

Inspection Report

Name of Service: SENSE Short Break Service

Provider: SENSE

Date of Inspection: 21 January & 13 February 2025

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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| Organisation/Registered Provider: | SENSE |
| Responsible Individual: | Mr Martin Walls |
| Registered Manager: | Mr Patrick Black |
| <p>Service Profile – This home is a registered residential care home which provides health and social care for up to three residents with learning or sensory disabilities requiring short breaks. The home is situated on the ground floor of the building with individual bedrooms and a communal dining and living room.</p> <p>There is an outdoor play and garden area for the use of residents.</p> | |

2.0 Inspection summary

An unannounced care inspection took place on 21 January 2025, between 9.40 am and 3.45 pm by a care inspector and on 13 February 2025, between 10.45 am and 2.30 pm by a finance 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 pre-registration inspection on 12 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff were knowledgeable and well trained to deliver safe and effective care.

A resident said that living in the home was a good experience and they enjoyed spending time there with staff. A resident was observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Two other areas for improvement have been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 residents, 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.

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

Discussion with a resident confirmed that they were able to choose how they spent their day. For example, they could have a lie in or stay up late to watch TV.

One resident explained that they could go out to local shops and activities in the community such as the cinema or a trip on the train. The resident said they were happy and enjoyed the home and the company of staff.

One staff member said they were happy working in the home and enjoyed the time spent with residents. They had no concerns about staffing levels and said they received training for their role.

No responses were received from the staff online survey nor the resident/relative questionnaires.

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 robust systems in place to manage staffing.

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

It was noted that there was enough staff in the home to respond to the needs of the resident in a timely way; and to provide residents with a choice on how they wished to spend their day. For example: planned outings and using the computer tablet.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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.

Staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. Staff were also observed offering resident choice in how and where they spent their day.

Information was available on details of discussions on what residents' daily routine and preferences were including; where to be seated, rising and bedtimes, what they preferred to eat and what activities they could attend if they wish.

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.

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, their diet modified or full assistance from staff. Residents were involved in making a meal plan for their stay in the home which included their choices of food and meal times.

Review of records and discussion with residents, staff and the manager confirmed that there were systems in place to manage residents' nutrition and mealtime experience.

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 the residents were enjoying their meal and their dining experience. It was evident 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. Observation of the activity, using the computer tablet, taking place confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities such as going out shopping or watching a film.

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.

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.

While care staff recorded regular evaluations about the delivery of care, and residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, it was noted that not all assessment records included in the support plan had been completed, signed and dated. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was tidy and welcoming. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable, however, maintenance or replacement was required to areas such as bedroom furniture, toilet roll dispensers and a rusted microwave. An area for improvement was identified.

A number of areas were noted to require additional cleaning; for instance, bed linen, toilets and a cabinet, a sign required to be laminated to allow appropriate cleaning. An area for improvement was identified.

There was access to snacks and drinks in the kitchen and residents could be involved in preparing their own meals if preferred.

It was observed that a resident's bedroom was being used for storage and a second resident's bedroom was being used by staff. An area for improvement was identified.

Review of records and discussion with the manager showed that environmental and safety checks were not carried out within specified time scales, to ensure the home was safe to live in, work in and visit. For example, fire lighting safety checks, resident call system checks, water flushes and water temperature checks. This was discussed with the manager and an area for improvement was identified.

The fire risk assessment was not up to date and the actions required from the previous assessment had not all been fully completed within timescales. This area for improvement has been stated for a second time and a new area for improvement has been identified to drive the necessary improvements.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection, however, RQIA were not notified of this change. Miss Helena Boyle is now acting as Manager of the service and a notification was submitted retrospectively to update this following the inspection. An area for improvement was identified.

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

Examination of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place, however, the audits for IPC and care plans lacked detail and did not identify patterns and trends and the audit for the environment was not in place. This area for improvement has been stated for a second time.

Review of the record of events in the home which require reporting to RQIA and the Trust showed that unwitnessed falls were not always reported appropriately and medical advice was not always sought for head injuries or possible head injuries. This was discussed with the management team and an area for improvement was identified.

A resident said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

3.3.6 Management of residents' finances

A safe place was available for residents to deposit money and items for safekeeping when required. A review of records confirmed that no monies or valuables were held on behalf of residents at the time of the inspection on 13 February 2025.

A review of records and discussion with staff confirmed that individual transaction sheets were maintained for residents. The sheets were used to record the details of financial transactions undertaken on behalf of residents, such as the purchase of items and the recording of money deposited at the home on behalf of residents.

Discussion with the manager confirmed that residents pay the admission fee for members of staff accompanying them on outings, such as when attending the cinema. The manager also confirmed that members of staff accompanying residents on outings for lunch or dinner paid for their own food and drink. Staff also paid for their own takeaway meals.

A review of a sample of records from financial transactions undertaken by members of staff, on behalf of two residents, showed that the details and the amount of the transactions were recorded. It was noticed that the records were not updated with the amounts handed back to residents when they were discharged from the home. The manager provided assurances that a more robust system for recording financial transactions undertaken on behalf of residents would be implemented following the inspection on 13 February 2025. An area for improvement was identified.

Discussions with the manager and a review of a sample of records confirmed that some members of staff used their vehicles to take residents out on journeys. The manager confirmed that the relevant insurance was in place for providing the journeys.

Residents, or their representatives, were subsequently invoiced for the journeys on a rate per mile basis. A review of a sample of invoices raised for two residents showed that the miles invoiced to the residents, or their representatives, reflected the information recorded within the home. The manager confirmed that the member of staff providing the vehicle paid for the petrol for the journey.

There was no evidence of a signed financial agreement being in place with residents, or their representatives, which included: residents paying admission fees for staff, staff undertaking transactions on behalf of residents and invoicing residents a rate per mile when taken out on journeys. The manager provided assurances that financial agreements would be implemented following the inspection on 13 February 2025. An area for improvement was identified.

There was no evidence of a policy and procedure in place for: staff receiving and managing residents' monies, staff accompanying residents on outings and providing transport to residents. The manager provided assurances that the policies and procedures would be updated to ensure that they cover all the operational areas relating to residents' finances. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 2 | 11* |

* the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Patrick Black, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 32 (1) (b) Stated: First time To be completed by: With immediate effect (21 January 2025) | The responsible individual shall ensure RQIA are notified without delay of any change in the manager of the home. Ref: 3.3.5 |
| | Response by registered person detailing the actions taken: This notification was completed on the day of the inspection. |
| Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect (21 January 2025) | The responsible individual shall ensure all notifiable events are reported to RQIA in a timely manner. This is in relation to unwitnessed falls and head injuries. Ref: 3.3.5 |
| | Response by registered person detailing the actions taken: This incident was only reported to us on the day of inspection. This was reported to RQIA immediately |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021) | |
| Area for improvement 1 Ref: Standard 29 Stated: Second time To be completed by: 28 February 2025 | The responsible individual shall ensure that there is an up to date fire risk assessment in place at all times. Ref: 2.0 & 3.3.4 |
| | Response by registered person detailing the actions taken: An updated fire risk assessment was completed in October. This was forwarded to the inspector, following the inspection |
| Area for improvement 2 Ref: Standard 29.1 Stated: First time To be completed by: 28 February 2025 | The responsible individual shall ensure that the recommended actions from the fire risk assessment are followed up and completed within timescales. Ref 3.3.4 |
| | Response by registered person detailing the actions taken: With regards to the floor plan, this has been requested again from the maintenance team |

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| Area for improvement 3 Ref: Standard 20.10 Stated: Second time To be completed by: 28 February 2025 | The responsible individual shall ensure audits are in place and recorded in sufficient detail to drive improvement. This is in relation to IPC, care plans and the environment. Ref: 2.0 & 3.3.5 Response by registered person detailing the actions taken: A new audit system was implemented within one week of inspection. |
| Area for improvement 4 Ref: Standard 5 Stated: First time To be completed by: 30 January 2025 | The responsible individual shall ensure all care records are completed signed and dated. This is in relation to the support plan. Ref: 3.3.3 Response by registered person detailing the actions taken: Manager completed audit and all staff have now read, signed and dated all care plans |
| Area for improvement 5 Ref: Standard 27 Stated: First time To be completed by: 28 February 2025 | The responsible individual shall ensure the home is kept well maintained and decorated as required. This includes but is not limited to toilets and a cabinet. Ref: 3.3.4 Response by registered person detailing the actions taken: These areas have been completed and repaired. There is a new environmental checklist in place |
| Area for improvement 6 Ref: Standard 27.1 Stated: First time To be completed by: 30 January 2025 | The responsible individual shall ensure the home is kept clean and tidy at all times for instance, bed linen and a sign requiring to be laminated to allow appropriate cleaning Ref: 3.3.4 Response by registered person detailing the actions taken: This poster has been removed. Only laminated posters are on display in the kitchen. There is a new system in place for cleanliness checks completed by Manager/Team Leader. |
| Area for improvement 7 Ref: Standard 27.11 Stated: First time To be completed by: | The responsible Individual shall ensure all spaces in the residential home are only used for the purposes they are registered for. This is in relation to two residents' bedrooms used by staff and for storage. Ref: 3.3.4 |

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| 30 January 2025 | Response by registered person detailing the actions taken: Sleepovers have ceased happening in the service. Additional items are no longer stored in bedrooms. |
| Area for improvement 8 Ref: Standard 27 Stated: First time To be completed by: 30 January 2025 | The responsible individual shall ensure the safety of the home is maintained through appropriate safety checks; for example, fire lighting safety checks, resident call system checks, water flushes and water temperature checks. Ref: 3.3.4 |
| | Response by registered person detailing the actions taken: New service checks have been implemented to ensure safety checks are completed |
| Area for improvement 9 Ref: Standard 15.7 Stated: First time To be completed by: 15 March 2025 | The responsible individual shall ensure that a more robust system is implemented for the recording of financial transactions undertaken on behalf of residents. Records should show when monies are returned to residents when discharged from the home. Records of all transactions undertaken by staff should be signed by the resident, or their representative, and a member of staff. If the resident, or their representative, is unable to sign or chooses not to sign then two members of staff should sign the record. Ref: 3.3.6 |
| | Response by registered person detailing the actions taken: New finance sheets have been put in place as advised by RQIA finance inspector |
| Area for improvement 10 Ref: Standard 4.2 Stated: First time To be completed by: 15 March 2025 | The responsible individual shall ensure that each resident, or their representative, is provided with an individual financial agreement. The agreement should include the arrangements for any financial transaction undertaken on behalf of the resident. The agreements should be signed by the resident, or their representative, and a representative from the home. Ref: 3.3.6 |
| | Response by registered person detailing the actions taken: New finance agreements have been devised after liaising with the RQIA finance inspector and these have been sent to families, to read and sign. |

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| <p>Area for improvement 11</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2025</p> | <p>The responsible individual shall ensure that the home's financial policies and procedures are updated to reflect current practices operated at the home, in relation to the management of residents' finances.</p> <p>The policies should include the procedure for staff accompanying residents on outings and the procedure for providing transport to residents.</p> <p>Staff should sign to indicate that they have read and understood the revised policies and procedures.</p> <p>Ref: 3.3.6</p> <p>Response by registered person detailing the actions taken: New finance policy and procedure in place and staff have read and signed these.</p> |
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