



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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SECONDARY INSPECTION

Inspection No:	18170
Establishment ID No:	10883
Name of Establishment:	Sevenoaks Scheme
Date of Inspection:	4 April 2014
Inspector's Name:	Audrey Murphy

GENERAL INFORMATION

Name of agency:	Sevenoaks Scheme
Address:	1 - 31 Crescent Link Londonderry BT47 6DN
Telephone Number:	028 71311278
E mail Address:	antoinette.strawbridge@foldgroup.co.uk
Registered Organisation / Registered Provider:	Fold Housing Association Mrs Fiona McAnespie
Registered Manager:	Mrs Antoinette Margaret Strawbridge
Person in charge of the agency at the time of inspection:	Mrs Janice Pomeroy
Number of service users:	14
Date and type of previous inspection:	16 December 2013, Primary unannounced inspection
Date and time of inspection:	4 April 2014 9:30 am – 6:30 pm
Name of inspector:	Audrey Murphy

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

1.3 INSPECTION FOCUS

The inspection sought to explore a range of concerns brought to the attention of RQIA by an anonymous individual.

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Seven Oaks supported living type domiciliary care agency is managed within Seven Oaks Housing with Care Scheme, Crescent Link, Londonderry.

Care and support is provided to 14 adults with dementia, all of whom live in the Seven Oaks complex. Each individual has their own bedroom (referred to as flat lets), with en-suite facilities. Other facilities are shared and include dining areas with fitted kitchens attached, lounge areas, accessible bathrooms with specialist baths/showers and toilet facilities and a multi-sensory room.

Assistive technology is fitted throughout the facility. There are two enclosed courtyard gardens that are attractively landscaped with water features and flower beds, a garden shed, a green house, a bowling green and a gazebo. Staff provide various levels of assistance with personal care and support to maintain independence with daily living skills and social support. The service is managed by Mrs Antoinette Strawbridge.

SUMMARY

The unannounced inspection was undertaken at the agency's registered office, 1 - 31 Crescent Link, Londonderry, BT47 6DN on 4 April 2014, 9:30 am – 6:30 pm.

The inspection was undertaken in response to information received by RQIA from an anonymous individual who described to RQIA a range of concerns they had. The anonymous individual referred to 'both schemes'.

As there are two separate regulated services provided within the Sevenoaks scheme by Fold Housing Association (the domiciliary care agency and the residential care home), two separate inspections took place.

The inspector was accompanied by another RQIA inspector who was undertaking an inspection of the residential care home which is situated within the Sevenoaks scheme. The findings of the inspection of the residential home have been prepared separately from this report.

There were a number of concerning findings arising from this inspection and in the absence of the registered manager; feedback was provided to the senior care worker, Mrs Janice Pomeroy at the end of the inspection. Further feedback was provided to the registered manager, Mrs Antoinette Strawbridge by telephone on 7 April 2014.

In accordance with RQIA's enforcement procedures, RQIA wrote to the registered person on 7 April 2014 requesting their attendance at a meeting at RQIA offices to discuss concerns arising from the inspection. The letter also advised the registered person of RQIA's intention to issue notices of failure to comply with the Domiciliary Care Agencies Regulations (Northern Ireland), 2007.

Concerns arising from the inspection were discussed in full with the registered person, Mrs Fiona McAnespie, the registered manager, Mrs Antoinette Strawbridge and the Care Services Manager, Mrs Rhonda Smith at a meeting at RQIA offices on 10 April 2014. RQIA sought and received assurances from the registered person in relation to the improvements underway to address some of these concerns.

At this meeting the registered person was advised of RQIA's decision to issue two notices of failure to comply with Regulation 13 and Regulation 21(1).

The timescale for compliance with these regulations is 12 May 2014 and a follow up inspection will be undertaken in this regard.

Inspection findings:

The inspector was advised that there were fourteen individuals receiving the supported living service at the time of the inspection. It was noted that four of these individuals had moved to the scheme in recent months and that there had been some difficulties experienced by these individuals in relation to settling in to their new home. The inspector was advised of the support provided by the WHSCT behaviour support team in relation to the management of challenging behaviour.

The unannounced inspection was undertaken in response to some information received by RQIA from an anonymous individual. The individual had contacted RQIA to raise the following concerns:

- Service users' behaviour in both the residential and domiciliary care settings not appropriately managed. The anonymous individual referred to a specific incident and reported that a member of staff had been assaulted by a service user. The anonymous individual also referred to other incidents in which staff members had been subjected to hitting, biting and verbal abuse from service users. The anonymous individual also stated that not all of these events had been reported to the appropriate agencies.
- Staffing levels were reported to be inadequate across both the residential and domiciliary care settings; it was reported that care staff were undertaking laundry duties in addition to their care duties.
- The needs of service users were reported to be changing and becoming more complex.
- The anonymous individual stated that a member of the management of Sevenoaks has no compassion for staff and that the member of management is not listening to staff concerns.

The inspector spoke with the senior care worker on duty, Mrs Janice Pomeroy and examined the following records:

- Incident and accident records
- Complaints records
- Staff duty rotas
- Quality monitoring visit reports
- Care records
- Staff training records

The inspector was advised by the senior care worker, Mrs Janice Pomeroy of an incident in which a service user had bitten a member of staff. From examination of the care records it was evident that this was a significant change in the service user's behaviour but that the service user's needs assessment or care plan had not been amended.

A requirement has been made with regard to this.

It was also noted that the incident had not been recorded as an incident, nor were there were records of the incident being reported to the HSC Trust.

It was recommended that all accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures and that a record of these is maintained for inspection.

The inspector examined a service user's care records and noted a range of assistive technology in place to support the service user in their own home. Neither the service user's risk assessment nor their care plan outlined the need for the use of the bed or chair monitor. The inspector was concerned that this level of intervention could not be justified and was impacting on the service user's right to move around their home freely and without unnecessary intrusion from care staff.

A requirement has been made with regard to this.

From examination of the training records and discussion with the senior care worker on duty it was evident that not all agency staff had received their mandatory training in the area of challenging behaviour. The inspector was concerned that this training had not yet been provided in spite of assurances given by the registered person following the previous inspection of 16 December 2013.

A requirement has been made with regard to this.

During the inspection the duty rotas were examined and discussed with the senior care worker on duty, Mrs Janice Pomeroy. The inspector was advised that staffing levels typically consist of two staff from 8am – 8pm, a twilight worker covering 7.30pm – 10.30pm and a member of night staff covering the 8pm – 8am period.

From the review of care records and incident records it was evident that a number of service users had night time needs and that agency staff are required to respond to the assistive technology in place to support these service users, i.e. door alarms, bed monitors. It was also evident from incident and care records that a number of service users exhibit behaviours that challenge including hitting and biting staff and verbal abuse.

An alphabetical index of domiciliary care workers was provided to the inspector during the inspection however this did not correspond with the records of each supply of a domiciliary care worker to work in the homes of service users.

The inspector was very concerned to note from the duty rotas that staffing levels had been consistently low and that there were a number of occasions in which there did not appear to be any staff on duty to respond to the needs of service users. Additionally, it was not possible to determine from the duty rota or from the register of domiciliary care staff whether the senior care staff were providing care or acting in a supervisory role.

At the meeting at RQIA offices on 10 April 2014, the registered person and the registered manager offered assurances that there are at all times adequate numbers of staff on duty however acknowledged that the agency's records were unclear. It was also acknowledged by the registered person that staff members from other Fold services had been supplied to work in the homes of service users.

The agency's records of each supply of a domiciliary care worker to service users did not include these individuals.

RQIA issued a notice of failure to comply with Regulation 21 (1) to Fold Housing Association on 14 April 2014 which outlined the action required to comply with this regulation.

The registered person is required to establish and maintain an alphabetical index of domiciliary care workers supplied, or available for supply, by the agency, including any serial numbers assigned to them.

The registered person is required to maintain accurate records of each supply of a domiciliary care worker to a service user.

At the meeting with RQIA on 10 April 2014, the registered manager further acknowledged that agency staff had on occasions swapped shifts with colleagues working in the residential home and that the agency's records did not accurately identify which staff had worked with individual service users.

The inspector expressed concern about the flexibility in these arrangements and advised that service users receiving a domiciliary care service should expect to receive this from staff who are skilled and experienced in this model of service provision.

A requirement has been made with regard to this.

It was noted during the inspection that staff from another domiciliary care agency had been supplied to work in the homes of service users. The inspector requested the information outlined in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) in respect of these individuals however this was not available.

The inspector was subsequently advised by the registered manager that the agency do not obtain proof of identity, including a recent photograph, of those staff from other domiciliary care agencies who are supplied within the Sevenoaks Scheme.

At the meeting with the registered person and the registered manager on 10 April 2014, the registered manager provided RQIA with the agency's records pertaining to the fitness of staff that had been supplied by the Sevenoaks Scheme from another domiciliary care agency. It was noted that these records did not contain proof of identity or a recent photograph.

RQIA issued a notice of failure to comply with Regulation 13 to Fold Housing Association on 14 April 2014 which outlined the action required to comply with this regulation.

The registered person is required to develop and implement procedures that ensure that all domiciliary care workers supplied to work in the homes of service users are suitably qualified, experienced and fit to undertake their duties.

The registered person is required to submit to RQIA these procedures and to provide evidence of implementation with relevant staff members.

The registered person is required to ensure there are robust arrangements implemented to ensure that full and satisfactory information is obtained about domiciliary care workers prior to service commencement, as outlined in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The agency had reported to RQIA safeguarding concerns in relation to a service user who had entered other service users' rooms uninvited on two occasions.

The agency had appropriately referred the matters to the HSC Trust as safeguarding matters and had put in place interim protection arrangements in consultation with service users' relatives and the HSC Trust.

The arrangements in place for ensuring that service users' homes are secure were discussed with the registered manager and it was noted that one service user would require support to adequately secure their home.

The registered person is required to make suitable arrangements to ensure that services arranged by the agency are provided so as to ensure the safety and security of service users' property, including their homes.

The concern raised by the anonymous individual in relation to the member of the management team could not be explored during the unannounced inspection as the member of the management team was not available.

However, the inspector has subsequently discussed these concerns with the member of the management team who provided assurances in relation to the range of formal and informal opportunities for staff to meet with management and to raise concerns as appropriate.

The inspector would like to thank the senior care worker, Mrs Janice Pomeroy, agency staff and the service users for their warm welcome and full cooperation throughout the inspection.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Antoinette Strawbridge, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Audrey Murphy
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
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Quality Improvement Plan
Unannounced Secondary Inspection
Sevenoaks Scheme

4 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Antoinette Strawbridge, Registered Manager, on 7 April 2014 after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15 (2)	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall —</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This registered person must ensure that care plans reflect currently assessed needs and provide sufficient guidance to agency staff to meet the needs of service users.</p>	One	Noted and corrective actions to care plans completed	12 May 2014
2.	14 (e)	<p>(14) Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided —</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p>	One	Noted and addressed.	12 May 2014

		This requirement refers to the implementation of assistive technology in the homes of service users.			
3.	16 (2)	<p>(2) The registered person shall ensure that each employee of the agency —</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement refers to the provision of appropriate training in challenging behaviour.</p>	One	Training delivered on 16/4/14, 23/5/14 and further scheduled for 19/6/14.	12 May 2014
4.	16 (1)	<p>(1) Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p>	One	Noted and actioned	12 May 2014
5.	21 (1)	<p>21 (1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are -</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the</p>	One	Noted and evidence of compliance provided to RQIA on 9/5/14.	12 May 2014, as outlined in Failure to Comply Notice FTC/DCA/108 83/02/2014-15 issued on 14 April 2014.

		<p>agency premises by any person authorised by the Regulation and Improvement Authority.</p> <p>The registered person is required to establish and maintain an alphabetical index of domiciliary care workers supplied, or available for supply, by the agency, including any serial numbers assigned to them. The registered person is required to maintain accurate records of each supply of a domiciliary care worker to a service user.</p>			
6.	13	<p>(13) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless:-</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>The registered person is required to develop and implement procedures that ensure that all domiciliary care workers supplied to work in the homes of service users are suitably</p>	One	Noted and evidence of compliance provided to RQIA on 9/5/14.	12 May 2014, as outlined in Failure to Comply Notice FTC/DCA/108 83/01/2014-15 issued on 14 April 2014.

		<p>qualified, experienced and fit to undertake their duties.</p> <p>The registered person is required to submit to RQIA these procedures and to provide evidence of implementation with relevant staff members.</p> <p>The registered person is required to ensure there are robust arrangements implemented to ensure that full and satisfactory information is obtained about domiciliary care workers prior to service commencement, as outlined in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p>			
7.	14 (d)	<p>(14) Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (d) so as to ensure the safety and security of service users' property, including their homes.</p>	One	Noted and actioned.	12 May 2014

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	5.4	It is recommended that the agency reports any changes in the service user's situation and issues relevant to the health and wellbeing of the service user to the referring HSC Trust, and keeps a record of such reports.	One	Noted and actioned.	12 May 2014
2.	8.16	It is recommended that all accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures. A record of these is maintained for inspection.	One	Noted and actioned	12 May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Toni Strawbridge
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓		19/06/14
Further information requested from provider			