

# Inspection Report

**Name of Service:** Sevenoaks Scheme

**Provider:** Radius Housing Association

**Date of Inspection:** 12 May 2026

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

## 1.0 Service information

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| <b>Organisation/Registered Provider:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Radius Housing Association |
| <b>Responsible Individual/Responsible Person:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mr Greer Wilson (Pending)  |
| <b>Registered Manager:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mrs Antoinette Strawbridge |
| <b>Service Profile:</b><br><br><p>This is a domiciliary care agency, supported living type, which provides care and support to one service user. The care and support provided includes help with activities of daily living, emotional support and assistance to access community services. Staff are available 24 hours per day.</p> <p>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 have the same registered manager. The agency's registered premises are located within the same building as the service users' accommodation.</p> |                            |

## 2.0 Inspection summary

An unannounced inspection was undertaken on 12 May 2026 between 10 am and 2.10 pm by a care Inspector.

The last care inspection of the service was undertaken on 18 April 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to the service user and that the service 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 the service user and that staff were knowledgeable and well trained to deliver safe and effective care.

The service user said that the care and support provided by Sevenoaks Scheme was a good experience. Refer to Section 3.2 for more details.

No areas for improvement were identified during this inspection.

### 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 Sevenoaks Scheme 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 service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those being supported by and working for the agency; and examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

Information was provided to service users, their representatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires, an electronic survey, email and telephone contact details.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

In discussion with the service user they told us that they were "so happy" that they made the decision to move to Sevenoaks Scheme. We were told how the service offered an effective balance between meeting their needs while promoting independence and their personal autonomy.

They stated that they were "kept well entertained" and outlined a wide range of activities organised by the service which provided meaningful opportunities for social interaction, community engagement and promotion of wellbeing.

The service user also spoke highly of the catering provision within the service. They described the food as "delicious" and referred to the chef as "amazing". They advised that there was "lots of choice" available at mealtimes and commented that "you won't go hungry", reflecting their satisfaction with both the quality and quantity of food provided.

The service user kindly offered to show me their accommodation, consisting of a large bedroom with an en-suite bathroom which they expressed satisfaction with. They explained that support was offered by staff in respects to cleaning tasks and laundry. The room was decorated in line with the service user's own preferences and it was good to find personalised items displayed throughout which made the environment homely.

When discussing the staff team, the service user spoke very positively about the support they received stating that they “loved the staff” explaining that “they are so very good to me and the other residents”. They described staff as “friendly and supportive” and conveyed appreciation for the kindness and care demonstrated in their day to day interactions.

It was reassuring to hear the service user speak so positively about their experience of Sevenoaks Scheme. The service user expressed a strong sense of security and confidence in the care provided, explaining having observed the care and support offered to others with more complex needs, that when their own diagnosis progresses they would continue to receive compassionate and dignified care. This reflected the high level of trust held by the service user in the staffs’ ability to meet changing needs.

Staff demonstrated a good understanding of the needs of the service user they supported and were confident in discussing key aspects of the service user’s plans. During conversations with the Inspector staff spoke about the service user in a respectful and dignified manner, focusing upon the individuals’ strengths, abilities and achievements. Staff conveyed genuine passion for their roles and a strong commitment to delivering the highest possible standard of care and support.

Staff spoke positively about the support provided during induction whilst more experienced members of staff highlighted opportunities provided for continuous professional development. Staff told us that there was good stability within the staff team, which they felt contributed to effective teamwork, open communication and consistency of care for service users.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular training and continued supervision and support. There was evidence of robust systems in place to manage staffing. There rota was found to be planned in advance permitting adequate time to secure cover as needed to maintain safe staffing levels. Review of the duty rota also enabled quick identification of staff assigned to one to one support.

Service user consultation confirmed that in their experience staff were readily available as needed. Staff also told us that they were satisfied with the staffing levels in place. During the course of the inspection it was observed that staff not only responded to requests for assistance promptly and in a caring and compassionate manner, but also frequently checked in with the service user.

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 Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. The induction programme was robust and found to include shadowing of more experienced staff members.

An area of good practice was identified in relation to competency assessment undertaken by the agency in respects of the knowledge and practical skills of new staff. This included tasks relating to infection protection, personal care and preparation of modified foods.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberty Safeguards (DoLS), adult safeguarding and dysphagia, at a level appropriate to their job roles. It was also positive to observe provision of additional training such as dementia, diabetes and management of behaviours of concern.

There were records maintained of competency assessments having been completed staff expected to act up in the absence of the registered manager. Furthermore, competency assessments were undertaken on all staff to ensure that they held the relevant knowledge, skills and capabilities in respects of duties and responsibilities associated with their role. A competency assessment was also undertaken for staff involved in the management and administration of medicines.

The service had a system in place to monitor supervision compliance. There was evidence that staff received regular professional supervision. Procedures were in place for appraising staff performance and records reviewed demonstrated that appraisals had taken place.

### 3.3.2 Care Delivery

There was evidence of effective communication amongst the team which ensured all staff were kept advised as to any changes which may impact the provision of care and support of service users. Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

An area of good practice was identified in relation to the proactive measures taken by the service to promote the involvement of service users and their representatives. In addition to regular service user meetings, the service facilitated dedicated meetings which service user representatives were invited.

These meetings offer a valuable forum for the sharing of information relating to upcoming events, activities and developments. Furthermore, the offered opportunity for feedback to be obtained. This demonstrated the services commitment to partnership working, transparency and communicating that the views of service users and those most important to them are valued.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. It was positive to find evidence that the service were responsive to the suggestions of the service user regarding the type of activities that they wished to engage in.

The service were found to have facilitated events such as coffee morning fundraisers, country themed music events as well as bespoke, calendar aligned events like Easter egg hunts, Mothering Sunday and Christmas celebrations. The service user was kept well informed of the wide range of activities planned, such as gardening, cooking, tai chi and sip and paint for which they could participate.

Staff interactions with the service user were observed to be respectful, friendly and supportive. Engagement observed illustrated the positive rapport developed between the service user and staff on duty. As detailed in Section 3.2 the service user reported feeling well supported by staff.

### 3.3.3 Management of Care Records

The service user's care records were held confidentially in line with data protection regulations.

Service user's needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service user's needs and included any advice or recommendations made by other healthcare professionals.

Plans were in place to direct staff on how to meet the service user's needs. Care records reviewed were found to be person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service user's needs. Care records evidenced service user involvement in planning their own care, with efforts made to ascertain their preferences around how their support was provided.

A number of needs assessments had been completed and it was positive to note that these were regularly reviewed. It was positive to find evidence of the promotion of autonomy with the service user independently managing their own medications that were stored in their own bedroom.

There was evidence of regular multidisciplinary reviews occurring for which the service user and a representative were involved.

There were no restrictive practice interventions deployed within the service. It was however positive that in discussion they appeared knowledgeable as to interventions deemed restrictive as well as to requirements stipulated within the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings. Staff were also aware as to processes associated with Deprivation of Liberty Safeguards (DoLS) and had completed relevant training.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the service since the last inspection. Mrs Antoinette Strawbridge has been the manager in this service since 9 April 2009 and she is also the Registered Manager of a registered residential care home. Staff described the registered manager as highly dedicated and committed to providing high standards of care and achieving the best outcomes for service users. Staff told us that the registered manager fostered a positive work environment and described her as supportive.

There was a process in place for the management of complaints. Records demonstrated that staff had completed complaints training.

Discussion with the registered manager illustrated knowledge and understanding regarding the statutory notification requirements. The service had a system in place to ensure that all accidents and incidents were managed appropriately. It was also good to note that these were reviewed as part of the monthly quality monitoring process.

The annual safeguarding position report had been completed. Records reviewed demonstrated the service had good systems and processes in place to manage the safeguarding and protection of adults at risk of harm in compliance with the regional protocol and the agency's adult safeguarding policy.

An area of good practice was identified with managerial audits completed on a monthly basis to assess service performance across a number of key operational areas. Audits were found to contain detailed action plans that promoted accountability, supported effective monitoring whilst driving improvement.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The agency was visited each month by a representative of the registered provider to consult with the service user, their representatives and staff and to examine all areas of the running of the service. The reports reviewed contained comprehensive analysis, with findings evaluated and areas for improvement identified as needed. This provided assurances that robust systems were in place to maintain standards and drive quality improvement.

#### **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 Strawbridge, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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