

Inspection Report

3 November 2023



SENSE Short Break Service

Type of Service: Residential Care Home
Address: 51 Mallusk Road, Newtownabbey, BT36 4RU
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation: SENSE	Registered Manager: Mr Patrick Black
Responsible Individual: Mr Martin Walls	Date registered: 23 April 2021
Person in charge at the time of inspection: Mr Patrick Black - manager	Number of registered places: 2
Categories of care: Residential Care (RC) LD – Learning disability. SI – Sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 1
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to two residents. The home situated on part of the ground floor of a two storey building with offices on the adjoining ground floor and first floor.	

2.0 Inspection summary

An unannounced inspection took place on 3 November 2023, from 5.00pm to 8.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

A resident unable to voice their opinion was observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr Patrick Black at the conclusion of the inspection.

4.0 What people told us about the service

The resident in the home was observed to be relaxed and interacting with staff while playing and having their meal. There was a positive and friendly atmosphere in the home and the staff were welcoming.

Staff described the care provided as very good and said they were kept well informed and up to date on each individual resident's care needs. Staff commented that there was good communication with families and an update was provided following each stay.

Staff commented that sometimes staff did not always work well as a team. This was brought to the attention of the manager for his review and action.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	The registered person shall take adequate precautions against the risk of fire by ensuring that the practice of propping open fire doors ceases immediately. Ref: 5.2.3 Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Staff confirmed they had received an induction to prepare them to meet the needs of residents.

There were systems in place to provide mandatory training for staff. There was evidence that mandatory training included areas such as, moving and handling practice, fire safety and infection prevention and control (IPC). While there were training records available, training records specific to this service did not fully reflect the training completed by all staff working in the home. This was discussed with the manager and an area for improvement was identified.

Review of the staff supervision and appraisal records showed low numbers had been completed as required in the home's supervision and appraisal policy. This was discussed with the manager and an area for improvement was identified.

Staff said they felt well supported in their role and were satisfied with the staffing levels, however, at times they said staff did not always work well as a team. This was brought to the attention of the manager for his review.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents.

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 the resident with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents.

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. A resident was given simple encouragement from staff with their meal which had been documented as a meal they liked and enjoyed. Food was attractively presented and smelled appetising.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

Feedback from staff identified that not all staff had the ability to prepare meals for residents. This was discussed with the manager who agreed to review and consider additional training where required.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents or families, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on residents' care needs and what or who was important to them.

Daily records were kept of how the resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained, however, the lounge and living area were lacking in colour or personalisation. This was discussed with the manager for his review.

Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting a resident to make these choices.

Fire safety measures were reviewed and it was noted that an up to date fire risk assessment was not in place. This was discussed with the RQIA estates team following the inspection who advised this should be reviewed on an annual basis. The manager was updated on this requirement for his action. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

5.2.4 Quality of Life for Residents

Residents or families met with staff to discuss and comment on aspects of the running of the home such as the activity provision and the menu choices.

It was observed that staff offered choices to the resident throughout the evening which included preferences for going to bed, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. As said previously residents or families had been consulted about their activity programme.

Staff recognised the importance of maintaining good communication with families and provided an update of the residents care at the end of their stay in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Patrick Black is the registered manager for the home.

Review of documentation identified that a system of auditing was in place in place to monitor the quality of care and other services provided to residents, however more detail was required in the audit an care records audits required to be put in place. This was discussed with the manager for his review and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**.

	Regulations	Standards
Total number of Areas for Improvement	0	4

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	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall ensure a record is kept in the home of training completed by all staff working in the home and the completion of basic food hygiene.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All staff records were available on the day. We have an excel training matrix which details all staff training. We have some staff who work in a number of services who pick up shifts in the Short Breaks Service. Different services will have different tabs on the training matrix spreadsheet which are available on the day of the inspection. All staff have received training on basic food hygiene.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2023</p>	<p>The responsible individual shall ensure all staff are supervised and their performance appraised to promote the delivery of quality care and services.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>We have consulted with our Human Resources department and will add appraisals to the final review of the year for casual staff. As per current practice appraisals are part of our annual performance cycle for permanent staff and these are up to date.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall ensure that there is an up to date fire risk assessment in place at all times.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The review took place in December and the report has been sent to the inspector. The manager is overseeing the action plan to ensure that this is completed within the timescales.</p>

Area for improvement 4 Ref: Standard 20.10 Stated: First time To be completed by: 30 December 2023	The responsible individual shall ensure audits are in place for care records, and all audits are recorded in sufficient detail to drive improvement. Ref: 5.2.5 Response by registered person detailing the actions taken: The existing audits have been updated and a new falls audit has been added to ensure there is sufficient detail.
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