure the review of resident's care plans is meaningful and accurately reflects any changes in resident's care needs. | Carried forward to the next inspection |
| | 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. | |

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Electronic personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of residents' prescriptions were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. These medicines were administered infrequently; staff were aware to record the reason and outcome of each administration should these medicines be required.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A record of the administration of medicines was recorded on electronic medicine administration records. The records reviewed were found to have been fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines not supplied in the monitored dosage system so that they could be easily audited. This is good practice.

The audits completed at the inspection indicated that the medicines were being administered as prescribed

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, the admission process for new residents or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place and readily accessible to staff.

6.0 Quality Improvement Plan/Areas for Improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 3* | 4* |

* The total number of areas for improvement includes seven which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Antoinette Strawbridge, Registered Manager, as part of the inspection process and can be found in the main body of the report.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: Third time To be completed by: From the date of inspection (8 April 2024) | The registered person must ensure that there is a senior care assistant on duty at all times to take charge of the home. 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. Ref: 5.1 |
| Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: From the date of inspection (8 April 2024) | The registered person shall ensure robust systems are in place to ensure staff are appropriately registered with NISCC. 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. Ref: 5.1 |
| Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: From the date of inspection (8 April 2024) | The registered person shall implement a monitoring system to ensure denture cleaning tablets and toiletries are stored appropriately to minimise any risk to residents. 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. Ref: 5.1 |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022 | |
| Area for improvement 1 Ref: Standard 29.4 Stated: First time To be completed by: 6 May 2024 | The registered person shall ensure fire training is completed by all staff twice yearly. 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. Ref: 5.1 |

| | |
|--|---|
| <p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 6 May 2024</p> | <p>The registered person shall ensure that restrictive practices are audited and kept under regular review.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>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.</p> <p>Ref: 5.1</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>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.</p> <p>Ref: 5.1</p> |



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care