



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Sevenoaks Scheme
Provider: Radius Housing Association
Date of Inspection: 18 April 2025

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1.0 Service information

Organisation/Registered Provider:	Radius Housing Association
Responsible Individual:	Mrs Fiona McAnespie
Registered Manager:	Mrs Antoinette Strawbridge
<p>Service Profile – This is a domiciliary care agency, supported living type, which provides care and support to three service users living with dementia. The care and support provided includes helping service users with activities of daily living, emotional support and assistance to access community services. Staff are available to support service users 24 hours per day. The Sevenoaks Scheme is operated by Radius Housing Association. It is located within the Seven Oaks Housing with Care residential home. The supported living service and residential home are managed by the same manager.</p> <p>The agency's registered premises are located within the same building as the service users' accommodation.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 April 2025 between 09.30 a.m. and 13.00 p.m. The inspection was carried out by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management were also reviewed.

A previous Quality Improvement Plan from the last inspection on 21 July 2023 was reviewed by the inspector and validated as having met Regulation 16(1)(a).

Good practice was identified in relation to staff training and staff feedback. There were good governance and management arrangements in place.

The Sevenoaks Scheme uses the term 'residents' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 agency 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 agency. This included the previous area for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors, and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in this agency.

Respondents spoken to by the inspector gave positive feedback. Service users said 'I'm very happy here and the staff are nice'. Relatives of service users stated that 'there are no issues with Sevenoaks and their relatives are very happy there'. Another relative said 'this is a good service'. Staff reported that they enjoyed working in the agency and that there were good opportunities for training.

The information provided indicated that there were no concerns in relation to the agency.

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

The last care inspection of the agency was undertaken 21 July 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 21 July 2023		
Action required to ensure compliance with The Domiciliary Care Agencies (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 16(1)(a) Stated: First time	The registered person shall ensure that at all times there are appropriately skilled and experienced persons employed within the agency.	Met
	This relates to the use of the senior care assistant from the residential home to provide support within the agency. Action taken as confirmed during the inspection: Inspector confirmed that separate rotas for the residential home and the supported living service were available and up to date at the time of inspection. The inspector noted that staff were rostered at different times of the day specifically to the supported living service. The inspector also noted that the number of service users in the supported living service had reduced from 14 at the last inspection to 3 at the time of the inspection.	

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The agency's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. The inspector viewed the annual Safeguarding Position Report and found it to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

All staff spoken to by the inspector felt confident that action would be taken in the event of a safeguarding incident being reported. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users and their relatives with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their role. The person in charge advised that there were no service users who required the use of specialised equipment to assist them with moving, though moving and handling was included within the mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their oral medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be completed before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that one of the current service users was subject to DoLS. A resource folder was available for staff to reference if needed.

4.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and their relatives, it was good to note that service users had an input into devising their own plan of care.

The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the agency had service user meetings on a regular basis which enabled the service users to discuss issues, as well as any activities they would like to become involved in. The inspector noted that the residential home had an activities co-ordinator and the service users in the agency had access to a range of activities.

4.3 What are the systems in place for meeting the Dysphagia needs of service users?

The person in charge advised that none of the service users had dysphagia care needs.

4.4 What systems are in place for recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC). There was a system in place for registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The agency had a policy and procedure for volunteers which clearly specified their role and responsibilities. The person in charge confirmed that volunteers did not undertake any personal care duties, work under the supervision of a senior care worker at all times, and that AccessNI checks had been completed through Radius Housing.

4.5 What arrangements are in place for staff induction and training?

There was evidence that all newly appointed staff had completed a structured orientation and induction programme, having regard to NISCC's Induction Standards for new workers in social care. This was to ensure that they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme of at least three days duration which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies. The training matrix was reviewed by the inspector and found to be satisfactory.

4.6 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality report was viewed by the inspector and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's monthly quality monitoring process.

Where staff are unable to gain access to service users' rooms, there is a policy and procedure in place that clearly directs staff as to what actions they should take to report and manage such situations in a timely manner.

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. Sonia Surgeoner (person in charge), as part of the inspection process and can be found in the main body of the report.



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