

Inspection Report

Name of Service: Seven Oaks Housing with Care

Provider: Radius Housing Association

Date of Inspection: 24 April 2026

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
Service Profile – This home is a registered residential care home which provides health and social care for up to 29 residents living with dementia. There are a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 27 April 2026, from 10.40 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 8 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with provided positive feedback about their experiences living in the home. Some of the comments shared included, "I love it in here", "it's a great wee place" and "the staff are all good." Those who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

Visitors spoken with provided positive feedback about their loved ones experiences in the home. Some of the comments shared included, "the home is first class, the staff are excellent and there is always activities going on."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff working in the home provided positive feedback about their time working in the home. Staff said there was good team work and a consistent work force, which helped the staff to provide person centred care for the residents. Staff said they received ongoing support from the management team and that there was a good reporting structure if they had concerns regarding a deterioration in a resident's health or well-being. Some of the comments shared included, "the staff work well together" and "the manager takes all concerns seriously."

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Throughout the day staff confirmed that, staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to 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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. There was evidence of activities ongoing across the home, for example; some residents were observed sitting in the lounge area watching a musician performing on the television and other residents were observed having one to one conversations.

Observations confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Resident's bedrooms were mostly clean, tidy and well maintained. Resident's bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was evidence of 'homely' touches across the home, such as flowers, magazines, snacks and drinks available. The décor of the home included reminders of the local area with the use of local street names for corridors.

Some aspects of the environment required enhanced cleaning, for example: a fridge in one of the dining areas. The details of these were shared with the manager and assurances were provided that actions were in place to address these areas of the home.

Observations confirmed that staff were completing appropriate hand washing and infection prevention and control measures were taken when supporting residents with personal care. However, there was evidence that hand hygiene audits were not always completed consistently. The details of this were shared with the manager. This will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

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

Residents, relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

A record of compliments was maintained and shared with the staff team. This is good practice. Some of the comments included, "we want to thank-you from the bottom of our hearts" and "we love coming to visit here, over the moon."

4.0 Quality Improvement Plan/Areas for Improvement

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

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